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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

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

D Employer identification number

61-0445850

E Telephone number

(859) 655-1642

G Gross receipts \$ 1,808,717,983

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 ▶

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 ▶

L Year of formation: 1861

M State of legal domicile: KY

Part I Summary

Activities & Governance

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)	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	8,189
6	Total number of volunteers (estimate if necessary)	1,453
7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,732,675
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,067,640	9,475,982
9 Program service revenue (Part VIII, line 2g)	1,182,872,415	1,207,741,060
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,190,465	70,078,529
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,654,041	6,279,258
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,224,784,561	1,293,574,829

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,485,576	4,171,294
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)	531,545,385	559,111,950
16a Professional fundraising fees (Part IX, column (A), line 11e)	60,000	60,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,040,360		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	599,920,005	600,196,355
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,136,010,966	1,163,539,599
19 Revenue less expenses. Subtract line 18 from line 12	88,773,595	130,035,230

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,837,486,904	2,162,310,495
21 Total liabilities (Part X, line 26)	503,171,056	646,749,497
22 Net assets or fund balances. Subtract line 21 from line 20	1,334,315,848	1,515,560,998

Part II Signature Block

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

Sign Here

Signature of officer

LORI RITCHEY-BALDWIN CFO
Type or print name and title

2020-11-16
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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 \$ 702,396,230 including grants of \$ 4,171,294) (Revenue \$ 1,207,741,060)
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 ▶ 702,396,230

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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Yes
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 ComplianceCheck 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	576
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 8,189			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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 17		
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 **IN, KY**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	19,952,872	717,496	2,068,286

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 ► 578

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
Turner Construction Company 250 West Court St Suite 300 Cincinnati, OH 45202	Construction	61,085,256
Messer Construction 88718 Expedite Way Chicago, IL 60695	Construction Services	8,705,823
Epic Systems Corporation PO Box 88314 Milwaukee, WI 523880314	Technical Services	7,273,651
Danis Building Construction Company 50 E Business Way Cincinnati, OH 45241	Construction	6,785,782
Intuitive Surgical Inc PO Box 39000 Dept 33629 San Francisco, CA 94139	Technical Services	5,289,510

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 ► 230

Form 990 (2019)		Page 9									
Part VIII		Statement of Revenue									
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
			(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	54,264							
	d	Related organizations	1d								
	e	Government grants (contributions)	1e	2,095,642							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,326,076							
	g	Noncash contributions included in lines 1a - 1f:\$	1g	396,739							
	h	Total. Add lines 1a-1f ▶	9,475,982								
Program Service Revenue			Business Code								
	2a	NET PATIENT REVENUE	622110	1,055,594,065	1,055,594,065						
	b	OTHER RELATED REVENUE	900099	63,316,523	63,316,523						
	c	PATIENT/EMPLOYEE DRUGS	446110	17,866,988	13,972,134	1,417,938					
	d	LABORATORY	621500	70,963,484	70,684,487	278,997					
	e										
	f	All other program service revenue.		0	0	0					
	g	Total. Add lines 2a-2f. ▶	1,207,741,060								
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	23,506,897		35,740	23,471,157				
	4		Income from investment of tax-exempt bond proceeds ▶	374,451			374,451				
	5		Royalties ▶								
	6a	Gross rents	(i) Real	(ii) Personal							
			6a	2,765,841							
			b	Less: rental expenses				6b	2,543,104		
			c	Rental income or (loss)				6c	222,737	0	
	d		Net rental income or (loss) ▶	222,737			222,737				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
			7a	558,231,772				277,841			
			b	Less: cost or other basis and sales expenses				7b	509,369,287	2,943,145	
			c	Gain or (loss)				7c	48,862,485	-2,665,304	
	d		Net gain or (loss) ▶	46,197,181			46,197,181				
	8a	Gross income from fundraising events (not including \$ 54,264 of contributions reported on line 1c). See Part IV, line 18	8a	374,568							
								b	Less: direct expenses	8b	283,676
								c		Net income or (loss) from fundraising events . . ▶	90,892		90,892
	9a	Gross income from gaming activities. See Part IV, line 19	9a	19,769							
								b	Less: direct expenses	9b	3,942
								c		Net income or (loss) from gaming activities . . ▶	15,827		15,827
	10a	Gross sales of inventory, less returns and allowances . .	10a								
								b	Less: cost of goods sold . .	10b	
								c		Net income or (loss) from sales of inventory . . ▶	
Miscellaneous Revenue		Business Code									
11a		CAFETERIA	722210	4,146,531		4,146,531					
b		GIFT SHOP	900099	1,630,769		1,630,769					
c		VENDING	453220	172,502		172,502					
d		All other revenue		0	0	0					
e		Total. Add lines 11a-11d ▶	5,949,802								
12		Total revenue. See instructions ▶	1,293,574,829	1,203,567,209	1,732,675	78,798,963					

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,171,294	4,171,294		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	15,955,354	11,840,535	4,080,421	34,398
7 Other salaries and wages	419,594,323	311,382,703	107,307,020	904,600
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,460,055	20,081,593	8,319,869	58,593
9 Other employee benefits	65,823,948	46,301,734	19,424,378	97,836
10 Payroll taxes	29,278,270	22,215,494	6,991,651	71,125
11 Fees for services (non-employees):				
a Management				
b Legal	1,525,735		1,525,735	
c Accounting	558,544	-9,731	568,275	
d Lobbying	39,250	39,250		
e Professional fundraising services. See Part IV, line 17	60,000			60,000
f Investment management fees	1,900,562		1,900,062	500
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,323,622	39,977,203	46,206,408	140,011
12 Advertising and promotion	8,043,739	472,442	7,397,419	173,878
13 Office expenses	4,442,933	2,229,368	2,114,287	99,278
14 Information technology	17,729,061	1,104,685	16,590,083	34,293
15 Royalties				
16 Occupancy	13,046,727	945,539	12,101,188	
17 Travel	828,764	494,178	323,554	11,032
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,596,796	587,170	1,837,809	171,817
20 Interest	6,862,145	130,487	6,731,658	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,002,178		67,002,178	
23 Insurance	7,720,917		7,720,917	
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	213,252,636	209,396,814	3,855,822	
b GENERAL SUPPLIES	21,342,985	11,497,836	9,685,294	159,855
c PROVIDER TAX	12,549,260		12,549,260	
d DUES & MEMBERSHIPS	1,487,344	770,602	710,163	6,579
e All other expenses	132,943,157	18,767,034	114,159,558	16,565
25 Total functional expenses. Add lines 1 through 24e	1,163,539,599	702,396,230	459,103,009	2,040,360
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part 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		76,027,737	2	66,108,429	
	3	Pledges and grants receivable, net		6,102,637	3	9,430,638	
	4	Accounts receivable, net		121,911,389	4	134,459,344	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		9,368,104	5	11,337,621	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		8,388,469	7	12,989,291	
	8	Inventories for sale or use		30,391,581	8	30,744,149	
	9	Prepaid expenses and deferred charges		8,683,313	9	12,241,745	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,125,210,945			
	b	Less: accumulated depreciation	10b	590,061,656	442,797,588	10c	535,149,289
	11	Investments—publicly traded securities		689,095,772	11	540,776,600	
	12	Investments—other securities. See Part IV, line 11		376,682,604	12	675,191,039	
	13	Investments—program-related. See Part IV, line 11		14,751,767	13	12,024,412	
	14	Intangible assets		13,454,499	14	12,647,499	
	15	Other assets. See Part IV, line 11		36,272,522	15	105,651,517	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,837,486,904	16	2,162,310,495		
Liabilities	17	Accounts payable and accrued expenses		167,566,556	17	181,131,028	
	18	Grants payable			18		
	19	Deferred revenue		4,177,903	19	4,132,944	
	20	Tax-exempt bond liabilities		210,006,462	20	275,881,716	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	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		121,420,135	25	185,603,809	
26	Total liabilities. Add lines 17 through 25		503,171,056	26	646,749,497		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,311,553,091	27	1,285,769,354	
	28	Net assets with donor restrictions		13,002,103	28	19,973,528	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds		9,760,654	31	209,818,116	
32	Total net assets or fund balances		1,334,315,848	32	1,515,560,998		
33	Total liabilities and net assets/fund balances		1,837,486,904	33	2,162,310,495		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,293,574,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,163,539,599
3	Revenue less expenses. Subtract line 2 from line 1	3	130,035,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,334,315,848
5	Net unrealized gains (losses) on investments	5	96,737,840
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	-45,527,920
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,515,560,998

