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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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 $ 1,545,843,522

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	7,853
6	Total number of volunteers (estimate if necessary)	**6**	1,363
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,622,153
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-265,130

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,457,346	3,590,400
9	Program service revenue (Part VIII, line 2g)	1,045,784,441	1,142,301,509
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,261,238	36,796,855
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,143,242	5,285,430
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,073,646,267	1,187,974,194
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,125,651	8,763,415
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)	485,505,671	505,761,860
16a	Professional fundraising fees (Part IX, column (A), line 11e)		34,600
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,439,136		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	507,908,835	563,200,526
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	995,540,157	1,077,760,401
19	Revenue less expenses Subtract line 18 from line 12	78,106,110	110,213,793

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,598,486,877	1,768,297,483
21	Total liabilities (Part X, line 26)	579,890,471	465,018,278
22	Net assets or fund balances Subtract line 21 from line 20	1,018,596,406	1,303,279,205

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

****** 2018-11-12
Signature of officer 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
Kim Scifres	Kim Scifres			P01316095

Firm's name ▶ CROWE 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 $ 727,105,204 including grants of $ 8,763,415) (Revenue $ 1,136,908,617)

See Additional Data

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** ▶ 727,105,204

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		No

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

			Yes	No
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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
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**	Yes	
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**	Yes	
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**	558		
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**	7,853		
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**		Yes	
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 18		
	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 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

			Yes	No
10a	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 ▶ KY , IN

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) ▶								18,001,513	1,512,938	1,754,757

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 ▶ 442

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Danis Building Construction Company 50 E Business Way Cincinnati, OH 45241	Construction	6,916,762
Frank Messer & Sons Construction Co 5158 Fishwick Dr Cincinnati, OH 45216	Construction	6,649,364
Compass Emergency Physicians PSC 9600 Colerain Ave Suite 204 Cincinnati, OH 45251	Physician Services	6,087,148
Epic Systems Corporation PO Box 88314 Milwaukee, WI 523880314	Technical Services	4,933,403
ARUP Laboratories Inc PO Box 27964 Salt Lake City, UT 84127	Medical Lab Services	3,637,044

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 ▶ 163

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** 29,725			
	d Related organizations	**1d**			
	e Government grants (contributions)	**1e** 1,441,211			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 2,119,464			
	g Noncash contributions included in lines 1a-1f $ 247,522				
	h Total. Add lines 1a-1f . . . . . ▶	3,590,400			
Program Service Revenue		Business Code			
	2a NET PATIENT REVENUE	621400	1,020,652,152	1,020,652,152	
	b ~~OTHER RELATED REVENUE~~	900099	49,995,194	49,995,194	
	c ~~PATIENT/EMPLOYEE DRUGS~~	446110	4,624,102	2,826,672	1,797,430
	d ~~LABORATORY~~	621500	67,030,061	66,261,271	768,790
	e				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶	1,142,301,509			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	21,471,792		26,691	21,445,101
	4 Income from investment of tax-exempt bond proceeds ▶	279,485			279,485
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,957,007			
	b Less rental expenses	2,362,314			
	c Rental income or (loss)	-405,307	0		
	d Net rental income or (loss) . . . . . ▶	-405,307			-405,307
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	369,818,013	509,599		
	b Less cost or other basis and sales expenses	353,442,608	1,839,426		
	c Gain or (loss)	16,375,405	-1,329,827		
	d Net gain or (loss) . . . . . ▶	15,045,578			15,045,578
	8a Gross income from fundraising events (not including $ 29,725 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 338,026				
	b Less direct expenses . . . **b** 224,472				
	c Net income or (loss) from fundraising events . . ▶	113,554			113,554
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 7,110				
	b Less direct expenses . . . **b** 508				
	c Net income or (loss) from gaming activities . . ▶	6,602			6,602
	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	3,925,893		3,925,893
	b GIFT SHOP	900099	1,542,414		1,542,414
	c VENDING	453220	102,274		102,274
	d All other revenue		0	0	0
	e Total. Add lines 11a–11d . . . . . ▶		5,570,581		
	12 Total revenue. See Instructions . . . . . ▶		1,187,974,194	1,136,908,617	3,622,153

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,763,415	8,763,415		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,206,006	9,361,153	3,832,103	12,750
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	388,123,247	288,634,508	99,097,403	391,336
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,151,784	16,411,275	6,718,157	22,352
9 Other employee benefits	54,373,767	40,300,308	14,023,961	49,498
10 Payroll taxes	26,907,056	20,270,028	6,606,875	30,153
11 Fees for services (non-employees)				
a Management				
b Legal	3,397,809		3,397,809	
c Accounting	654,711		654,711	
d Lobbying				
e Professional fundraising services See Part IV, line 17	34,600			34,600
f Investment management fees	1,296,679		1,296,179	500
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	181,700,581	47,385,838	134,035,011	279,732
12 Advertising and promotion	3,828,858	601,442	2,993,892	233,524
13 Office expenses	3,542,661	1,882,208	1,616,320	44,133
14 Information technology	13,955,072	844,502	13,063,651	46,919
15 Royalties				
16 Occupancy	10,319,320	841,602	9,477,718	
17 Travel	735,657	409,550	320,582	5,525
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,472,827	461,300	1,919,275	92,252
20 Interest	5,620,383	3,307,595	2,312,788	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,733,205	39,648,415	27,084,790	
23 Insurance	5,041,337	1,638,724	3,402,613	
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	178,453,875	175,680,775	2,771,619	1,481
b BAD DEBT	41,997,202	41,997,202		
c GENERAL SUPPLIES	25,454,634	15,178,797	10,149,217	126,620
d PROVIDER TAX	12,550,857	12,550,857		
e All other expenses	5,444,858	935,710	4,441,387	67,761
25 **Total functional expenses.** Add lines 1 through 24e	1,077,760,401	727,105,204	349,216,061	1,439,136
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 IX . . . . . ☐

			(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	88,117,156	2	87,130,693
	3	Pledges and grants receivable, net	2,921,575	3	3,601,682
	4	Accounts receivable, net	113,052,387	4	121,240,249
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	3,448,615
	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	7,012,344	7	5,573,148
	8	Inventories for sale or use	24,964,286	8	27,521,732
	9	Prepaid expenses and deferred charges	7,567,850	9	9,929,897
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,028,351,418			
	b	Less accumulated depreciation — 10b: 586,700,725	426,737,899	10c	441,650,693
	11	Investments—publicly traded securities	613,832,581	11	726,973,696
	12	Investments—other securities See Part IV, line 11	282,757,000	12	308,973,520
	13	Investments—program-related See Part IV, line 11	4,093,037	13	6,014,340
	14	Intangible assets	15,073,082	14	13,396,082
	15	Other assets See Part IV, line 11	8,798,758	15	9,284,214
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,598,486,877	16	1,768,297,483
Liabilities	17	Accounts payable and accrued expenses	121,452,180	17	142,120,615
	18	Grants payable		18	
	19	Deferred revenue	6,641,209	19	5,191,317
	20	Tax-exempt bond liabilities	204,322,295	20	190,721,239
	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	0
	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	247,474,787	25	126,985,107
	26	**Total liabilities.** Add lines 17 through 25	579,890,471	26	465,018,278
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	895,718,715	27	1,105,217,011
	28	Temporarily restricted net assets	5,865,754	28	7,450,380
	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	117,011,937	32	190,611,814
	33	Total net assets or fund balances	1,018,596,406	33	1,303,279,205
	34	Total liabilities and net assets/fund balances	1,598,486,877	34	1,768,297,483

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	1,187,974,194
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,077,760,401
3	Revenue less expenses Subtract line 2 from line 1	3	110,213,793
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,018,596,406
5	Net unrealized gains (losses) on investments	5	81,055,300
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	93,413,706
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,303,279,205

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: 17005876
Software Version: 2017v2.2
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

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 94,005 TOTAL PATIENT DAYS 210,030 TOTAL EMERGENCY ROOM VISITS 200,250

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	50.0 4.0	X		X				1,307,475	0	66,705
ROBERT BAKER MD PHYSICIAN / DIRECTOR	4.0 50.0	X						0	398,910	62,415
MICHAEL A CONNER TRUSTEE	4.0 0	X						1,415	0	0
MARSHA CROXTON TRUSTEE	4.0 0	X						3,674	0	0
THOMAS R DIETZ TRUSTEE	4.0 0	X						15,768	0	0
CHRISTOPER FISTER TRUSTEE	4.0 0	X						0	0	0
DOUG FLORA MD TRUSTEE	50.0 4.0	X						0	590,349	65,397
GEORGE S HALL MD Former VP Medical Affairs/TRUSTEE	4.0 0	X						0	0	0
ROBERT HOFFER TRUSTEE/CHAIRMAN	4.0 0	X						788	0	0
MICHAEL E JONES TRUSTEE	4.0 0	X						2,117	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			
TILLIE HIDALGO LIMA Trustee	4 0 0	X						1,283	0	0
FRED A MACKE JR VICE CHAIRMAN	4 0 0	X						18,178	0	0
GARY W MOORE TRUSTEE	4 0 0	X						1,236	0	0
HEIDI MURLEY MD TRUSTEE	4 0 ..... 50 0	X						0	523,679	76,007
ROGER PETERMAN TRUSTEE	4 0 0	X						15,853	0	0
JAMES ROEBKER TRUSTEE	4 0 0	X						1,078	0	0
DEBBIE SIMPSON Trustee	4 0 0	X						1,403	0	0
JAMES VOTRUBA Chairman	4 0 0	X						1,061	0	0
GARY BLANK EXECUTIVE VP & COO, CNE	50 0 0			X				668,647	0	47,275
LAROY KENDALL VP Medical Services, CMO	50 0 ..... 4 0			X				458,276	0	56,018

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			
BARBARA KROHMAN CORPORATE SECRETARY	50 0 0			X				118,360	0	43,609
ROBERT PRICHARD MD Chief Clinical Integration Officer, SEP President & CEO	25 0 25 0			X				841,532	0	55,376
LORI RITCHEY-BALDWIN Senior Vice President/CFO/Treasurer	50 0 4 0			X				677,057	0	57,520
WILLIAM BANKS VP MANAGED CARE	50 0 0				X			406,236	0	58,028
JACOB BAST COO / SECRETARY	35 0 15 0				X			446,997	0	38,360
JOSEPH BOZZELLI VP MISSION SVCS & PASTORAL CARE	50 0 0				X			203,147	0	23,403
CHRISTOPER CARLE PRESIDENT & CEO SEPN	50 0 0				X			450,924	0	47,188
CARRI CHANDLER VP - FOUNDATION	50 0 0				X			214,305	0	20,403
PAMELA DEETER VP FINANCE	50 0 0				X			323,910	0	42,993
LISA FREY VP LEGAL SERVICES/GENERAL COUNSEL	50 0 0				X			369,962	0	46,392