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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?
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990 (2019)

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. For more than 150 years, St. Elizabeth has been the heart and soul of healthcare in Northern Kentucky. Founded with one small hospital in 1861, St. Elizabeth Healthcare now operates five facilities throughout Northern Kentucky - St. Elizabeth Covington, St. Elizabeth Edgewood, St. Elizabeth Florence, St. Elizabeth Ft. Thomas and St. Elizabeth Grant. St. Elizabeth Healthcare is sponsored by the Diocese of Covington and provided approximately \$120 million in uncompensated care and benefit to the community in 2019. 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. Our mission is to provide comprehensive and compassionate care that improves the health of the people we serve. We accomplish this through state-of the-art technology and our dedicated associates, led by a well-respected board and executive leadership team who love this organization and our community. St. Elizabeth Healthcare's state-of-the-art technology includes a secure, internal electronic medical records system that not only gives providers access to their patients' medical records at any St. Elizabeth Healthcare or St. Elizabeth Physicians facility, but also gives you, the patient, faster, more convenient access to your personal medical records, test results and healthcare providers through a web portal called "MyChart." St. Elizabeth Healthcare also became the first and only healthcare system in Kentucky, Ohio or Indiana to pass Mayo Clinic's rigorous review process and become a member of the Mayo Clinic Care Network, a collaboration that allows physicians from St. Elizabeth Healthcare to consult with Mayo Clinic physicians, providing even better care to our patients. 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. During 2019 St. Elizabeth Healthcare had total admissions of 91,057; total patient visits of 196,502 and total emergency room visits of 189,555.

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	X		X				1,595,787	0	80,295
AJ SCHAEFFER TRUSTEE	5.0 4.0	X						0	0	0
BRIAN ROBINSON TRUSTEE	4.0 0	X						21,979	0	0
DEBBIE SIMPSON Trustee	4.0 0	X						1,757	0	0
GARY W MOORE TRUSTEE	4.0 0	X						0	0	0
JACKIE SWEENEY MD TRUSTEE	4.0 0	X						1,624	0	0
JAMES ROEBKER MD TRUSTEE	4.0 0	X						5,438	0	0
JAMES VOTRUBA Chairman	4.0 0	X						2,119	0	0
JASON JACKMAN TRUSTEE	4.0 0	X						1,252	0	0
MARSHA CROXTON TRUSTEE	4.0 0	X						1,600	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			
MEREDITH DONNELLY MD	4.0									
TRUSTEE	..... 0	X						0	0	0
MICHAEL E JONES	4.0									
TRUSTEE	..... 0	X						1,559	0	0
ROBERT BAKER MD	4.0									
PHYSICIAN / DIRECTOR	..... 50.0	X						0	177,309	54,751
ROGER PETERMAN	4.0									
TRUSTEE	..... 0	X						15,790	0	0
THOMAS R DIETZ	4.0									
TRUSTEE	..... 0	X						16,940	0	0
TILLIE HIDALGO LIMA	4.0									
Trustee	..... 0	X						16,348	0	0
TODD KIRCHHOFF MD	4.0									
TRUSTEE/PRESIDENT	..... 0	X						31,499	0	0
GARY BLANK	50.0									
EXECUTIVE VP & COO, CNE	..... 1.0			X				801,171	0	64,264
LAROY KENDALL	50.0									
VP Medical Services, CMO	..... 4.0			X				563,037	0	60,856
LISA FREY	50.0									
VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	..... 1.0			X				482,251	0	60,851

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			
LORI RITCHEY-BALDWIN	50.0			X				842,296	0	67,944
Senior Vice President/CFO/Treasurer	5.0									
ROBERT PRICHARD MD	25.0			X				1,022,929	0	74,820
Chief Clinical Integration Officer, SEP President & CEO	25.0									
ALEXANDER RODRIGUEZ	50.0				X			529,952	0	55,899
VP CIO	0									
ANTHONY HELTON	50.0				X			350,156	0	47,783
VP Revenue Cycle	0									
BENITA ANDERSON	50.0				X			338,571	0	62,810
VP Nursing - Florence/Ft. Thomas	0									
BRUCE HENLEY	35.0				X			332,203	0	60,648
SEP CFO / TREASURER	15.0									
BRUNO GIACOMUZZI	50.0				X			499,108	0	65,646
COO Flo FT Cov & SVP Prof Svcs	0									
CARRI CHANDLER	50.0				X			300,291	0	39,660
VP - FOUNDATION	0									
CHRISTOPER CARLE	50.0				X			543,689	0	64,060
PRESIDENT & CEO SEPN	0									
HARRY WATSON	50.0				X			395,112	0	35,621
Sr. VP Facilities	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			
ROSANNA NIELDS	50.0									
VP PLANNING & GOVT RELATIONS	..... 0				X			307,379	0	50,094
SARAH GIOLANDO	50.0									
SVP/CHIEF STRATEGY OFFICER	..... 0				X			526,832	0	42,224
SUSAN MCDONALD	50.0									
VP Nursing - Edgewood	..... 0				X			371,120	0	48,481
VERA HALL	50.0									
SVP System CNE	..... 0				X			405,566	0	68,198
WILLIAM BANKS	50.0									
VP MANAGED CARE	..... 0				X			462,730	0	76,175
DARRYL DIAS MD	50.0									
PHYSICIAN	..... 0					X		1,062,515	0	67,837
JEROME SCHUTZMAN MD	50.0									
PHYSICIAN	..... 0					X		1,303,554	0	66,286
JON HAYS MD	50.0									
PHYSICIAN	..... 0					X		1,184,655	0	67,539
MOHAMAD SINNO MD	50.0									
PHYSICIAN	..... 0					X		1,101,338	0	68,295
SAEB KHOURY MD	50.0									
PHYSICIAN	..... 0					X		971,183	0	68,739

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			
HEIDI MURLEY MD TRUSTEE	4.0 50.0						X	0	540,188	49,112
MARTIN OSCADAL FORMER SVP HUMAN RESOURCES	50.0 0						X	117,821	0	2,038

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2018 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		47,971
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		50,396
j	Total. Add lines 1c through 1i			98,367
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 ACTIVITIES	THE PORTION OF THE KENTUCKY HOSPITAL ASSOCIATION DUES AND SPONSORSHIP THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES IS \$50,396.
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 2019. THE AMOUNT IS \$7,800. ST. ELIZABETH HEALTHCARE ALSO ENLISTED THE ASSISTANCE OF LOBBYING CONSULTANTS IN 2019. THE AMOUNT PAID TO THESE CONSULTANTS IS \$39,250. ST. ELIZABETH HEALTHCARE ALSO PAID \$921 IN SPONSORSHIP DOLLARS.
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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 7/25/06, 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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:

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		23,214,173		23,214,173
b Buildings		532,993,696	279,243,481	253,750,215
c Leasehold improvements		17,696,500	7,651,921	10,044,579
d Equipment		416,254,103	303,033,023	113,221,080
e Other		135,052,473	133,231	134,919,242
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				535,149,289

Schedule D (Form 990) 2019

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	675,191,039	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	675,191,039	

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	185,603,809

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 ☒

Schedule D (Form 990) 2019

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	1,384,289,326
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	96,737,840
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,080,982
e	Add lines 2a through 2d	2e	103,818,822
3	Subtract line 2e from line 1	3	1,280,470,504
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	1,900,562
b	Other (Describe in Part XIII.)	4b	11,203,763
c	Add lines 4a and 4b	4c	13,104,325
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,293,574,829

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	1,168,310,602
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	8,010,912
e	Add lines 2a through 2d	2e	8,010,912
3	Subtract line 2e from line 1	3	1,160,299,690
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	1,900,562
b	Other (Describe in Part XIII.)	4b	1,339,347
c	Add lines 4a and 4b	4c	3,239,909
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,163,539,599

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: 19010655
Software Version: 2019v5.0
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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, 2019, 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, 2016 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 - 283676 GAMING EXPENSES - 3942 LOSS/GAIN ON FIXED ASSET DISPOSAL - 2 665305 SEPN - 718429 RENTAL EXPENSES - 2543104 PENSION EXPENSE BOOKED TO REVENUE - 866526

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	UNCOLLECTIBLE PLEDGES - 15484 SEPN - 898206 FIVE LABS - 440852 CHANGE IN FMV IN INTEREST RATE SWAP - 9849221

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	SEPN - 1648359 GAIN/LOSS ON FIXED ASSET DISPOSALS - 2665305 RENTAL EXPENSES - 2543104 FUND RAISING EXPENSES - 283676 GAMING EXPENSES - 3942 PENSION EXPENSE BOOKED TO REVENUE - 86652 6

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	SEPS - 289 FIVE LABS - 440852 SEPN - 898206

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 Activities 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Investments	N/A	184,174,248
3a Sub-total	0	0			184,174,248
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			184,174,248

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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; don't 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; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ST. ELIZABETH HEALTHCARE MAINTAINS RECORDS TO SUBSTANTIATE AMOUNTS AND ELIGIBILITY TO BE 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.

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	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Partee</u> (event type)	<u>Style Show</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	307,908	66,416	54,508	428,832
	2 Less: Contributions	41,508	9,618	3,138	54,264
	3 Gross income (line 1 minus line 2)	266,400	56,798	51,370	374,568
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,085		254	1,339
	6 Rent/facility costs			10,336	10,336
	7 Food and beverages	97,464	24,292	74,176	195,932
	8 Entertainment			8,674	8,674
	9 Other direct expenses	31,845	16,019	19,531	67,395
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				283,676
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				90,892

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			19,769	19,769
	2 Cash prizes			3,942	3,942
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

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

Name ► Lisa Speier

Address ► 1 Medical Village Drive Edgewood, KY 41017

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► LISA SPEIER

Gaming manager compensation ► \$ 3,398

Description of services provided ► Supervision and management of the gaming operations.

☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 15,827

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(i) Hillary Lyons Associates	Hillary Lyons Associates is a consulting firm working in the field of ongoing fund development and community relations exclusively for non-profit health care institutions. Hillary Lyons Associates does not participate in the solicitation of contributions.
Schedule G, Part III, Line 17 Distributions required under state law	STATE=KENTUCKY,MANDATORY DISTRIBUTION AMOUNT=15827;

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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			36,921,408	22,344,060	14,577,348	1.25 %
b Medicaid (from Worksheet 3, column a)			175,972,203	137,777,642	38,194,561	3.28 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			107,618	0	107,618	0.01 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	213,001,229	160,121,702	52,879,527	4.54 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,867,306	785,161	2,082,145	0.18 %
f Health professions education (from Worksheet 5)			6,518,523	1,931,563	4,586,960	0.39 %
g Subsidized health services (from Worksheet 6)			5,080,610	443,449	4,637,161	0.40 %
h Research (from Worksheet 7)			1,622,003	1,051,985	570,018	0.05 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,447,515	0	21,447,515	1.84 %
j Total. Other Benefits	0	0	37,535,957	4,212,158	33,323,799	2.86 %
k Total. Add lines 7d and 7j	0	0	250,537,186	164,333,860	86,203,326	7.41 %

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			87,041		87,041	0.01 %
2 Economic development			11,212		11,212	0 %
3 Community support			2,396,239		2,396,239	0.21 %
4 Environmental improvements			0		0	0 %
5 Leadership development and training for community members			12,189		12,189	0 %
6 Coalition building			156,015		156,015	0.01 %
7 Community health improvement advocacy			0		0	0 %
8 Workforce development			150,233		150,233	0.01 %
9 Other			317,849		317,849	0.03 %
10 Total	0	0	3,130,778	0	3,130,778	0.27 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	45,891,062	
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	4,589,106	
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	226,247,779
6 Enter Medicare allowable costs of care relating to payments on line 5	6	244,184,408
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,936,629
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:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.stelizabeth.com/community-outreach/community-benefits</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.stelizabeth.com/community-outreach/community-benefits</u>	10	Yes
a			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.stelizabeth.com/patients-visitors/financial-assistance-programs</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.stelizabeth.com/patients-visitors/financial-assistance-programs</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.stelizabeth.com/patients-visitors/financial-assistance-programs</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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 _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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? 27

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 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. FOR FINANCIAL STATEMENT PURPOSES, ST. ELIZABETH HEALTHCARE HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ST. ELIZABETH HEALTHCARE'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.
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 \$4,589,106. 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	<p>Patient accounts are reported at the net consideration in which St. Elizabeth Healthcare expects to be entitled to in exchange for providing patient care. The portfolio approach is used to determine the reduction to accounts 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 price concessions are made for self-pay patient accounts in the period of service based on past collection experience and are reported at the net amount St. Elizabeth Healthcare expects to collect. St. Elizabeth Healthcare recognizes patient service revenue at the time in which performance obligations are satisfied. These amounts are due from patient, third-party payers, (including managed care and governmental programs), and others are subject to contractual adjustments, discounts and implicit price concessions. Patient service revenue is reported at the net consideration in which St. Elizabeth Healthcare expects to be entitled to in exchange for providing patient care. 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, implicit price concessions are presented as a deduction from patient service revenue (net of contractual provisions and discounts). Amounts determined to qualify as charity care are not reported as patient service revenue. 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 significant implicit price concessions related to uninsured and underinsured patients in the period the services are provided.</p>
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>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.</p>

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: https://www.stelizabeth.com/patients-visitors/financial-assistance-programs;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ST. ELIZABETH FLORENCE: Line 16b URL: https://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: https://www.stelizabeth.com/patients-visitors/financial-assistance-programs;