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			
BRUNO GIACOMUZZI COO Flo FT Cov & SVP Prof Svcs	50 0 0				X			421,994	0	47,469
SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	50 0 0				X			471,547	0	51,066
VERA HALL SVP System CNE	50 0 0				X			359,893	0	46,015
ANTHONY HELTON VP Revenue Cycle	50 0 0				X			269,294	0	43,168
BRUCE HENLEY CFO / TREASURER	35 0 ..... 15 0				X			376,343	0	49,280
JAMES HORN VP/CHIEF QUALITY OFFICER/ PHYSICIAN	50 0 0				X			390,273	0	35,905
MATTHEW HOLLENKAMP VP MARKETING AND CONSUMER RELATIONS	50 0 0				X			203,299	0	33,715
KATHY LYNN JENNINGS VP PATIENT CARE/ONCOLOGY	50 0 0				X			231,977	0	39,630
JAMES McCARVILLE VP - QUALITY	50 0 0				X			219,703	0	28,583
SUSAN MCDONALD VP Nursing - Edgewood	50 0 0				X			314,597	0	44,498

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			
JOHN MITCHELL SVP - COO FT THOMAS	50 0 0				X			230,982	0	42,173
ROSANNA NIELDS VP PLANNING & GOVT RELATIONS	50 0 0				X			226,124	0	37,865
MARTIN OSCADAL SVP HUMAN RESOURCES	50 0 0				X			453,636	0	51,150
ALEXANDER RODRIGUEZ VP CIO	50 0 0				X			461,772	0	40,379
BENITA UTZ VP Nursing - Florence/Ft Thomas	50 0 0				X			300,198	0	52,700
HARRY WATSON Sr VP Facilities	50 0 0				X			330,246	0	18,768
DARRYL DIAS MD PHYSICIAN	50 0 0					X		1,338,887	0	59,666
JEROME SCHUTZMAN MD PHYSICIAN	50 0 0					X		1,419,231	0	56,070
MOHAMAD SINNO MD PHYSICIAN	50 0 0					X		1,074,022	0	58,642
ROBERT STRICKMEYER MD PHYSICIAN	50 0 0					X		1,192,342	0	49,632

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			
DAMODHAR SURESH MD PHYSICIAN	50 0 0					X		1,164,471	0	61,295

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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

2017

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316017268

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

2017

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		52,662
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,230
j	Total Add lines 1c through 1i			77,892
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 AND SPONSORSHIP THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES IS $25,230
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 2017 THE AMOUNT IS $4,287 ST ELIZABETH HEALTHCARE ALSO ENLISTED THE ASSISTANCE OF LOBBYING CONSULTANTS IN 2017 THE AMOUNT PAID TO THESE CONSULTANTS IS $48,375
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ELIZABETH HEALTHCARE hired 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 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

2017

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,513,564		18,513,564
b Buildings		496,207,390	255,603,201	240,604,189
c Leasehold improvements		13,351,483	6,156,621	7,194,862
d Equipment		458,125,583	324,809,382	133,316,201
e Other		42,153,398	131,521	42,021,877
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				441,650,693

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) UNRESTRICTED	308,973,520	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	308,973,520	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
ANNUITY PAYMENT LIABILITY	103,838
ACCRUED PENSION LIABILITY	26,473,778
OTHER LONG TERM LIABILITIES	6,510,424
SELF-INSURANCE	53,785,766
OTHER CURRENT LIABILITIES HOSPITAL	9,042,779
INTEREST RATE SWAP	3,451,053
ASSET RETIREMENT OBLIGATION	392,469
LT DEBT TO ST REMRKTG ARRANGEMENT	27,225,000
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	126,985,107

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	1,228,003,334
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	81,055,300		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	4,660,762		
e	Add lines **2a** through **2d**			2e	85,716,062
3	Subtract line **2e** from line **1**			3	1,142,287,272
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	1,296,679		
b	Other (Describe in Part XIII)	4b	44,390,243		
c	Add lines **4a** and **4b**			4c	45,686,922
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,187,974,194

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	1,036,634,072
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	4,556,667		
e	Add lines **2a** through **2d**			2e	4,556,667
3	Subtract line **2e** from line **1**			3	1,032,077,405
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	1,296,679		
b	Other (Describe in Part XIII)	4b	44,386,317		
c	Add lines **4a** and **4b**			4c	45,682,996
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,077,760,401

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ANNUITY PAYMENT LIABILITY	103,838
ACCRUED PENSION LIABILITY	26,473,778
OTHER LONG TERM LIABILITIES	6,510,424
SELF-INSURANCE	53,785,766
OTHER CURRENT LIABILITIES HOSPITAL	9,042,779
INTEREST RATE SWAP	3,451,053
ASSET RETIREMENT OBLIGATION	392,469
LT DEBT TO ST REMRKTG ARRANGEMENT	27,225,000

Supplemental 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 OT HER 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, 2017, THER E 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 AUTH ORITIES ST ELIZABETH HEALTHCARE'S FEDERAL TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEM BER 31, 2014 AND PRIOR YEARS ARE NO LONGER SUBJECT TO EXAMINATION AS THE STATUTE OF LIMITA TIONS HAS EXPIRED FOR THOSE YEARS

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Fundraising Expenses - 224472 Gaming Expenses - 508 Change in FMV Interest Rate Swap - 743 291 Rental Expenses - 2362314 Loss on Fixed Asset Disposals - 1330177

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Uncollectible Pledges - 69853 Provision for Bad Debt - 41997202 Expenses booked to Revenue - 1807447 St Elizabeth Provider Network - 515741

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	ST ELIZABETH PROVIDER NETWORK - 639196 RENTAL EXPENSES - 2362314 FUNDRAISING EXPENSES - 2 24472 GAMING EXPENSES - 508 Loss of Fixed Asset Disposals - 1330177

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	ST ELIZABETH PHYSICIAN SERVICES - 65926 PROVISION FOR BAD DEBT - 41997200 EXPENSES BOOKED TO REVENUE - 1807450 ST ELIZABETH PROVIDER NETWORK - 515741

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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

2017

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	129,281,783
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			129,281,783
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			129,281,783

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 separately 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 separately 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).

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 USED 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 REPORTS FOR EACH INVESTMENT AND ON AN ANNUAL BASIS, AUDITED FINANCIAL STATEMENTS PERFORMED BY THIRD PARTY INDEPENDENT AUDITORS FOR EACH INVESTMENT THESE REPORTS AND FINANCIAL STATEMENTS ARE REVIEWED BY THE INDEPENDENT INVESTMENT CONSULTANT AND PERFORMANCE IS CALCULATED BASED 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 WHAT IS ACTUALLY REPORTED AND WHAT THE INDUSTRY STANDARDS PROVIDE ANY SIGNIFICANT DISPARITIES ARE DISCUSSED WITH ST ELIZABETH HEALTHCARE'S INVESTMENT COMMITTEE FURTHERMORE, IF NECESSARY, AN INVESTMENT TEAM WILL REVIEW THE STRATEGY, PERFORMANCE, AND GOALS OF THE PROGRAM RELATED INVESTMENT(S) TO ENSURE THAT THE FUNDS ARE BEING USED FOR THEIR PROPER PURPOSE AND ARE NOT OTHERWISE 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

2017

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	JAMES E CONNELL AND ASSOCIATES PO BOX 3335 PINEHURST, NC 283743335	CONSULTANT FEE		No		3,600	-3,600
2	BOUTS VENTURE LLC 1521 WOODLAWN AVE SE GRAND RAPIDS, MI 49506	CONSULTANT FEE		No		31,000	-31,000
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	0	34,600	-34,600

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	264,591	53,107	38,144	355,842
	2 Less Contributions	17,376	10,939	1,410	29,725
	3 Gross income (line 1 minus line 2)	247,215	42,168	36,734	326,117
Direct Expenses	4 Cash prizes	3,500			3,500
	5 Noncash prizes				
	6 Rent/facility costs	89,051	9,977	7,695	106,723
	7 Food and beverages	3,436		2,596	6,032
	8 Entertainment				
	9 Other direct expenses	43,518	17,419	7,566	68,503
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				184,758
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				141,359

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				
Direct Expenses	2 Cash prizes				
	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 _____

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**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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 provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part I, Line 2b JAMES E CONNELL & ASSOCIATES	JAMES E CONNELL & ASSOCIATES PROVIDE CONSULTING SERVICES ON ENDOWMENTS, ESTATE AND GIFT PLANNING, AND CHARITABLE GIFT DEVELOPMENT TO ST ELIZABETH HEALTHCARE JAMES E CONNELL & ASSOCIATES DO NOT PARTICIPATE IN THE SOLICITATION OF CONTRIBUTIONS
Schedule G, Part I, Line 2b(i) BOUTS VENTURES LLC	BOUTS VENTURES PROVIDE CONSULTING SERVICES ON FUNDRAISING AND RETREATS RELATED TO DEVELOPMENT TO ST ELIZABETH HEALTHCARE BOUTS VENTURES LLC DOES NOT PARTICIPATE IN THE SOLICITATION OF CONTRIBUTIONS

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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

2017

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)			25,111,963	11,411,785	13,700,178	1 32 %
b Medicaid (from Worksheet 3, column a)			182,545,320	140,338,436	42,206,884	4 07 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0		0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	207,657,283	151,750,221	55,907,062	5 39 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,209,499	1,088	1,208,411	0 12 %
f Health professions education (from Worksheet 5)			5,538,493	738,534	4,799,959	0 46 %
g Subsidized health services (from Worksheet 6)			4,814,924	0	4,814,924	0 46 %
h Research (from Worksheet 7)			1,456,129	638,418	817,711	0 08 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			17,016,296	2,250,000	14,766,296	1 42 %
j **Total.** Other Benefits	0	0	30,035,341	3,628,040	26,407,301	2 54 %
k **Total.** Add lines 7d and 7j	0	0	237,692,624	155,378,261	82,314,363	7 93 %

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			204,327		204,327	0 02 %
2 Economic development			9,419		9,419	0 %
3 Community support			2,736,242		2,736,242	0 26 %
4 Environmental improvements			0		0	0 %
5 Leadership development and training for community members			34,019		34,019	0 %
6 Coalition building			548,240	2,500	545,740	0 05 %
7 Community health improvement advocacy			0		0	0 %
8 Workforce development			9,964		9,964	0 %
9 Other			0		0	0 %
10 Total	0	0	3,542,211	2,500	3,539,711	0 34 %

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	41,997,202		
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	4,199,720		
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	223,722,606		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	233,588,809		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-9,866,203		
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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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	
6 a	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/COMMUNITY-OUTREACH/COMMUNITY-BENEFITS			
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/COMMUNITY-OUTREACH/COMMUNITY-BENEFITS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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	Was widely publicized 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/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS			
b	☑ The FAP application form was widely available on a website (list url) WWW STELIZABETH COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW STELIZABETH COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **32**

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

990 Schedule H, Supplemental Information

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)FAMILY PRACTICE CENTER, (II)PARISH NURSING-HEALTH MINISTRIES, (III)ATHLETIC TRAINERS AT THE AREA HIGH SCHOOLS AND JUNIOR HIGH SCHOOLS, (IV)WOMEN'S AND CHILDREN'S SERVICES, AND (V)BEHAVIOR HEALTH SERVICES NO PHYSICIAN OFFICES HAVE BEEN REPORTED ON LINE 7G
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-I)

990 Schedule H, Supplemental Information

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
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 $4,199,720 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

990 Schedule H, Supplemental Information

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 recorded on an estimated basis in the period the related services are rendered and adjusted in future periods based upon additional information, filed cost reports, interim settlements, and final settlements St Elizabeth Healthcare recognizes patient service revenue at the time services are rendered even though they do not assess the patient's ability to pay As a result, the provision for bad debts and charity care is presented as a deduction from patient service revenue (net of contractual provisions and discounts) For uninsured and underinsured patients that do not qualify for charity care, St Elizabeth Healthcare recognizes revenue when services are provided 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 provided Thus, St Elizabeth Healthcare records a significant provision for bad debts related to uninsured and underinsured patients in the period the services are provided
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

990 Schedule H, Supplemental Information

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
Schedule H, Part V, Section B, Line 16a FAP website	A - ST ELIZABETH FLORENCE Line 16a URL WWW STELIZABETH COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ST ELIZABETH FLORENCE Line 16b URL WWW STELIZABETH COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ST ELIZABETH FLORENCE Line 16c URL WWW STELIZABETH COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAMS,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	IN 2017, ST ELIZABETH HEALTHCARE CONTINUED TO WORK WITH THE NORTHERN KENTUCKY HEROIN IMPACT TASK FORCE TO ADDRESS THE HEROIN EPIDEMIC, ALSO PROVIDING FINANCIAL SUPPORT FOR THE HEROIN HOTLINE 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 IN 2017, 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 2017, 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 2017, 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
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 "

990 Schedule H, Supplemental Information

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 2017 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 92 9% 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 454,782 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 89 8% WHITE, 3 41% BLACK, 3 31% HISPANIC, 1 46% ASIAN, 2 02% 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 5 0% OF THE NORTHERN KENTUCKY POPULATION REMAINS UNINSURED (KENTUCKY HEALTH FACTS 2016) 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
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) Each year, St Elizabeth Healthcare produces and distributes more than 600,000 different pieces of health-related information or invitations to health-related educational events throughout the community - which is an average of nearly 4 pieces of information per Northern Kentucky household 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 2017 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 EIGHTY-ONE (81) CHURCHES AND NINE (9) COMMUNITY SITES 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

990 Schedule H, Supplemental Information

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 , 1,300 PHYSICIAN PROVIDERS AND A WHOLLY OWNED PHYSICIAN ORGANIZATION (SEP) WHICH INCLUDES OVER 108 PRIMARY CARE AND SPECIALTY OFFICE LOCATIONS ST ELIZABETH HEALTHCARE IS SPONSORED BY THE DIOCESE OF COVINGTON
Schedule H, Part VI, Line 7 State filing of community benefit report	KY

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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 EDGEWOOD 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 www stelizabeth com 100500	X	X					X			A
2	ST ELIZABETH FLORENCE 4900 HOUSTON ROAD FLORENCE, KY 41042 www stelizabeth com 100273	X	X					X			A
3	ST ELIZABETH FORT THOMAS 85 NORTH GRAND AVENUE FORT THOMAS, KY 41075 www stelizabeth com 100059	X	X					X			A
4	ST ELIZABETH GRANT 238 BARNES ROAD WILLIAMSTOWN, KY 41097 www stelizabeth com 600062	X	X			X		X			A

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - St Elizabeth Healthcare - Florence, Edgewood, Grant & Ft Thomas For the 2013 - 2015 CHNA, ST ELIZABETH HEALTHCARE INVITED 349 COMMUNITY LEADERS, BUSINESS PERSON S, AND RESIDENTS TO PARTICIPATE IN EITHER A FOCUS GROUP OR SURVEY PARTICIPANTS IN THE ASS ESSMENT INCLUDED REPRESENTATION FROM ST ELIZABETH HEALTHCARE, STATE LEGISLATURE, FISCAL C OURTS, LAW ENFORCEMENT, HEALTH DEPARTMENTS, CITY OFFICIALS, AREA SCHOOL SYSTEMS, AND OTHER HEALTHCARE & SOCIAL SERVICE PROVIDERS ORGANIZATIONS AND OTHER GROUPS CONSULTED INCLUDE -TRACY MANN, EXECUTIVE DIRECTOR OF ACADEMIC & STUDENT SUPPORT SERVICES KENTON COUNTY SCHOO LS -JOHN SCHICKEL, SENATOR OF THE STATE OF KENTUCKY -SHAWN CARROLL, EXECUTIVE DIRECTOR OF NEW PERCEPTIONS -DR KATHY BURKHARDT, SUPERINTENDENT OF ERLANGER ELSMERE SCHOOLS -MARY BUR CH, RN, HEALTH COORDINATOR OF ERLANGER ELSMERE SCHOOLS -CRAIG RICE, PRESIDENT OF BOYS & GI RLS CLUBS OF GREATER CINCINNATI -RICK SKINNER, MAYOR OF THE CITY OF WILLIAMSTOWN -NANCY AT KINSON, COUNCIL MEMBER OF THE CITY OF EDGEWOOD -SR JEAN HOFFMAN, DIOCESAN CATHOLIC CHILDR EN'S HOME -MARK KREIMBORG, KENTON COUNTY FISCAL COURT -ED HUGHES, PRESIDENT OF GATEWAY COM MUNITY COLLEGE -ROSANA AYDT, EXECUTIVE DIRECTOR/DIRECTOR OF PHARMACY OF FAITH COMMUNITY PH ARMACY -KEN RECHTIN, SENIOR SERVICES OF NORTHERN KENTUCKY -CHARLES KORZENBORN, SHERIFF OF KENTON COUNTY -STEVE STEVENS, PRESIDENT AND CEO OF NORTHERN KENTUCKY CHAMBER OF COMMERCE - TOM SZURLNSKI, CHIEF OF POLICE OF FLORENCE KENTUCKY -CATHY VOETER, CITY OF DAYTON -LINDA Y OUNG, EXECUTIVE DIRECTOR OF WELCOME HOUSE OF NORTHERN KENTUCKY -DENISE BINGHAM, DIRECTOR O F NURSING OF THREE RIVERS DISTRICT HEALTH -DEBBIE JONES, THREE RIVERS DISTRICT HEALTH -TON Y KRAMER, CHIEF OF POLICE OF EDGEWOOD KENTUCKY -DR LYNNE SADDLER, NORTHERN KENTUCKY HEALT H DEPARTMENT -Transitions, Inc DURING 2015, ST ELIZABETH HEALTHCARE CONDUCTED ITS NEXT R EQUIRED CHNA FOR YEARS 2016 -2018 -PRIMARY DATA WAS COLLECTED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH REP RESENTATION INCLUDED AREA HEALTH DEPARTMENTS, LOCAL GOVERNMENTAL/CIVIC AGENCIES, HEALTHCAR E PROVIDERS, COMMUNITY BASED SOCIAL SERVICE AGENCIES AND AREA SCHOOL DISTRICTS - THE METH ODOLOGY USED TO COLLECT THE DATA INCLUDED ONE-ON-ONE MEETINGS, PRESENTATIONS TO GROUPS, PH ONE CALLS, AND AN ON-LINE SURVEY THE PROCESS INCLUDED AN EXPLANATION OF THE CHNA REQUIREM ENTS AND HOW THE DATA GARNERED WILL BE USED TO DEVELOP THE CHNA PLAN PARTICIPANTS WERE TH EN ASKED TO LIST IN ORDER FROM MOST IMPORTANT TO LEAST IMPORTANT WHAT THEY BELIEVE ARE THE TOP FIVE COMMUNITY HEALTH NEEDS THAT NEED TO BE ADDRESSED AND/OR CONSIDERED IN THIS ASSES SMENT THIS PRIMARY DATA WAS SUMMARIZED AND TABULATED -CONCENTRATING ON SOCIAL SERVICE AG ENCIES, SCHOOL DISTRICTS AND CIVIC SERVICES ENSURED THAT THE CHNA IDENTIFIED AND RECEIVED DATA ON THE MOST PRESSING HEALTH NEEDS WITHIN THE COMMUNITY SERVED TWO LOCAL COMMUNITY OR GANIZATIONS THAT WORK IN COLLA