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>IN 2019, 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 2019, ST. ELIZABETH HEALTHCARE CONTINUED TO COLLABORATE 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 2019, 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 2019, 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.</p>
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>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."</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>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 2019 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 92.8% 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 26.0% OF THE NORTHERN KENTUCKY POPULATION REMAINS UNINSURED . THE POVERTY LEVEL OF THE REGION IS AS FOLLOWS: CARROLL COUNTY - 15.6%, OWEN COUNTY - 15.8%, GRANT COUNTY - 13.9%, CAMPBELL COUNTY - 13.1%, KENTON COUNTY - 10.4%, BOONE COUNTY - 6.4%, GALLATIN COUNTY - 15.1%, PENDLETON COUNTY - 15.5%, DEARBORN COUNTY - 9.4%, HAMILTON COUNTY - 15.4% AND GREATER CINCINNATI - 27.2%. 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. SUN BEHAVIORAL HEALTH IN ERLANGER. 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.</p>
Schedule H, Part VI, Line 5 Promotion of community health	<p>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 2019 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.</p>

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 1,100 LICENSED BEDS, JUST OVER 9,000 EMPLOYEES , 1,645 PHYSICIAN PROVIDERS AND A WHOLLY OWNED PHYSICIAN ORGANIZATION (SEP) WHICH INCLUDES OVER 109 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: 19010655
Software Version: 2019v5.0
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		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 REQUIRED 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 MENT. 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	<p>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 ISTRIC T -LARRY A. RYLE HIGH SCHOOL -LAWRENCEBURG COMMUNITY SCHOOL -LLOYD MEMORIAL HIGH SCH OOL -NORTHERN KENTUCKY UNIVERSITY -OCKERMAN MIDDLE SCHOOL -PENDLETON COUNTY HIGH SCHOOL -P INNER 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) DURING 2018, ST. ELIZABETH HEALTHCARE CONDUCTED ITS NEXT REQUI RED CHNA FOR YEARS 2019 -2021. From the 2018 CHNA, primary data was collected from persons who represent the broad interests of the community, including those with expertise in pub lic health. Representation included area health departments, local governmental/civic agen cies, other healthcare providers, community-based social service agencies and area school districts The methodology used to collect the data included presentations to groups, phone calls and an online survey. The process included an explanation of the CHNA requirements and how the data garnered would be used to develop the CBIP. Participants were then asked to list in order from most important to least important what they believed were the top fi ve community health needs that</p>

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	<p>should be addressed and/or considered in the assessment. Concentrating on social service agencies, school districts and civic services ensured that the CHNA identified and receive d data on the most pressing health needs within the community served. The following is a l isting of the community participants: Social Service Agencies: Brighton Center Catholic Ch arities Children's Home of NKY Children's Law Center Covington Partners Faith Community Ph armacy Henry Hosea House Interact for Health Life Learning Center NKU NACU Butler Foundati on (Corporex) NKY Community Action Commission Schools: Kenton County Schools Notre Dame Ac ademy Beechwood Schools Erlanger-Elsmere Schools Covington Schools Fort Thomas Schools New port Schools Southgate Schools Health Departments: NKY Health Department Three Rivers Dist rict Health Department Civic Services: Grant County Fiscal Court Pendleton County Fiscal C ourt Gallatin County Fiscal Court Cities: Alexandria Butler Crittenden First Responders: C ampbell Co Fire District #1 Dry Ridge Fire/EMS Petersburg Fire District Ludlow Fire Depart ment Newport Fire/EMS Pendleton County EMS Owen County EMS Union Fire District Burlington Fire/EMS Central Campbell Co Fire District Southgate/Wilder EMS Erlanger Fire/EMS St. Eliz abeth: St. Elizabeth Healthcare (81 respondents) St. Elizabeth Physicians (63 respondents) Prioritization of Identified Health Needs Like many communities in Kentucky, heart diseas e, cancer, stroke, obesity, diabetes, mental health and substance abuse are prevalent in a ll of the NKADD counties. After the assessment data was gathered, it was summarized into c ategories and tabulated. The findings were presented to the System's Community Benefits St eering Committee for review and thoroughly discussed. The committee was tasked with rankin g the community's most important health needs and providing suggestions for hospital prior ities. 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 as sessment findings were presented to the Strategic Planning Committee of the Board for revi ew, discussion and a combination of the identified priorities. This step in the CHNA proce ss is significant because the priorities identified drive the development of an implementa tion strategy and the related goals. The top three significant health needs were: Mental H ealth, Drug Addiction/Treatment, and Heart Disease</p>

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

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 11 Facility A, 1	Facility A, 1 - St. Elizabeth Healthcare - Florence, Edgewood, Grant & Ft. Thomas. From the 2018 CHNA, primary data was collected from persons who represent the broad interests of the community, including those with expertise in public health. Representation included area health departments, local governmental/civic agencies, other healthcare providers, community-based social service agencies and area school districts. The methodology used to collect the data included presentations to groups, phone calls and an online survey. The process included an explanation of the CHNA requirements and how the data garnered would be used to develop the CBIP. Participants were then asked to list in order from most important to least important what they believed were the top five community health needs that should be addressed and/or considered in the assessment. Concentrating on social service agencies, school districts and civic services ensured that the CHNA identified and received data on the most pressing health needs within the community served. The following is a listing of the community participants: Social Service Agencies: Brighton Center Catholic Charities Children's Home of NKY Children's Law Center Covington Partners Faith Community Pharmacy Henry Hosea House Interact for Health Life Learning Center NKU NACU Butler Foundation (Corporex) NKY Community Action Commission Schools: Kenton County Schools Notre Dame Academy Beechwood Schools Erlanger-Elsmere Schools Covington Schools Fort Thomas Schools Newport Schools Southgate Schools Health Departments: NKY Health Department Three Rivers District Health Department Civic Services: Grant County Fiscal Court Pendleton County Fiscal Court Gallatin County Fiscal Court Cities: Alexandria Butler Crittenden FIRST RESPONDERS: Campbell Co Fire District #1 Dry Ridge Fire/EMS Petersburg Fire District Ludlow Fire Department Newport Fire/EMS Pendleton County EMS Owen County EMS Union Fire District Burlington Fire/EMS Central Campbell Co Fire District Southgate/Wilder EMS Erlanger Fire/EMS St. Elizabeth: St. Elizabeth Healthcare (81 respondents) St. Elizabeth Physicians (63 respondents)

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	<p>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</p>

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	<p>collaboratively 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 prevention, diagnosis and treatment of heart disease with a focus on research. Measure * Reduce heart-related deaths in Northern Kentucky by 25 percent by the end of 2025. * Work collaboratively with physicians, community stakeholders and industry to identify new treatments and technology through initiation of research activities. Strategies/Tactics: * Provide prevention 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 received from EMS prior to arrival at the hospital. * Increase community education on heart attack symptoms, the importance of timely response to symptoms and the importance of calling 911. * Promote development of walkable and active communities. Community Healthcare Resources St. Elizabeth Healthcare has and will continue to work collaboratively with the various healthcare resources that are accessible to the residents of Northern Kentucky when applicable. 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 of Medicine Assisted Therapy (MAT) providers to 6, including 3 MDs and 3 APPs. * Developed a telemedicine therapy project to service outlying St. Elizabeth Physician (SEP) medical practices. * With the coordination of the Behavioral Health providers and staff, redesigned the entire intake process to provide a seamless entry point for our patients and referral sources. * Partnered with SUN Behavioral Health and started building a new comprehensive behavioral health center for Northern Kentucky. Drug Addiction/Treatment * 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 hospitals. These providers will be able to provide services to addicted patients with existing medical conditions. * Developed an educational program providing guidance to physicians 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 * Increased cardiovascular screening pr</p>

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	<p> 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. 2018 ACCOMPLISHMENTS TOWARDS THE 2016-2018 COMMUNITY HEALTH NEEDS ASSESSMENT PLAN: HEART * Completed 226 screenings with the CardioVa scular Mobile Health Unit (CVMHU) * Reached 4,219 individuals through education efforts fr om the CVMHU * Held 20 My Heart Rocks events in local schools * Reached 169 individuals th rough Take Time for Your Heart prevention & wellness classes * Evaluated 5 new Heart and V ascular research studies * Instructed 1,536 individuals in hands-only CPR * Maintained hea rt attack mortality rate of 2.0% which is below national avg of 5.96% SUD * Provided educa tional opportunities to interested parties on how they can develop, improve and implement a SUD service line by speaking at Beckers National Convention, Kentucky MGMA, Catholic Con ference, and National Opioid Legation Summit * Implemented policy governing the prescribin g and management of controlled substances * Added physicians, therapists, and a case manag er to focus on patients with addiction * Implemented an Intensive Outpatient Program MENTA L HEALTH * Provided physician coverage for SUN Behavioral Health * Added Behavioral Health providers to PCP offices in Walton, Greendale, and Fort Thomas * Developed telemedicine t herapy project to support Crestview Hills PCP office </p>

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 11 Facility A, 3	Facility A, 3 - St. Elizabeth Healthcare - Florence, Edgewood, Grant & Ft. Thomas. Heart Disease * Deployed CardioVascular Mobile Health Unit (CVMHU) to 235 screening locations * Reached 6,529 individuals with prevention education through the CVMHU * Held 21 "My Heart Rocks" events at local elementary schools * Reached 175 individuals through "Take Time for Your Heart" wellness classes * 131 individuals attended Fresh Start smoking cessation classes Cancer * Provided 10 community education events focused on cancer awareness, screening and/or prevention * Continued construction of Cancer Center * Implemented 3 disease management teams * Completed 4,188 lung screenings

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 11 Facility A, 4	Facility A, 4 - St. Elizabeth Healthcare - Florence, Edgewood, Grant & Ft. Thomas (continued). 2019 ACCOMPLISHMENTS TOWARDS THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT PLAN: Mental Health * Developed a comprehensive telemedicine system for therapy * Assisted Brighton Center with getting access to Vivitrol to treat patients * Added Behavioral Health specialists to 3 primary care offices * Convened and/or sponsored 9 community education events focused on depression and suicide awareness Substance Abuse * Implemented comprehensive opioid prescribing guidelines, tracking system, education and surveillance for all SEP prescribers * Developed a plan for a set of meaningful outcomes measures for the treatment of substance use disorder * Assisted NKY Regional Steering Committee with development of NKY Strategic Plan to address Substance Use Disorder (SUD) * Collaborated with state and local agencies and community partners to develop a continuum of care model for pregnant women with SUD

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 - ORTHOPEDIC - EDGEWOOD 560 SOUTH LOOP DRIVE 2ND FLOOR EDGEWOOD, KY 41017	ORTHOPEDIC
1 ST ELIZABETH HEALTHCARE - HOSPICE CENTER - EDGEWOOD 483 SOUTH LOOP DRIVE EDGEWOOD, KY 41017	INPATIENT HOSPICE
2 ST ELIZABETH HEALTHCARE - SURGERY CENTER - EDGEWOOD 580 SOUTH LOOP ROAD EDGEWOOD, KY 41017	AMBULATORY SURGERY CENTER
3 ST ELIZABETH HEALTHCARE - SURGERY CENTER - CRESTVIEW HILLS 2845 CHANCELLOR DRIVE CRESTVIEW HILLS, KY 41017	AMBULATORY SURGERY CENTER
4 ST ELIZABETH HEALTHCARE - COVINGTON 1500 JAMES SIMPSON JR WAY COVINGTON, KY 41011	AMBULATORY CARE CENTER
5 ST ELIZABETH HEALTHCARE - WOMEN'S CENTER 610 MEDICAL VILLAGE DR EDGEWOOD, KY 41017	HEALTH SCREENING
6 ST ELIZABETH HEALTHCARE - BUSINESS HEALTH 4123 OLYMPIC BLVD ERLANGER, KY 41018	BUSINESS HEALTH SERVICES
7 ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY AND IMAGING - HEBRON 2200 CONNER ROAD HEBRON, KY 41048	PHYSICAL THERAPY AND IMAGING CENTER
8 ST ELIZABETH HEALTHCARE - SPORTS MEDICINE - EDGEWOOD 830 THOMAS MORE PARKWAY SUITE 101 EDGEWOOD, KY 41017	SPORTS MEDICINE
9 ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY AND IMAGING - ALEXANDRIA 7200 ALEXANDRIA PIKE ALEXANDRIA, KY 41001	PHYSICAL THERAPY AND IMAGING CENTER
10 ST ELIZABETH HEALTHCARE - SPORTS MEDICINE - FLORENCE 10095 INVESTMENT WAY FLORENCE, KY 41042	SPORTS MEDICINE
11 ST ELIZABETH HEALTHCARE - CARDIAC REHAB - EDGEWOOD 830 THOMAS MORE PARKWAY SUITE 102 EDGEWOOD, KY 41017	CARDIAC REHAB CENTER
12 BLUEGRASS DIALYSIS LLC 1500 JAMES SIMPSON JR WAY SUITE 302 COVINGTON, KY 41011	RENAL DIALYSIS
13 ST ELIZABETH HEALTHCARE - HIGHPOINT MED CANCER SUITE 606 Wilson Creek Rd Lawrenceburg, IN 47025	INFUSION
14 ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY AND SPORTS MEDICINE - WILDER 106 CROSSING DRIVE WILDER, KY 41076	PHYSICAL THERAPY AND SPORTS MEDICINE

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 - PHYSICAL THERAPY - GRANT COUNTY 300 BARNES ROAD WILLIAMSTOWN, KY 41097	PHYSICAL THERAPY
1 ST ELIZABETH HEALTHCARE - OWENTON 120 PROGRESS WAY Owenton, KY 40359	AMBULATORY CARE CENTER
2 ST ELIZABETH HEALTHCARE - HEART & VASCULAR - EDGEWOOD 900 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
3 ST ELIZABETH HEALTHCARE - CARDIAC & THORACIC SURGERY - EDGEWOOD 20 MEDICAL VILLAGE DRIVE SUITE 105 EDGEWOOD, KY 41017	CARDIAC DIAGNOSTICS AND CATHETERIZATION
4 ST ELIZABETH HEALTHCARE - HEART & VASCULAR - CRESTVIEW HILLS 380 CENTRE VIEW BLVD CRESTVIEW HILLS, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
5 ST ELIZABETH HEALTHCARE - HEART & VASCULAR - CRESTVIEW HILLS 350 THOMAS MORE PARKWAY SUITE 280 CRESTVIEW HILLS, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
6 ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - WALTON 1 SERVICE ROAD WALTON, KY 41094	PHYSICAL THERAPY
7 ST ELIZABETH HEALTHCARE - INDEPENDENCE DIAGNOSTIC 135 COURTHOUSE CROSSING INDEPENDENCE, KY 41051	PHYSICAL THERAPY
8 ST ELIZABETH HEALTHCARE - LABORATORY - FLORENCE 8726 US 42 FLORENCE, KY 41042	DIAGNOSTICS
9 ST ELIZABETH HEALTHCARE - HEART & VASCULAR - FLORENCE 7370 TURFWAY ROAD SUITE 109 FLORENCE, KY 41042	CARDIOLOGY DIAGNOSTIC TESTS
10 ST ELIZABETH HEALTHCARE - FAMILY PRACTICE CENTER - EDGEWOOD 413 SOUTH LOOP ROAD EDGEWOOD, KY 41017	FAMILY MEDICINE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 79