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	BORATION WITH LIKE COMMUNITY PROVIDERS ARE THE SAFETY NET ALLIANCE AND THE NORTHERN KENTUC KY EDUCATION COUNCIL THEY PERMITTED ST ELIZABETH TO USE THEIR MEMBERSHIP EMAIL LISTING T O SEND INFORMATION ABOUT THE CHNA AND THE REQUEST FOR INPUT THE FOLLOWING IS A LISTING OF THE COMMUNITY PARTICIPANTS SOCIAL SERVICE AGENCIES -AHEC HISPANIC HEALTH EDU SURVEY -AP PRISEN -BE CONCERNED -BRIGHTON CENTER, INC -CAMPBELL CTY FISCAL COURT - ASSISTANCE PROGRA M -CATHOLIC CHARITIES -CHILDREN HOME OF NKY -CHILDREN INC -CHILDREN'S LAW CENTER -CINCINN ATI VA -CITY HEIGHTS HEALTH CENTER -FAITH COMMUNITY PHARMACY -HOSEA HOUSE -INTERACT FOR HE ALTH -ITN GREATER CINCINNATI -JACC, INC -KY Office for the Blind -Life Learning Center -L ife Point Solutions -NKU NACU Ctr City Heights -Rosedale Green -The Butler Foundation -Tra nsitions, Inc -Welcomed House of NKY Inc BUSINESSES -ANTHEM MEDICAID -CARESOURCE & HUMA NA -NKY CHAMBER OF COMMERCE -BUSINESS BENEFITS SCHOOLS -BELLEVUE INDEPENDENT SCHOOLS -BOO NE CTY SCHOOLS- NORTH POINTE -CAMPBELL COUNTY SCHOOLS -CAYWOOD ELEMENTARY -COLLINS ELEMENT ARY SCHOOL -COVINGTON INDEPENDENT PUBLIC SCHOOLS -DAYTON HIGH SCHOOL -ERLANGER-ELSMERE IND EPENDENT SCHOOLS -GRANT COUNTY MIDDLE SCHOOL -GRANT COUNTY SCHOOLS -KENTON COUNTY SCHOOL D ISTRICT -LARRY A RYLE HIGH SCHOOL -LAWRENCEBURG COMMUNITY SCHOOL -LLOYD MEMORIAL HIGH SCH OOL -NORTHERN KENTUCKY UNIVERSITY -OCKERMAN MIDDLE SCHOOL -PENDLETON COUNTY HIGH SCHOOL -P INER ELEMENTARY -REILEY ELEMENTARY HEALTH DEPARTMENTS -NKY INDEPENDENT HEALTH DEPARTMENT -THREE RIVERS DISTRICT HEALTH DEPT -DEARBORN COUNTY HEALTH DEPARTMENT CIVIC SERVICES -KE NTON COUNTY DETENTION CENTER -BOONE COUNTY DETENTION CENTER -CAMPBELL COUNTY DETENTION CEN TER -NKY AREA DEVELOPMENT DISTRICT -KENTON COUNTY FISCAL COURT -CAMPBELL COUNTY FISCAL COU RT CITIES -EDGEWOOD -FORT WRIGHT -INDEPENDENCE HEALTHCARE -HEALTHPOINT FAMILY CARE (FQHC) -ST ELIZABETH HEALTHCARE (SEH) -SEH CARE COORDINATION -SEH COVINGTON EMERGENCY DEPARTME NT -SEH EDGEWOOD EMERGENCY DEPARTMENT -SEH FAMILY MEDICAL RESIDENCY PROGRAM -SEH GRANT EME RGENCY DEPARTMENT -SEH HEALTH MINISTRIES PROGRAM -ST ELIZABETH PHYSICIANS (73 RESPONDENTS MULTIPLE OFFICE LOCATIONS)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - ST ELIZABETH HEALTHCARE ST ELIZABETH - EDGEWOOD ST ELIZABETH - FLORENCE ST ELIZABETH - FT THOMAS ST ELIZABETH - GRANT COUNTY

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - St Elizabeth Healthcare - Florence, Edgewood, Grant & Ft Thomas Current CHNA Plan (2016 - 2018) Collecting and Analyzing Data The CHNA process and plan developme nt was conducted over a course of five months (February to July of 2015) St Elizabeth He althcare's four hospitals worked collaboratively on this CHNA since they are located in th e same geographical region and have established cross coverage of services Prior CHNA Pla n Prior to conducting the most recent CHNA (2016 -2018), the assessment began with reviewi ng the existing Community Health Plan for the years 2013 through 2015 for any pertinent in formation that may have an impact on the present assessment The areas of concentration in cluded Heart Disease, Diabetes and Obesity All areas actively worked towards their intend ed goals Activities were tracked and quarterly dashboards were presented to the Board of Trustees for review and input Diabetes * Using the American Diabetes Association guideli nes developed a curriculum for a Prevent Diabetes Class that is presented at community eve nts * Has and will continue to participate at health fairs and provide screening opportun ities * Established community support groups * Began a Nurse Practitioner Outreach Progr am in Primary Care Physician (PCP) Offices Obesity * Provided wellness in-services in th e schools * St Elizabeth Physicians implemented an action plan to identify and educate p atients * Internally developed and promoted a corporate-based wellness services * Establ ished best practice alert for medical & surgical pathways as obesity treatment choices for PCPs * Developed Weight Management educational content for exam room screen savers Hear t & Vascular Institute * Increased the number of vascular screenings * Increased the num ber of physician lead educational events * Participated in new hospital-based research st udies * Provided educational programs to the community and in area schools * Offered pro grams cover issues that also addressed the other chronic diseases of obesity and diabetes These departments will continue providing these enhanced services Current CHNA Plan (201 6 - 2018) Secondary Data Collection Multiple secondary data sources were used to gather da ta on population demographics, including * U S Census Bureau (Quick Facts, http //quickf acts census gov/qfd/index html) * Health status indicators, social and behavioral indicat ors, health outcomes, prevalence of chronic diseases, access to care, and maternal and chi ld health, (source Kentucky Health Facts org, http //kentuckyhealthfacts org/ * County He alth Rankings org, http //www countyhealthrankings org * America's Health Rankings, http / /www americashealthrankings org/ The secondary data were summarized and tabulated in order of importance The timeliness of the source data was a consideration in the prioritizatio n process, as dated information may not accurately reflect current healthcare needs that a re reported in the Primary Dat

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	a Primary Data - Gathering Community Input Primary data was collected from persons who re present the broad interests of the community, including those with expertise in public hea lth Representation included area Health Departments, local governmental/civic agencies, h ealthcare providers, community based social service agencies and area school districts Th e methodology used to collect the data included one-on-one meetings, presentations to grou ps, phone calls, and an on-line survey The process included an explanation of the CHNA re quirements and how the data garnered will be used to develop the CHNA Plan Participants w ere then asked to list in order from most important to least important what they believe a re the top five community health needs that need to be addressed and/or considered in this assessment Primary data was summarized and tabulated Concentrating on social service ag encies, school districts and civic services ensured that the CHNA identified and received data on the most pressing health needs within the community served Two local community or ganizations that work in collaboration with like community providers are the Safety Net Al liance and the Northern Kentucky Education Council They permitted St Elizabeth to use th eir membership email listing to send information about the CHNA and the request for input Summary of Primary Data Throughout the primary data collection process, when participant s were asked -What do you think are the five most significant health problems in your comm unity? - the common themes that emerged were mental health and drug addiction/treatment H eroin was mentioned as the most serious substance abuse problem in NKY

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - St Elizabeth Healthcare - Florence, Edgewood, Grant & Ft Thomas Prioritization of Identified Health Needs Like many communities in Kentucky, heart disease, cancer, stroke, obesity, diabetes, mental health and substance abuse, are prevalent in all of the NKADD counties After the assessment data was gathered, it was summarized into categories and tabulated The findings were presented to the System's Community Benefits Steering Committee for review and thoroughly discussed The committee was tasked with ranking the community's most important health needs and providing suggestions for hospital priorities Many of the needs listed are currently being addressed by St Elizabeth Healthcare or community providers A vote was taken to determine which of the needs identified should be addressed in the new Plan The three top needs identified to be addressed were Mental Health, Drug Addiction/Treatment and Heart Disease The prioritized list along with the assessment findings were presented to the Strategic Planning Committee of the Board for review, discussion and a combination of the identified priorities This step in the CHNA process is significant because the priorities identified drive the development of an implementation strategy and the related goals The top three significant health needs were Mental Health, Drug Addiction/Treatment, and Heart Disease St Elizabeth plan to address these needs is as follows Mental Health Goal * Collaborate with community partners to develop programs/services to educate, treat, prevent and assist residents of Northern Kentucky, with mental health issues * Develop comprehensive behavioral health care services based on proven best practice models Measure * Increase treatment capacity both inpatient and outpatient services Strategies/Tactics * Add 5-7 new providers * Develop a child\teen program * Integrate behavioral health services within primary care physician offices * Improve coordination with community partners such as social services, schools, and county officials to extend the continuum of care * Improve access to education in the community Drug Addiction /Treatment Goal * Reduce substance abuse to protect the health, safety and quality of life for all * Take a leadership role in education and data distribution Measure * Increase treatment capacity for inpatient and outpatient services * Reduce overdoses in Northern Kentucky * Reduce drug induced deaths Strategies/Tactics * Work with community partners to educate residents on the dangers of the use/addiction of heroin and prescription opioid painkillers * Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction * Expand access to and training for administering naloxone to reduce opioid overdose deaths * Help local jurisdictions to put these effective practices to work in communities where drug addiction is common, e g , local detention centers * Work c

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	ollaboratively with community partners in the continuity of care and wraparound services * Recruit additional addictionologists * Develop support services for addicted mother and babies born with neonatal abstinence syndrome Heart Disease Goal * To develop a Heart & Vascular Institute which encompasses a comprehensive integrated approach to the preventi on, diagnosis and treatment of heart disease with a focus on research Measure * Reduce he art-related deaths in Northern Kentucky by 25 percent by the end of 2025 * Work collabora tively with physicians, community stakeholders and industry to identify new treatments and technology through initiation of research activities Strategies/Tactics * Provide preve ntion and wellness services to the community with the goal of catching heart and vascular disease early or preventing it all together * Support ongoing research for the community * Implement strategies identified by St Elizabeth Physicians * Improve information rece ived from EMS prior to arrival at the hospital * Increase community education on heart at tack symptoms, the importance of timely response to symptoms and the importance of calling 911 * Promote development of walkable and active communities Community Healthcare Resou rces St Elizabeth Healthcare has and will continue to work collaboratively with the vario us healthcare resources that are accessible to the residents of Northern Kentucky when app licable 2017 Accomplishments towards the 2016-2018 Community Health Needs Assessment Plan Mental Health * Provided four community talks addressing separate mental illness topics * Expanded the number or Medicine Assisted Therapy (MAT) providers to 6, including 3 MDs a nd 3 APPs * Developed a telemedicine therapy project to service outlying St Elizabeth Ph ysician (SEP) medical practices * With the coordination of the Behavioral Health provider s and staff, redesigned the entire intake process to provide a seamless entry point for ou r patients and referral sources * Partnered with SUN Behavioral Health and started buildi ng a new comprehensive behavioral health center for Northern Kentucky Drug Addiction/Trea tment * Expanded current services offered at SEP Addiction Medicine and Recovery Center to provide increased access to current services and expand new services * Recruited 1 2 FTE more prescribers * Developed a system of inpatient rounding providers at all three SEH h ospitals These providers will be able to provide services to addicted patients with exist ing medical conditions * Developed an educational program providing guidance to physician s on new prescription guidelines * Added a program to address the needs of pregnant women with SUD and their newborns called Baby Steps * Distributed Narcan to first responders, including training on use * Distributed Narcan to families of patients with overdoses * Partnered with Northern Kentucky Counties to establish a Helpline Heart Disease * Increas ed cardiovascular screening pr

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	ovided to 230 dates through the Cardiovascular Mobile Health Unit (CVMHU) * Increased ind ividuals reached through prevention education by the CVMHU department to 1,563 * Increase d participation in smoking cessation programs to 76 individuals * Increased My Heart Rock s (MHR) programs for local elementary schools reaching 21 schools and 1,867 students * In creased participation in the Take Time for your Heart (TTFYH) prevention and wellness clas s to 70 individuals * Increase participation in the Women Take Heart program to 1,038 wom en * Increased the number of active research studies to 18 * Decreased inpatient heart a ttack mortality to 3 8% by improving information received from EMS prior to arrival and in creasing community education on heart attack symptoms/911 * Increased community education on hands only CPR reaching 3,636 individuals