3 Enter total number of other organizations listed in the line 1 table 7

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: 19010655
Software Version: 2019v5.0
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
ADVENTURE CREW 2692 MADISON RD STE N1-414 CINCINNATI, OH 45208	47-4230979	501(c)(3)	24,000				Program Support
AMERICAN CANCER SOCIETY INC 402 COOMER ST SOMERSET, KY 42503	13-1788491	501(c)(3)	30,000				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
AMERICAN HEART ASSOCIATION INC 5211 MADISON AVE CINCINNATI, OH 45227	13-5613797	501(c)(3)	225,000				Program Support
ANDY & JORDAN DALTON FOUNDATION INC 59 CAVALIER BOULEVARD STE 310 FLORENCE, KY 41042	45-4066146	501(c)(3)	5,500				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
BB&T ARENA AT NORTHERN KY UNIVERSITY 500 NUNN DR HIGHLAND HEIGHTS, KY 41099	23-2511871	Kentucky	7,600				Program Support
BEECHWOOD BOARD OF EDUCATION 50 Beechwood Rd Ft Mitchell, KY 41017	61-6001268	Beechwood	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
BOONE COUNTY BOARD OF EDUCATION 99 CENTER STREET FLORENCE, KY 41042	61-6001252	Boone County	21,200				Program Support
BOONE COUNTY EDUCATION FOUNDATION 8330 US Hwy 42 Florence, KY 41042	61-1288796	Boone County	6,650				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
BOY SCOUTS OF AMERICA-COUNCIL 438 DAN BEARD 10078 READING RD CINCINNATI, OH 452414833	31-0536651	501(c)(3)	15,000				Program Support
BRIGHTON CENTER INC PO BOX 325 NEWPORT, KY 41072	61-0673886	501(c)(3)	24,294				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
CAMPBELL COUNTY BOARD OF EDUCATION 101 Orchard Lane Alexandria, KY 41001		Campbell County	30,000				Program Support
CANCER FAMILY CARE INC 4790 REDBANK EXPRESSWAY STE 12 CINCINNATI, OH 45227	31-0805286	501(c)(3)	7,500				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
CANCER SUPPORT COMMUNITY PO BOX 4061 LOUISVILLE, KY 40204	31-1287785	501(c)(3)	5,000				Program Support
CATALYTIC DEVELOPMENT FUNDING CORP OF NORTHERN KENTUCKY 50 E RIVERCENTER BLVD COVINGTON, KY 41011	26-3389252	501(c)(3)	25,000				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 DIOCESE OF COVINGTON 3629 CHURCH ST COVINGTON, KY 41015	61-0461728	501(c)(3)	17,800				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.							
(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
CITY OF CRESTVIEW HILLS 50 TOWN CENTER BLVD CRESTVIEW HILLS, KY 41017	61-1018215	Crestview Hills	15,000				Program Support
CITY OF FORT THOMAS 130 N FT THOMAS AVE FT THOMAS, KY 41075	61-6001825	Ft. Thomas	12,623				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
CITY OF FT MITCHELL 2355 DIXIE HWY FT MITCHELL, KY 41017	61-6001915	Ft. Mitchell	5,000				Program Support
CONNER HIGH SCHOOL 8330 US HWY 42 FLORENCE, KY 41042	61-6001252	Boone County	10,000				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
COOPER HIGH SCHOOL 2855 LONGBRANCH RD UNION, KY 41091	61-6001252	Boone County	10,000				Program Support
COVE FEDERAL CREDIT UNION 577 DUDLEY RD EDGEWOOD, KY 410173248	61-1169581	501(c)(3)	30,000				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
COVINGTON BUSINESS COUNCIL 50 E RIVERCENTER BLVD SUITE 160 COVINGTON, KY 41011	31-0963057	501(c)(6)	7,250				Program Support
COVINGTON PARTNER INC PO BOX 426 COVINGTON, KY 41012	20-1515753	501(c)(3)	50,000				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
CYSTIC FIBROSIS FOUNDATION GREATER CINCINNATI 4420 CARVER WOODS DR CINCINNATI, OH 45242	13-1930701	501(c)(3)	5,000				Program Support
DIOCESAN CATHOLIC CHILDRENS HOME INC 75 ORPHANAGE RD FT MITCHELL, KY 41017	61-0463943	501(c)(3)	25,000				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
EDCHOICE KENTUCKY INC 1042 BURLINGTON LN FRANKFORT, KY 40601	47-3944426	501(c)(3)	15,000				Program Support
EMERGENCY SHELTER OF NORTHERN KENTUCKY PO BOX 332 COVINGTON, KY 41012	26-0851019	501(c)(3)	10,000				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
FAMILY NURTURING CENTER OF KENTUCKY INC 8275 EWING BLVD FLORENCE, KY 41042	31-1011326	501(c)(3)	6,500				Program Support
FINITURA INC 1801 AIRPORT RD STE A WAUKESHA, WI 53188	47-1878675		8,922				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
FORT THOMAS EDUCATION FOUNDATION PO BOX 75090 FT THOMAS, KY 41075	61-1393646	Ft. Thomas	11,250				Program Support
GATEWAY COMMUNITY AND TECHNICAL 500 TECHNOLOGY WAY FLORENCE, KY 41042	61-1239550	Kentucky	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
GRANT COUNTY BOARD OF EDUCATION 820 ARNIE RISEN BLVD WILLIAMSTOWN, KY 41097	61-6001380	Grant County	6,000				Program Support
GRANT COUNTY TOURIST & CONVENTION COMMISSION 1350 N MAIN ST WILLIAMSTOWN, KY 41097	61-1223799	Grant County	10,000				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
HABITAT FOR HUMANITY OF GREATER CINCINNATI 4910 PARA DR CINCINNATI, OH 45237	31-1185975	501(c)(3)	100,000				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
HISPANIC CHAMBER CINCINNATI USA 2637 ERIE AVE STE 206 CINCINNATI, OH 45208	31-1458839	501(c)(6)	5,000				Program Support
HISPANICS AVANZANDO HISPANICS 2637 Erie Ave Suite 204 Cincinnati, OH 45208	54-2159187	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
HOLY CROSS HIGH SCHOOL 3617 CHURCH ST COVINGTON, KY 41015	62-1577563	501(c)(3)	10,560				Program Support
HONOR RUN FOUNDATION 6297 REMINGTON COVE BURLINGTON, KY 41005	46-5547770	501(c)(3)	45,000				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
HORIZON COMMUNITY FUNDS OF NORTHERN KENTUCKY INC 50 E RIVERCENTER BLVD STE 434 COVINGTON, KY 41011	82-1388190	501(c)(3)	85,000				Program Support
KENTON COUNTY BOARD OF EDUCATION 1055 EATON DR FT WRIGHT, KY 41017	61-6001301	Kenton County	64,550				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 CENTER FOR PUBLIC SERVICE 644 BRADDOCK CT EDGEWOOD, KY 41017	46-3464828	501(c)(3)	10,000				Program Support
KENTUCKY CHAMBER OF COMMERCE 464 CHENAULT RD FRANKFORT, KY 40601	61-0405718	501(c)(6)	8,713				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 HOSPITAL ASSOCIATION PO BOX 24163 LOUISVILLE, KY 402240163	61-0574577	501(c)(4)	25,844				Program Support
KENTUCKY SCIENCE AND TECHNOLOGY PO BOX 1049 LEXINGTON, KY 405881049	61-1135362	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
LARRY A RYLE HIGH SCHOOL 10379 US 42 UNION, KY 41091		Boone County	10,000				Program Support
LEADERSHIP KENTUCKY FOUNDATION 464 CHENAULT RD FRANKFORT, KY 40601	31-1096215	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
LEARNING GROVE 333 Madison Ave Covington, KY 41011	31-0910787	501(c)(3)	106,000				Program Support
LIFE LEARNING CENTER 20 W 18TH ST COVINGTON, KY 41011	20-3454261	501(c)(3)	10,000				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	10,500				Program Support
MARCH OF DIMES INC 10806 KENWOOD RD CINCINNATI, OH 45242	13-1846366	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
NATIONAL FOOTBALL LEAGUE ALUMNI INC 5725 WHITE BIRCH LN LIBERTY TOWNSHIP, OH 45044	59-1782262	501(c)(3)	30,000				Program Support
NEW PERCEPTIONS INC ONE SPERTI DR EDGEWOOD, KY 41017	61-0705047	501(c)(3)	11,000				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
NEWPORT INDEPENDENT SCHOOLS 30 W 8TH ST NEWPORT, KY 41071	61-3001336	Newport	10,000				Program Support
NKYHATESHEROINCOMINC PO BOX 75273 FT THOMAS, KY 41075	46-4779369	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
NORTHERN KENTUCKY AREA DEVELOPMENT 22 SPIRAL DR FLORENCE, KY 41042	61-0719369	501(c)(3)	175,875				Program Support
N KY ATHLETIC DIRECTORS ASSOC BISHOP BROSSART HS 4 Grove St ALEXANDRIA, KY 41001	61-0447243	501(c)(3)	22,200				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 BRANCH NAACP PO BOX 1295 COVINGTON, KY 410121295	91-2157483	501(c)(4)	5,000				Program Support
NORTHERN KENTUCKY CHAMBER OF COMMERCE PO BOX 17416 FT MITCHELL, KY 41017	61-0679408	501(c)(3)	23,460				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 EDUCATION COUNCIL 7310 TURFWAY RD STE 115 FLORENCE, KY 41042	20-3105862	501(c)(3)	22,500				Program Support
NORTHERN KENTUCKY UNIVERSITY NUNN DR HC206 COLLEGE OF HEALTH PROFESSIONS HIGHLAND HEIGHTS, KY 41099	61-1010545	Kentucky	38,362				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 YOUTH ATHLETICS 600 BACK COUNTRY DR HEBRON, KY 41048	46-4119935	501(c)(3)	10,000				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
NOTRE DAME ACADEMY 1699 HILTON DR PARK HILLS, KY 41011	61-0476695	501(c)(3)	10,000				Program Support
OVARIAN CANCER ALLIANCE OF GREATER PO Box 42277 Cincinnati, OH 45242	82-3862604	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
PADDLING FOR CANCER AWARENESS INC PO BOX 76213 HIGHLAND HEIGHTS, KY 41076	26-3552805	501(c)(3)	10,075				Program Support
PARTNERS FOR MEDICAL RELIEF PO BOX 43254 CINCINNATI, OH 45243	82-1748297	501(c)(3)	6,900				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
PEOPLE WORKING COOPERATIVELY INC 4612 PADDOCK RD CINCINNATI, OH 45229	31-0859104	501(c)(3)	7,000				Program Support
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 271 W SHORT ST LEXINGTON, KY 40507	61-1026214	501(c)(3)	10,000				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
REDWOOD SCHOOL & REHABILITATION CTR INC 71 ORPHANAGE RD FT MITCHELL, KY 41017			6,500				Program Support
ROMAN CATHOLIC DIOCESE OF COVINGTON 1125 MADISON AVE COVINGTON, KY 41011	61-0458380	501(c)(3)	993,090				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
SOCIETY OF ST VINCENT DE PAUL COUNCIL OF 2655 CRESCENT SPRINGS RD COVINGTON, KY 41017	32-0350542	501(c)(3)	6,000				Program Support
SOUTHBANK PARTNERS INC 425 YORK ST NEWPORT, KY 41071	31-1495560	501(c)(3)	750,000				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 219 CENTER ST BELLEVUE, KY 41073	61-6001387	Bellevue	10,500				Program Support
SUPT OF SCHOOLS OF BELLEVUE 219 CENTER ST BELLEVUE, KY 41073	61-6001387	Bellevue	10,000				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
SUSAN G KOMEN BREAST CANCER FOUNDATION 6120 S Gilmore Rd Suite 206 Cincinnati, OH 45014	75-2855038	501(c)(3)	10,000				Program Support
THE CARNEGIE VISUAL AND PERFORMING 1028 SCOTT BLVD COVINGTON, KY 41011	61-0897319	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 COUNCIL OF STATE GOVERNMENTS LTD 1776 AVENUE OF THE STATES LEXINGTON, KY 40511	36-6000818	501(c)(3)	30,000				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.							
(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 KAREN WELLINGTON MEMORIAL FOUNDATION PO BOX 6464 CINCINNATI, OH 45201	26-3768567	501(c)(3)	5,000				Program Support
THOMAS MORE UNIVERSITY INC 333 THOMAS MORE PARKWAY CRESTVIEW HILLS, KY 41017	61-0448560	501(c)(3)	71,060				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 INCORPORATED 1650 RUSSELL ST COVINGTON, KY 41011	61-0707125	501(c)(3)	5,000				Program Support
UNITED WAY OF GREATER CINCINNATI PO BOX 632711 CINCINNATI, OH 452632711	31-0537502	501(c)(3)	91,132				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
WOMEN'S CRISIS CENTER INC 3580 HARGRAVE DR HEBRON, KY 41048	61-0908752	501(c)(3)	10,500				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.							
(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
HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY INC 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	83-2875231	501(c)(4)	189,218				PROGRAM SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		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 on 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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 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: 19010655
Software Version: 2019v5.0
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARREN COLVIN PRESIDENT/CEO	(i)	1,003,844	580,183	11,759	46,500	33,795	1,676,081	0
	(ii)	0	0	0	0	0	0	0
1HEIDI MURLEY MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	483,849	50,237	6,102	16,800	32,312	589,300	0
2ROBERT BAKER MD PHYSICIAN / DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	131,327	38,727	7,255	29,651	25,100	232,059	0
3GARY BLANK EXECUTIVE VP & COO, CNE	(i)	621,478	171,954	7,740	49,250	15,014	865,435	0
	(ii)	0	0	0	0	0	0	0
4LISA FREY VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	(i)	410,304	66,764	5,183	46,500	14,351	543,102	0
	(ii)	0	0	0	0	0	0	0
5LARROY KENDALL VP Medical Services, CMO	(i)	405,434	152,486	5,117	35,500	25,356	623,894	0
	(ii)	0	0	0	0	0	0	0
6ROBERT PRICHARD MD Chief Clinical Integration Officer, SEP President & CEO	(i)	697,868	314,713	10,348	49,250	25,570	1,097,749	0
	(ii)	0	0	0	0	0	0	0
7LORI RITCHEY-BALDWIN Senior Vice President/CFO/Treasurer	(i)	577,012	256,332	8,952	35,500	32,444	910,240	0
	(ii)	0	0	0	0	0	0	0
8MARTIN OSCADAL FORMER SVP HUMAN RESOURCES	(i)	16,125	101,689	7	1,474	564	119,859	0
	(ii)	0	0	0	0	0	0	0
9BENITA ANDERSON VP Nursing - Florence/Ft. Thomas	(i)	265,787	67,144	5,640	52,000	10,810	401,381	0
	(ii)	0	0	0	0	0	0	0
10WILLIAM BANKS VP MANAGED CARE	(i)	327,647	103,370	31,713	46,500	29,675	538,905	0
	(ii)	0	0	0	0	0	0	0
11JACOB BAST SEP COO / SECRETARY	(i)	401,099	101,048	3,154	16,500	27,267	549,067	0
	(ii)	0	0	0	0	0	0	0
12JOSEPH BOZZELLI VP MISSION SVCS & PASTORAL CARE	(i)	188,438	46,151	6,879	44,253	12,970	298,691	0
	(ii)	0	0	0	0	0	0	0
13CHRISTOPER CARLE PRESIDENT & CEO SEPN	(i)	389,583	148,974	5,132	49,250	14,810	607,749	0
	(ii)	0	0	0	0	0	0	0
14CARRI CHANDLER VP - FOUNDATION	(i)	244,108	54,187	1,997	16,020	23,640	339,951	0
	(ii)	0	0	0	0	0	0	0
15PAMELA DEETER VP FINANCE	(i)	261,043	88,004	3,461	35,500	13,224	401,232	0
	(ii)	0	0	0	0	0	0	0
16BRUNO GIACOMUZZI COO Flo FT Cov & SVP Prof Svcs	(i)	337,130	154,202	7,777	35,500	30,146	564,754	0
	(ii)	0	0	0	0	0	0	0
17SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	(i)	365,837	157,454	3,541	16,500	25,724	569,057	0
	(ii)	0	0	0	0	0	0	0
18VERA HALL SVP System CNE	(i)	325,896	75,701	3,969	38,250	29,948	473,764	0
	(ii)	0	0	0	0	0	0	0
19ANTHONY HELTON VP Revenue Cycle	(i)	270,189	73,807	6,159	16,500	31,283	397,939	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21BRUCE HENLEY SEP CFO / TREASURER	(i)	260,205	63,898	8,101	35,500	25,148	392,851	0
	(ii)	0	0	0	0	0	0	0
1MATTHEW HOLLENKAMP VP MARKETING AND CONSUMER RELATIONS	(i)	236,599	61,933	1,709	14,337	30,974	345,552	0
	(ii)	0	0	0	0	0	0	0
2JAMES HORN VP/CHIEF QUALITY OFFICER/ PHYSICIAN	(i)	363,125	68,707	3,625	16,500	30,261	482,218	0
	(ii)	0	0	0	0	0	0	0
3KATHY LYNN JENNINGS VP PATIENT CARE/ONCOLOGY	(i)	214,282	83,192	3,616	35,595	29,480	366,166	0
	(ii)	0	0	0	0	0	0	0
4JAMES McCARVILLE VP - QUALITY	(i)	254,702	52,392	3,570	33,878	29,087	373,628	0
	(ii)	0	0	0	0	0	0	0
5SUSAN MCDONALD VP Nursing - Edgewood	(i)	291,063	70,499	9,558	35,500	12,981	419,601	0
	(ii)	0	0	0	0	0	0	0
6JOHN MITCHELL SVP - COO FT. THOMAS	(i)	226,252	99,216	2,593	45,892	12,469	386,422	0
	(ii)	0	0	0	0	0	0	0
7ROSANNA NIELDS VP PLANNING & GOVT RELATIONS	(i)	241,949	62,027	3,403	23,420	26,674	357,473	0
	(ii)	0	0	0	0	0	0	0
8JAMES PARSONS SVP HUMAN RESOURCES	(i)	343,283	40,698	3,605	3,451	22,329	413,366	0
	(ii)	0	0	0	0	0	0	0
9ALEXANDER RODRIGUEZ VP CIO	(i)	400,364	124,444	5,144	30,250	25,649	585,851	0
	(ii)	0	0	0	0	0	0	0
10HARRY WATSON Sr. VP Facilities	(i)	279,771	108,691	6,650	31,996	3,625	430,733	0
	(ii)	0	0	0	0	0	0	0
11JASON WESSEL VP OF PROFESSIONAL SERVICES	(i)	206,950	52,509	1,884	13,634	29,761	304,738	0
	(ii)	0	0	0	0	0	0	0
12DARRYL DIAS MD PHYSICIAN	(i)	976,937	81,607	3,972	35,500	32,337	1,130,353	0
	(ii)	0	0	0	0	0	0	0
13JON HAYS MD PHYSICIAN	(i)	1,084,076	96,607	3,972	35,500	32,039	1,252,193	0
	(ii)	0	0	0	0	0	0	0
14SAEB KHOURY MD PHYSICIAN	(i)	855,742	104,107	11,334	35,500	33,239	1,039,922	0
	(ii)	0	0	0	0	0	0	0
15JEROME SCHUTZMAN MD PHYSICIAN	(i)	1,210,845	86,607	6,102	35,500	30,786	1,369,840	0
	(ii)	0	0	0	0	0	0	0
16MOHAMAD SINNO MD PHYSICIAN	(i)	993,514	104,107	3,717	35,500	32,795	1,169,633	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Elizabeth Medical Center Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	12,350,000		4,850,000		2,575,000		7,715,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	38,150,000		50,483,846		50,011,339		101,059,194	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	360,000		245,000		222,000		1,123,044	
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		50,238,846		49,789,339		0	
11	Other spent proceeds	37,790,000		0		0		99,936,150	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2003		2018		2018		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %		0.05 %		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 %		0.05 %		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 0.0433% of the Total Operating Revenue.