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 - Falmouth 512 South Maple Ave Falmouth, KY 41040	ALCOHOL AND DRUG TREATMENT CENTER
5	St Elizabeth Healthcare - Owenton 120 Progress Way Owenton, KY 40359	AMBULATORY CARE CENTER
6	ST ELIZABETH HEALTHCARE - IMAGING - EDGEWOOD 2904 FOLTZ ROAD EDGEWOOD, KY 41017	IMAGING CENTER
7	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - EDGEWOOD 900 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
8	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - AURORA 204 BRIDGEWAY STREET AURORA, IN 47001	CARDIOLOGY DIAGNOSTIC TESTS
9	BLUEGRASS DIALYSIS LLC 1500 JAMES SIMPSON JR WAY COVINGTON, KY 41011	RENAL DIALYSIS
10	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - WILDER 1018 TOWN DRIVE WILDER, KY 41076	PHYSICAL THERAPY
11	ST ELIZABETH HEALTHCARE - CARDIAC REHAB - EDGEWOOD 830 THOMAS MORE PARKWAY SUITE 102 EDGEWOOD, KY 41017	CARDIAC REHAB CENTER
12	ST ELIZABETH HEALTHCARE - CARDIAC & THORACIC SURGERY - EDGEWOOD 20 MEDICAL VILLAGE DRIVE SUITE 105 EDGEWOOD, KY 41017	CARDIAC DIAGNOSTICS AND CATHETERIZATION
13	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - WALTON 13260 SERVICE ROAD WALTON, KY 41094	PHYSICAL THERAPY
14	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - MEDICAL PAVILION 1400 GRAND AVENUE NEWPORT, KY 41071	CARDIOLOGY DIAGNOSTIC TESTS

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)
31	ST ELIZABETH HEALTHCARE - LABORATORY - FLORENCE 8726 US 42 FLORENCE, KY 41042	LABORATORY SERVICES
1	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - ALEXANDRIA 7200 ALEXANDRIA PIKE ALEXANDRIA, KY 41001	PHYSICAL THERAPY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 82

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 15

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	St Elizabeth has an established and standardized review and approval process used to monitor grant requests First, all requests for sponsorship must be submitted on a completed Sponsorship Request Form, including a letter of request on the organization's letterhead and a breakdown of all sponsorship levels that include benefits St Elizabeth asks that all organizations submit requests a minimum of 60 days prior to the publication of any marketing materials for the event and/or their sponsorship deadline All requests that are received less than 60 days in advance risk being excluded from consideration All sponsorships are subject to an annual review and evaluation The St Elizabeth Sponsorship Committee meets monthly to evaluate and make sponsorship recommendations All decisions are based on consistency with the criteria mentioned above However, due to the overwhelming number of requests and limited availability of funds, a request may be denied, even if it fits the criteria An official notification of approval or denial comes in the form of a letter or email

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THOMAS MORE COLLEGE 333 THOMAS MORE PARKWAY CRESTVIEW HILLS, KY 41017	61-0448560	501(c)(3)	2,896,840				Program Support
UNIVERSITY OF KENTUCKY UK CENTER OF EXCELLENCE RURAL HEALTH HAZARD, KY 41701	61-6001218	Kentucky	2,504,500				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HORIZON COMMUNITY FUNDS OF NORTHERN KY INC 50 E RIVERCENTER BLVD STE 434 COVINGTON, KY 41011	82-1388190	501(c)(3)	750,000				Program Support
ROMAN CATHOLIC DIOCESE OF COVINGTON 1125 MADISON AVE COVINGTON, KY 41011	61-0458380	501(c)(3)	469,700				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRANSITIONS INC 700 FAIRFIELD AVE BELLEVUE, KY 41073	61-0707125	501(c)(3)	259,918				Program Support
CHILDREN INC 333 MADISON AVE COVINGTON, KY 41011	31-0910787	501(c)(3)	251,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RITF HUB CORPORATION 1311 VINE ST CINCINNATI, OH 45202	45-5423994	501(c)(3)	225,000				Program Support
N KY AREA DEVELOPMENT DISTRIC 22 SPIRAL DR FLORENCE, KY 41042	61-0719369	501(c)(3)	170,264				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
N KY UNIV FOUNDATION 100 NUNN DR AC 239 HIGHLAND HEIGHTS, KY 41099	23-7116528	501(c)(3)	150,500				Program Support
TRI-COUNTY ECONOMIC DEVELOPMENT FOUNDATION 300 BUTTERMILK PK STE 332 FT MITCHELL, KY 41017	61-1293229	501(c)(3)	150,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLAM DUNK SPORTS MARKETING 1012 N UNIVERSITY BLVD MIDDLETOWN, OH 45042	86-1101514		133,498				Program Support
INDEPENDENCE FIRE DISTRICT PO BOX 175 INDEPENDENCE, KY 41051	61-1201748	Independence	122,500				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHERN KENTUCKY REGIONAL ALLIANCE 50 E RIVERCENTER BLVD COVINGTON, KY 41011	31-1489316	501(c)(3)	120,000				Program Support
HABITAT FOR HUMANITY OF GREATER CINTI 4910 PARA DR CINTI, OH 45237	31-1185975	501(c)(3)	100,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF GREATER CINCINNATI 1105 ELM ST CINCINNATI, OH 452027513	31-0537178	501(c)(3)	100,000				Program Support
BB&T ARENA AT NORTHERN KY UNIVERSITY 500 NUNN DR HIGHLAND HEIGHTS, KY 41099	23-2511871	Kentucky	76,500				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTON COUNTY BOARD OF EDUCATION 1055 EATON DR FT WRIGHT, KY 41017	61-6001301	Kenton County	61,650				Program Support
NORTHERN KENTUCKY UNIVERSITY NUNN DR HC206 COLLEGE OF HEALTH PROFESSIONS HIGHLAND HEIGHTS, KY 41099	61-1010545	Kentucky	56,700				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CINCINNATI REDS LLC 100 JOE NUXHALL WAY GREAT AMERICAN BALL PARK CINCINNATI, OH 452024109	31-1002055		53,675				Program Support
WELCOME HOUSE OF NORTHERN KENTUCKY INC 205 PIKE ST COVINGTON, KY 41011	61-1020382	501(c)(3)	53,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINITURA INC 1801 AIRPORT RD STE A WAUKESHA, WI 53188	47-1878675	501(c)(3)	52,346				Program Support
UNITED WAY OF GREATER CINCINNATI PO BOX 632711 CINCINNATI, OH 452632711	31-0537502	501(c)(3)	49,767				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAN BEARD COUNCIL INC 10078 READING ROAD CINCINNATI, OH 452414833	31-0536651	501(c)(3)	40,000				Program Support
WOMEN'S CRISIS CENTER INC 3580 HARGRAVE DR HEBRON, KY 41048	61-0908752	501(c)(3)	40,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COUNCIL OF STATE GOVERNMENTS PO BOX 11910 LEXINGTON, KY 40578	36-6000818	501(c)(3)	40,000				Program Support
RIVER CITIES RELAY PO BOX 176002 LAKESIDE PARK, KY 41017	82-0768943	501(c)(3)	33,333				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY CHAMBER OF COMMERCE PO BOX 17416 FT MITCHELL, KY 41017	61-0679408	501(c)(3)	32,855				Program Support
PROFORMA N&M COMMUNICATIONS PO BOX 640814 CINCINNATI, OH 452640814	03-0489382		30,130				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL FOOTBALL LEAGUE ALUMNI INC 5725 WHITE BIRCH LN LIBERTY TOWNSHIP, OH 45044	59-1782262	501(c)(3)	30,000				Program Support
DIOCESAN CATHOLIC CHILDREN'S HOME 75 ORPHANAGE RD FT MITCHELL, KY 41017	61-0463943	501(c)(3)	27,500				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN CANCER SOCIETY 402 COOMER ST SOMERSET, KY 42503	13-1788491	501(c)(3)	25,800				Program Support
COVE FEDERAL CREDIT UNION 577 DUDLEY RD EDGEWOOD, KY 41017	61-1169581		23,750				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOONE COUNTY BOARD OF EDUCATION 99 CENTER STREET FLORENCE, KY 41042	61-6001252	Boone County	21,000				Program Support
HONOR RUN FOUNDATION 6297 REMINGTON COVE BURLINGTON, KY 41005	46-5547770	501(c)(3)	20,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUEGRASS BUCKEYE CHARITY CLASSIC INC 1727 TUXWORTH AVE CINCINNATI, OH 452384014	45-4194109	501(c)(3)	20,000				Program Support
KENTUCKY CENTER FOR PUBLIC SERVICE JOURN 465 E HIGH STREET LEXINGTON, KY 40507	46-3464828	501(c)(3)	18,400				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCHALE'S CATERING 1622 DIXIE HWY PARK HILLS, KY 41011	20-3810626		17,139				Program Support
NORTHERN KY FOOTBALL COACHES ASSOCIATION 458 GENERAL DR FT WRIGHT, KY 41011	61-1106788	501(c)(3)	15,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUDLOW BOARD OF EDUCATION 525 ELM ST LUDLOW, KY 41016	61-6001318	Ludlow	14,500				Program Support
NIEHAUS CORPORATON 2335 BUTTERMILK CROSSING SUITE 314 CRESCENT SPRINGS, KY 41017	61-1064722		13,743				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STEVEN J ELLIOTT 6933 MASSIES GRANT CINCINNATI, OH 45244	40-1769070		13,500				Program Support
ARTHRITIS FOUNDATION INC 4665 CORNELL RD STE 109 CINCINNATI, OH 45241	58-1341679	501(c)(3)	13,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUPT OF SCHOOLS OF BELLEVUE 219 CENTER ST BELLEVUE, KY 41073	61-6001387	Bellevue	12,220				Program Support
CONNER HIGH SCHOOL 8330 US HWY 42 FLORENCE, KY 41042	61-6001252	Boone County	12,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY CHAMBER OF COMMERCE PO BOX 817 464 CHENAULT RD FRANKFORT, KY 40602	61-0405718		11,850				Program Support
HOLY CROSS HIGH SCHOOL 3617 CHURCH ST COVINGTON, KY 41015	62-1577563	501(c)(3)	11,460				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BRIGHTON CENTER PO BOX 325 NEWPORT, KY 41072	61-0673886	501(c)(3)	11,109				Program Support
BOONE COUNTY FISCAL COURT PO BOX 457 FLORENCE, KY 410220457	61-6000718	Boone County	11,046				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KENTON COUNTY FIRE CHIEFS ASSOCIATION 401 GARVEY AVE ELSMERE, KY 41018	61-1339652	501(c)(3)	11,000				Program Support
CITY OF EDGEWOOD PO BOX 17870 EDGEWOOD, KY 41017	61-0704468	Edgewood	11,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW CT FRANKFORT, KY 40601	61-0954571	501(c)(3)	10,720				Program Support
DAYTON INDEPENDENT SCHOOLS 200 CLAY ST DAYTON, KY 41074	61-6001401	Dayton	10,600				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COOPER HIGH SCHOOL 2855 LONGBRANCH RD UNION, KY 41091	61-6001252	Boone County	10,500				Program Support
ST HENRY DISTRICT HIGH SCHOOL 3755 SCHEBEN DR ERLANGER, KY 41018	61-0458380	501(c)(3)	10,360				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES INC 3629 CHURCH ST COVINGTON, KY 41015	61-0461728	501(c)(3)	10,300				Program Support
NEWPORT CENTRAL CATHOLIC HIGH SCHOOL 13 CAROTHERS RD NEWPORT, KY 41071	61-0447243	501(c)(3)	10,250				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RPI COLOR SERVICE INC 1 W RIVER CENTER BLVD COVINGTON, KY 41011	31-0994477		10,026				Program Support
MARCH OF DIMES 10806 KENWOOD RD CINCINNATI, OH 45242	13-1846366	501(c)(3)	10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PADDLING FOR CANCER AWARENESS PO BOX 76213 HIGHLAND HEIGHTS, KY 41076	26-3552805	501(c)(3)	10,000				Program Support
COVINGTON BUSINESS COUNCIL 50 E RIVERCENTER BLVD SUITE 160 COVINGTON, KY 41011	31-0963057		10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REDI CINCINNATI LLC 3 E 4TH ST CINCINNATI, OH 45202	47-2090230		10,000				Program Support
NOTRE DAME ACADEMY 1699 HILTON DR PARK HILLS, KY 41011	61-0476695	501(c)(3)	10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 271 W SHORT ST LEXINGTON, KY 40507	61-1026214	501(c)(3)	10,000				Program Support
CINCINNATI INSTITUTE OF FINE ARTS PO BOX 630561 CINCINNATI, OH 452630561	31-0537138	501(c)(3)	10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN NATIONAL RED CROSS CINCINNATI AREA CHAPTER C/O MS TRISH SMITSON CINCINNATI, OH 45207	53-0196605	501(c)(3)	10,000				Program Support
JEFF RUBY FOUNDATION 700 WALNUT ST CINCINNATI, OH 45202	47-1516976	501(c)(3)	10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUTDOOR ADVENTURE CLUBS OF GREATER CINCINNATI INC 1662 BLUE ROCK ST CINCINNATI, OH 45223	47-4230979	501(c)(3)	10,000				Program Support
NEWPORT INDEPENDENT SCHOOLS 30 W 8TH ST NEWPORT, KY 41071	61-3001336	Newport	10,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CINCINNATI USA REGIONAL CHAMBER 3 E 4TH ST STE 200 CINTI, OH 45202	31-0239310	501(c)(3)	8,500				Program Support
NEW DAY RANCH 10830 BIG BONE CHURCH RD UNION, KY 41091	27-4722366	501(c)(3)	8,070				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY OHIO VOLLEYBALL CLUB PO BOX 188071 ERLANGER, KY 41018	14-1858651	501(c)(3)	7,500				Program Support
ZOOLOGICAL SOCIETY OF CINCINNATI 3400 VINE ST CINCINNATI, OH 45220	31-0537171	501(c)(3)	7,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WNC OF CINCINNATI LLC 201 JOE NUXHALL WAY FAIRFIELD, OH 45014	45-5086478		6,380				Program Support
AMER HEART ASSOC 5211 MADSION AVE CINCINNATI, OH 45227	13-5613797	501(c)(3)	6,296				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COSMOS GIFTS CORP 4425 MCEWEN RD DALLAS, TX 75244	75-2208029		6,278				Program Support
NORTHERN KENTUCKY EDUCATION COUNCIL 7310 TURFWAY RD STE 115 FLORENCE, KY 41042	20-3105862	501(c)(3)	6,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH MINISTRIES ASSOCIATION PO BOX 60042 DAYTON, OH 45406	42-1351520	501(c)(3)	5,900				Program Support
LADY'S SPARROW FOUNDATION CO 7121 RIVER RD HEBRON, KY 410489728	47-3929815	501(c)(3)	5,500				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARTNERS FOR MEDICAL RELIEF PO BOX 43254 CINCINNATI, OH 45243	82-1748297	501(c)(3)	5,400				Program Support
FAMILY NURTURING CENTER OF KENTUCKY 8275 EWING BLVD FLORENCE, KY 41042	31-1011326	501(c)(3)	5,264				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW PERCEPTIONS INC ONE SPERTI DR EDGEWOOD, KY 41017	61-0705047	501(c)(3)	5,120				Program Support
POINTARC OF NORTHERN KENTUCKY INC 104 W PIKE ST COVINGTON, KY 41011	23-7259409	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HISPANIC CHAMBER CINCINNATI USA INC 2637 ERIE AVE STE 206 CINTI, OH 45208	31-1458839		5,000				Program Support
CEI PHYSICIANS PSC INC 580 S LOOP RD EDGEWOOD, KY 41017	31-1473421		5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANDY & JORDAN DALTON FOUNDATION INC 59 CAVALIER BOULEVARD STE 310 FLORENCE, KY 41042	45-4066146	501(c)(3)	5,000				Program Support
THE YEARLINGS INC PO BOX 17903 LAKESIDE PARK, KY 41017	61-1196435	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASTER PROVISIONS INC PO BOX 17245 COVINGTON, KY 41017	61-1262540	501(c)(3)	5,000				Program Support
SUSAN G KOMEN BREAST CANCER FOUNDATION 6120 S GILMORE RD CINCINNATI, OH 45014	75-2855038	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES 1213 16TH ST N ST PETERSBURG, FL 33705	59-0875805	501(c)(3)	5,000				Program Support
THE HEALTH COLLABORATIVE 615 ELSINORE PL STE 500 CINCINNATI, OH 45202	31-1449807	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STEPHEN SILLER TUNNEL TO TOWERS FDN 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(c)(3)	5,000				Program Support
HEALTHPOINT FAMILY CARE INC 1401 MADISON AVE COVINGTON, KY 41011	61-0729915	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY 4370 GLENDALE-MILFORD RD CINCINNATI, OH 45242	13-5644916	501(c)(3)	5,000				Program Support
CANCER SUPPORT COMMUNITY PO BOX 4061 LOUISVILLE, KY 40204	31-1287785	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NKYHATESHEROINCOMINC PO BOX 75273 FT THOMAS, KY 41075	46-4779369	501(c)(3)	5,000				Program Support
THE KAREN WELLINGTON FOUNDATION FOR LIVING WITH BREAST CANCER 5090 BOUCHAINE WAY CINTI, OH 45208	26-3768567	501(c)(3)	5,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENAISSANCE COVINGTON INC 2 W PIKE ST COVINGTON, KY 41011	90-0126762	501(c)(3)	5,000				Program Support

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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

2017

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 nonfixed 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 BOARD MEMBERS AND OFFICERS BOARD RETREAT COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION
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	Certain individuals listed in part Part VII participated in a split dollar life insurance plan Please refer to Schedule L for participants, premiums and outstanding loan amounts

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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	(i)	938,722	366,131	2,622	33,900	32,805	1,374,180	0
PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
1ROBERT BAKER MD	(i)	0	0	0	0	0	0	0
PHYSICIAN / DIRECTOR	(ii)	393,351	0	5,560	37,832	24,582	461,325	0
2DOUG FLORA MD	(i)	0	0	0	0	0	0	0
TRUSTEE	(ii)	588,654	0	1,695	35,397	29,999	655,745	0
3HEIDI MURLEY MD	(i)	0	0	0	0	0	0	0
TRUSTEE	(ii)	516,559	4,587	2,533	44,628	31,378	599,686	0
4GARY BLANK	(i)	508,936	154,809	4,902	33,900	13,375	715,922	0
EXECUTIVE VP & COO, CNE	(ii)	0	0	0	0	0	0	0
5LAROY KENDALL	(i)	369,191	87,186	1,899	31,250	24,768	514,294	0
VP Medical Services, CMO	(ii)	0	0	0	0	0	0	0
6BARBARA KROHMAN	(i)	115,647	0	2,713	25,132	18,477	161,969	0
CORPORATE SECRETARY	(ii)	0	0	0	0	0	0	0
7ROBERT PRICHARD MD	(i)	647,757	188,873	4,902	33,900	21,476	896,908	0
Chief Clinical Integration Officer, SEP President & CEO	(ii)	0	0	0	0	0	0	0
8LORI RITCHEY-BALDWIN	(i)	522,631	151,803	2,622	31,250	26,270	734,577	0
Senior Vice President/CFO/Treasurer	(ii)	0	0	0	0	0	0	0
9WILLIAM BANKS	(i)	342,290	62,324	1,622	33,900	24,128	464,264	0
VP MANAGED CARE	(ii)	0	0	0	0	0	0	0
10JACOB BAST	(i)	390,040	56,078	880	13,250	25,110	485,358	0
COO / SECRETARY	(ii)	0	0	0	0	0	0	0
11JOSEPH BOZZELLI	(i)	175,042	25,701	2,404	11,757	11,646	226,550	0
VP MISSION SVCS & PASTORAL CARE	(ii)	0	0	0	0	0	0	0
12CHRISTOPER CARLE	(i)	359,543	87,926	3,456	33,900	13,288	498,112	0
PRESIDENT & CEO SEPN	(ii)	0	0	0	0	0	0	0
13CARRI CHANDLER	(i)	52,892	160,720	692	0	20,403	234,708	0
VP - FOUNDATION	(ii)	0	0	0	0	0	0	0
14PAMELA DEETER	(i)	270,451	52,104	1,355	31,000	11,993	366,904	0
VP FINANCE	(ii)	0	0	0	0	0	0	0
15LISA FREY	(i)	315,495	52,906	1,561	33,900	12,492	416,353	0
VP LEGAL SERVICES/GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
16BRUNO GIACOMUZZI	(i)	328,235	90,180	3,579	31,250	16,219	469,463	0
COO Flo FT Cov & SVP Prof Svcs	(ii)	0	0	0	0	0	0	0
17SARAH GIOLANDO	(i)	376,649	92,936	1,962	17,876	33,190	522,613	0
SVP/CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
18VERA HALL	(i)	289,040	69,890	964	22,752	23,264	405,908	0
SVP System CNE	(ii)	0	0	0	0	0	0	0
19ANTHONY HELTON	(i)	223,117	44,088	2,088	13,250	29,918	312,462	0
VP Revenue Cycle	(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				
21BRUCE HENLEY	(I)	324,240	47,270	4,834	31,250	18,030	425,624	0
CFO / TREASURER	(II)	0	0	0	0	0	0	0
1JAMES HORN	(I)	389,516	0	757	13,250	22,655	426,178	0
VP/CHIEF QUALITY OFFICER/ PHYSICIAN	(II)	0	0	0	0	0	0	0
2MATTHEW HOLLENKAMP	(I)	180,718	22,199	383	5,539	28,177	237,014	0
VP MARKETING AND CONSUMER RELATIONS	(II)	0	0	0	0	0	0	0
3KATHY LYNN JENNINGS	(I)	201,832	29,158	987	12,966	26,664	271,607	0
VP PATIENT CARE/ONCOLOGY	(II)	0	0	0	0	0	0	0
4JAMES McCARVILLE	(I)	197,664	20,218	1,821	5,591	22,992	248,286	0
VP - QUALITY	(II)	0	0	0	0	0	0	0
5SUSAN MCDONALD	(I)	270,396	40,280	3,921	31,250	13,248	359,095	0
VP Nursing - Edgewood	(II)	0	0	0	0	0	0	0
6JOHN MITCHELL	(I)	202,953	27,054	974	30,436	11,737	273,155	0
SVP - COO FT THOMAS	(II)	0	0	0	0	0	0	0
7ROSANNA NIELDS	(I)	188,140	37,074	910	14,653	23,211	263,989	0
VP PLANNING & GOVT RELATIONS	(II)	0	0	0	0	0	0	0
8MARTIN OSCADAL	(I)	360,316	87,926	5,394	33,900	17,250	504,786	0
SVP HUMAN RESOURCES	(II)	0	0	0	0	0	0	0
9ALEXANDER RODRIGUEZ	(I)	383,727	74,348	3,697	15,900	24,479	502,151	0
VP CIO	(II)	0	0	0	0	0	0	0
10BENITA UTZ	(I)	258,455	38,028	3,715	33,900	18,800	352,898	0
VP Nursing - Florence/Ft Thomas	(II)	0	0	0	0	0	0	0
11HARRY WATSON	(I)	262,622	63,878	3,747	14,553	4,215	349,015	0
Sr VP Facilities	(II)	0	0	0	0	0	0	0
12DARRYL DIAS MD	(I)	1,262,177	75,000	1,710	31,250	28,416	1,398,554	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
13JEROME SCHUTZMAN MD	(I)	1,339,329	75,000	4,902	31,250	24,820	1,475,302	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
14MOHAMAD SINNO MD	(I)	1,017,996	55,000	1,026	31,250	27,392	1,132,664	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
15 ROBERT STRICKMEYER MD	(I)	1,114,720	75,000	2,622	31,250	18,382	1,241,974	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
16DAMODHAR SURESH MD	(I)	1,086,849	75,000	2,622	31,250	30,045	1,225,766	0
PHYSICIAN	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2017

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 2009B	52-1643102		12-09-2009	38,150,000	PARTIAL REFUNDING OF BONDS ISSUED 6/11/03		X		X		X
B	KENTUCKY BOND DEVELOPMENT CORPORATION - 2015A	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X
C	KENTUCKY BOND DEVELOPMENT CORPORATION - 2015B	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X
D	KENTUCKY BOND DEVELOPMENT CORPORATION - SERIES 2016	47-2650498	491210AW0	05-12-2016	98,494,028	ADVANCE REFUNDING OF SERIES 2009A BONDS ISSUED ON 12/09/09		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,525,000	2,325,000	0	2,485,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	38,150,000	50,483,846	50,011,339	98,494,028
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	94,985,984
7	Issuance costs from proceeds	360,000	245,000	222,000	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	23,644,126	46,655,171	0
11	Other spent proceeds	37,790,000	0	0	2,475,000
12	Other unspent proceeds	0	26,110,874	3,122,829	0
13	Year of substantial completion	2003			2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		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 ▶		0 %		0 %		0 03 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 03 %		0 %
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 III, Line 4 Research Agreement Revenue	The amount of revenue from the Research Agreements is de minimis representing less than 0 0347% of the Total Operating Revenue

Return Reference	Explanation
Schedule K, Part I, Column (f) KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY - SERIES 2009A	CONSTRUCTION OF HOSPITAL FACILITY/PARTIAL REFUNDING OF BOND ISSUED 6/11/03

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

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

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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

2017

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	SEE STATEMENT	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,700,000			
2	Amount of bonds legally defeased	84,150,000			
3	Total proceeds of issue	101,960,448			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	1,430,179			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	29,195,269			
11	Other spent proceeds	71,335,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?		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?								
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 ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		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						
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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
Total		3,448,615		

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BEST UPON REQUEST	BOARD MEMBER TILLIE HIDALGO LIMA OWNS BEST UPON REQUEST	232,893	CONCIERGE SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS WERE AT ARM'S LENGTH (FMV) AND APPROVED BY DISINTERESTED MEMBERS OF THE BOARD
Schedule L, Part II To fund split dollar life Insurance premiums for supplemental life insurance	The Organization has entered into a split-dollar life insurance with a number of its executive and key employees in order to provide supplemental life insurance benefits Premiums under the arrangement, as opposed to contributions to a standard non-qualified plan, are not an expense for accounting purposes In addition, all of the premiums, treated as split-dollar loans in accordance with IRS rules, will be recovered by the Organization with interest at the death of the individual(s), which will help further the Organization's charitable mission (see the associated receivable in Part X)

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Bill Banks	VP Revenue Cycle/Managed Care	To fund split dollar life Insurance premiums for supplemental life insurance		X	129,141	131,137		No	Yes		Yes	
Jacob Bast	SVP & COO - SEP	To fund split dollar life Insurance premiums for supplemental life insurance		X	115,969	117,717		No	Yes		Yes	
Gary Blank	Exec VP & COO	To fund split dollar life Insurance premiums for supplemental life insurance		X	245,431	249,742		No	Yes		Yes	
Tom Boggs	President & CEO - HSN	To fund split dollar life Insurance premiums for supplemental life insurance		X	69,964	71,308		No	Yes		Yes	
Joseph Bozzelli	VP Mission Svcs & Pastoral Care	To fund split dollar life Insurance premiums for supplemental life insurance		X	40,855	41,117		No	Yes		Yes	
Chris Carle	President & CEO - SEPN	To fund split dollar life Insurance premiums for supplemental life insurance		X	198,045	202,257		No	Yes		Yes	
Garren Colvin	President & CEO	To fund split dollar life Insurance premiums for supplemental life insurance		X	771,586	787,503		No	Yes		Yes	
Pam Deeter	VP Finance	To fund split dollar life Insurance premiums for supplemental life insurance		X	31,199	31,789		No	Yes		Yes	
Lisa Frey	VP Legal Svcs/General Counsel	To fund split dollar life Insurance premiums for supplemental life insurance		X	39,622	40,292		No	Yes		Yes	
Bruno Giacomuzzi	VP COO Flo Grant & Prof Svcs	To fund split dollar life Insurance premiums for supplemental life insurance		X	119,139	120,936		No	Yes		Yes	
Sarah Giolando	VP COO Flo Grant & Prof Svcs	To fund split dollar life Insurance premiums for supplemental life insurance		X	155,352	158,297		No	Yes		Yes	
Vera Hall	SVP System CNE	To fund split dollar life Insurance premiums for supplemental life insurance		X	32,306	32,753		No	Yes		Yes	
Anthony Helton	VP Revenue Cycle	To fund split dollar life Insurance premiums for supplemental life insurance		X	50,883	51,979		No	Yes		Yes	
Bruce Henley	CFO - SEP	To fund split dollar life Insurance premiums for supplemental life insurance		X	95,929	97,939		No	Yes		Yes	
Matt Hollenkamp	VP Marketing & Public Relation	To fund split dollar life Insurance premiums for supplemental life insurance		X	13,292	13,551		No	Yes		Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
James Horn	VP, Chief Quality Officer	To fund split dollar life Insurance premiums for supplemental life insurance		X	39,163	39,926		No	Yes		Yes	
Kathy Jennings	SVP Patient Care Svcs/Cancer Care	To fund split dollar life Insurance premiums for supplemental life insurance		X	23,937	24,446		No	Yes		Yes	
LaRoy Kendall	SVP Chief Medical Officer	To fund split dollar life Insurance premiums for supplemental life insurance		X	72,538	73,802		No	Yes		Yes	
Jim McCarville	VP Quality	To fund split dollar life Insurance premiums for supplemental life insurance		X	12,170	12,426		No	Yes		Yes	
Susan McDonald	VP CNO Edgewood/Cov/Grant	To fund split dollar life Insurance premiums for supplemental life insurance		X	64,192	65,592		No	Yes		Yes	
John Mitchell	SVP COO Ft Thomas/Covington	To fund split dollar life Insurance premiums for supplemental life insurance		X	22,239	22,706		No	Yes		Yes	
Rosanne Nields	VP Planning & Govt Relations	To fund split dollar life Insurance premiums for supplemental life insurance		X	61,275	62,469		No	Yes		Yes	
Marty Oscadal	SVP Human Resources	To fund split dollar life Insurance premiums for supplemental life insurance		X	167,912	171,529		No	Yes		Yes	
Robert Prichard	EVP/CEO - SEP/CCIO	To fund split dollar life Insurance premiums for supplemental life insurance		X	367,021	374,814		No	Yes		Yes	
Lori Ritchey-Baldwin	Sr VP Finance/CFO	To fund split dollar life Insurance premiums for supplemental life insurance		X	142,805	145,881		No	Yes		Yes	
Alex Rodriguez	VP/Chief Information Officer	To fund split dollar life Insurance premiums for supplemental life insurance		X	169,940	173,600		No	Yes		Yes	
Benita Utz	VP, CNO Florence/Ft Thomas/Falmouth	To fund split dollar life Insurance premiums for supplemental life insurance		X	80,267	81,219		No	Yes		Yes	
Harry Watson	SVP Facilities	To fund split dollar life Insurance premiums for supplemental life insurance		X	50,780	51,888		No	Yes		Yes	

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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

2017

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	25	196,477	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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD/PRIZES)	X	119	51,045	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 nonstandard contributions?	Yes	
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 25 ITEMS BASED ON CONTRIBUTIONS RECEIVED Other - FOOD/PRIZES ST ELIZABETH HEALTHCARE IS REPORTING THE 119ITEMS BASED ON CONTRIBUTIONS RECEIVED

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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

2017

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The members of the following committees act in an advisory capacity to the Board of Trustees and make recommendations to the Board, they are Investment, Strategic Planning, Audit, Finance, Governance and Quality/Patient Care In addition, the Compensation Committee members have actual voting and decision power such that they are an "authorized body" of the Board of Trustees

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 2016

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	CONTRACT LABOR - Total Expense 1109148, Program Service Expense 5758, Management and Gen eral Expenses 1103390, Fundraising Expenses , AMBULANCE SERVICE - Total Expense 207515, Program Service Expense 207515, Management and General Expenses , Fundraising Expenses , ANESTHESIOLOGY SERVICE - Total Expense 1721614, Program Service Expense 1721614, Mana gement and General Expenses , Fundraising Expenses , LABORATORY SERVICES - Total Expense 6322807, Program Service Expense 6322807, Management and General Expenses , Fundraisin g Expenses , LAUNDRY EXPENSE - Total Expense 3262779, Program Service Expense 495599, M anagement and General Expenses 2767173, Fundraising Expenses 7, PERFUSION SERVICE - Tota l Expense 924022, Program Service Expense 924022, Management and General Expenses , Fun draising Expenses , RADIATION SERVICE - Total Expense 624719, Program Service Expense 6 24719, Management and General Expenses , Fundraising Expenses , PHYSICIAN FEES - Total E xpense 12855718, Program Service Expense 9969002, Management and General Expenses 28867 16, Fundraising Expenses , CONSULTING SERVICE - Total Expense 8509363, Program Service E xpense 898469, Management and General Expenses 7605369, Fundraising Expenses 5525, COLL ECTION SERVICE - Total Expense 1041408, Program Service Expense 10376, Management and Ge neral Expenses 1031032, Fundraising Expenses , OTHER FEES - Total Expense 56299, Progra m Service Expense 4532, Management and General Expenses 51767, Fundraising Expenses , P URCHASED SERVICE - PATIENT ACCT - Total Expense 3245640, Program Service Expense , Manag ement and General Expenses 3245640, Fundraising Expenses , MAINTENANCE & REPAIR - Total Expense 142, Program Service Expense 142, Management and General Expenses , Fundraising Expenses , ACQUISITION COSTS - Total Expense 71, Program Service Expense , Management and General Expenses , Fundraising Expenses 71, ORGANIZED DEVELOP SERVICES - Total Expen se 89303, Program Service Expense , Management and General Expenses 89303, Fundraising Expenses , PURCHASED SERVICES - Total Expense 20485831, Program Service Expense 1000156 4, Management and General Expenses 10221440, Fundraising Expenses 262827, HARDWARE MAINT ENANCE - Total Expense 6463, Program Service Expense 37, Management and General Expenses 6426, Fundraising Expenses , RESEARCH PARTICIPATION - Total Expense 16824, Program Ser vice Expense 16554, Management and General Expenses 270, Fundraising Expenses , RECRUIT MENT ADVERTISING - Total Expense 105037, Program Service Expense 15967, Management and G eneral Expenses 88725, Fundraising Expenses 345, ACCRUED PURCHASED SERVICES - Total Expe nse 8, Program Service Expense 8, Management and General Expenses , Fundraising Expense s , VEHICLE OPERATION MAINT - Total Expense 53729, Program Service Expense 53166, Manag ement and General Expenses 563, Fundraising Expenses , CONSUMABLES - HARDWARE - Total Ex pense 8285, Program Service E

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	xpense 4656, Management and General Expenses 3629, Fundraising Expenses , BUSINESS TRAN SPORTATION - Total Expense 20558, Program Service Expense 10, Management and General Exp enses 20548, Fundraising Expenses , JANITORIAL SERVICES - Total Expense 283148, Program Service Expense 70628, Management and General Expenses 212520, Fundraising Expenses , BUILDING MAINTENANCE - INTERIOR - Total Expense 364713, Program Service Expense 93616, M anagement and General Expenses 267137, Fundraising Expenses 3960, BUILDING MAINTENANCE - EXTERIOR - Total Expense 623, Program Service Expense , Management and General Expenses 623, Fundraising Expenses , GROUNDS MAINTENANCE - Total Expense 156340, Program Servic e Expense 18916, Management and General Expenses 135708, Fundraising Expenses 1716, VEH ICLE MAINTENANCE - Total Expense 164536, Program Service Expense 70668, Management and G eneral Expenses 93868, Fundraising Expenses , MAINTENANCE & REPAIRS - Total Expense 113 36449, Program Service Expense 2196125, Management and General Expenses 9135043, Fundrai sing Expenses 5281, MAINT & REPAIR - HVAC - Total Expense 46955, Program Service Expense 26951, Management and General Expenses 20004, Fundraising Expenses , MAINT & REPAIR - MEDICAL EQUIP - Total Expense 2060, Program Service Expense 2060, Management and General Expenses , Fundraising Expenses , MAINT & REPAIR - OFFICE EQUIP - Total Expense 5868, Program Service Expense , Management and General Expenses 5868, Fundraising Expenses , LATE PAYMENT FEES - Total Expense 275, Program Service Expense , Management and General Expenses 275, Fundraising Expenses , MAINT & REPAIR HARDWARE - Total Expense 11543, Pro gram Service Expense , Management and General Expenses 11543, Fundraising Expenses , PE ST CONTROL - Total Expense 7676, Program Service Expense 1919, Management and General Ex penses 5757, Fundraising Expenses , FACILITIES - SMALL EQUIP - Total Expense 75, Progra m Service Expense , Management and General Expenses 75, Fundraising Expenses , IC MARKE T ADJ EXPENSE - Total Expense 94741154, Program Service Expense , Management and General Expenses 94741154, Fundraising Expenses , IC PHYSICIAN FEES - Total Expense 12545808, Program Service Expense 12393184, Management and General Expenses 152624, Fundraising Ex penses , IC STAFF LEASING EXPENSE - Total Expense 201232, Program Service Expense 89627 , Management and General Expenses 111605, Fundraising Expenses , IC ADMIN SERVICES EXPEN SE - Total Expense 582918, Program Service Expense 620109, Management and General Expens es -37191, Fundraising Expenses , IC PHYSICIAN FEES - MEDICAL DIR - Total Expense 58150 0, Program Service Expense 525093, Management and General Expenses 56407, Fundraising Ex penses , LABRATORY SERVICES - Total Expense 425, Program Service Expense 425, Managemen t and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN FMV OF INTEREST RATE SWAP - 673641, MINIMUM PENSION LIABILITY ADJUSTMENT - 71077699, CHANGE IN FMV OF SPLIT LIFE INSURANCE INTEREST - -9759, TRANSFERS DUE TO/FROM AFFILIATES - 21177679, NET ASSETS RELEASED FROM RESTRICTIONS - 604746, WRITE OFF OF UNCOLLECTIBLE PLEDGES - -69853, CHANGE TO INVESTMENT IN AMSURG - -40447,

990 Schedule O, Supplemental Information

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 FOC US ON THAT WILL HAVE THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS THE TOP THRE E PRIORITIES ARE OBESITY, HEART DISEASE, AND DIABETES THE FOLLOWING IS A LIST OF HEALTH N EEDS 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 HE ALTHCARE WILL CONTINUE PROVIDING SERVICES TO SUPPORT THESE IMPORTANT COMMUNITY HEALTH NEED S THE FOLLOWING IS A SUMMARY OF MANY OF THE PROGRAMS THAT ARE ALREADY PROVIDED FOR EACH O F 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 TH ROUGH THE FAMILY PRACTICE RESIDENCY PROGRAM - CONTINUING TO OFFER THE PARISH NURSING/HEALT H 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 T HOSE WHO ARE UNINSURED - PROVIDING MOBILE MAMMOGRAPHY VAN NO COST MAMMOGRAMS - OFFERING TH E COOPER CLAYTON SMOKING CESSATION PROGRAM - DONATING FINANCIAL / OPERATIONAL SUPPORT TO S EVERAL COMMUNITY HEALTH IMPROVEMENT ORGANIZATIONS INFANT MORTALITY - OFFERING MATERNAL CHI LD PROGRAMS FIRST STEPS POINT OF ENTRY AND NURSE-FAMILY PARTNERSHIPS - PROVIDING OBSTETRI CIANS TO HEALTHPOINT FOR PRENATAL CARE - ADMINISTERING IMMUNIZATIONS COCOONING PROJECT - O FFERING PRE-ADMISSION EDUCATION LACK OF HEALTH INSURANCE - SPONSORING A FINANCIAL ASSISTAN CE PROGRAM - ASSISTING PATIENTS ELIGIBLE FOR GOVERNMENT PROGRAMS TO REGISTER FOR THOSE PRO GRAMS, PLUS PROVIDES CHARITY CARE WHEN APPROPRIATE MEDICATION COSTS/ACCESS - PROVIDING MED ICATIONS UPON DISCHARGE FROM THE EMERGENCY DEPARTMENT OR INPATIENT AND REFERRAL TO ST VIN CENT DEPAUL PHARMACY MENTAL HEALTH - PROVIDING INPATIENT TREATMENT TO UNINSURED - PROVIDIN G MULTIPLE SUPPORT GROUPS FOR PATIENTS AND FAMILIES - WORKING WITH MENTAL HEALTH COURTS AN D JAILS TO COORDINATE CARE - IMPLEMENTING TELEPSYCHIATRY IN THE EMERGENCY DEPARTMENT TO AS SESS MENTAL HEALTH PATIENTS WELLNESS - PROVIDING TO THE COMMUNITY NUMEROUS PROGRAMS ON VAR IOUS HEALTH TOPICS AND SCREENINGS SUBSTANCE ABUSE - PROVIDING INPATIENT AND OUTPATIENT TRE ATMENT PROGRAMS FOR ADULTS - OFFERING 12-STEP PROGRAMS ON SITE BY COMMUNITY ORGANIZATIONS SMOKING CESSATIONS - ASSURING ALL OF ST ELIZABETH HEALTHCARE CAMPUSES ARE SMOKE FREE - OF FERING COOPER CLAYTON SMOKING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Sch H, Part V, Section B, Line 7 ST ELIZABETH FLORENCE	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

2017

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	-65,926	3,838,486	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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Health Care Solutions Network LLC 619 Oak Street Cincinnati, OH 45206 47-2103334	PHO	OH	HSN	Related	-633,944	0		No	0	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	(i) 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		2,013,224	100 %	Yes	
(2) Charitable Remainder Trust (3) One Medical Village Drive Edgewood, KY 41017	Trust	KY	N/A	Trust					

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	Yes	
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	2,013,224	CASH
(2)SUMMIT MEDICAL GROUP INC	R	94,741,154	CASH
(3)SUMMIT MEDICAL GROUP INC	O	13,343,340	CASH
(4)SUMMIT MEDICAL GROUP INC	J	339,241	CASH
(5)SUMMIT MEDICAL GROUP INC	M	582,919	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)