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	DIFFERENCE BETWEEN SERIES 2015A ISSUE PRICE (ISSUE DATE 12/30/2015) IN PART i, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. DIFFERENCE BETWEEN SERIES 2015B ISSUE PRICE (ISSUE DATE 12/30/2015) IN PART i, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. DIFFERENCE BETWEEN SERIES 2016 ISSUE PRICE (ISSUE DATE 05/12/2016) IN PART i, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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 BOND DEVELOPMENT CORPORATION - 2019A	47-2650498		06-26-2019	75,000,000	RENOVATIONS TO HOSPITAL		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	777,061							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	75,748,903							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	374,451							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	560,800							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	68,771,012							
11	Other spent proceeds								
12	Other unspent proceeds	6,042,640							
13	Year of substantial completion	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?	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 ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	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	Fifth Third Financial Risk Solutions							
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						
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).

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958.

3

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

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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?		(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
See Additional Data Table												
Total						\$ 11,337,621						

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

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	507,841	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: 19010655

Software Version: 2019v5.0

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
(1) BILL BANKS	VP CYCLE/MANAGE CYCLE/MANAGED CARE	To fund split dollar life Insurance premiums for supplemental life insurance		X	441,193	459,148		No	Yes		Yes	
(1) JACOB BAST	SVP & COO - SEP	To fund split dollar life Insurance premiums for supplemental life insurance		X	358,174	372,247		No	Yes		Yes	
(2) GARY BLANK	EXEC VP 7 COO	To fund split dollar life Insurance premiums for supplemental life insurance		X	829,655	864,067		No	Yes		Yes	
(3) JOSEPH BOZZELLI	VP MISSION SVCS & PASTORAL CARE	To fund split dollar life Insurance premiums for supplemental life insurance		X	92,230	95,347		No	Yes		Yes	
(4) CHRIS CARLE	PRESIDENT & CEO SEPN	To fund split dollar life Insurance premiums for supplemental life insurance		X	616,052	644,129		No	Yes		Yes	
(5) CARRI CHANDLER	VP, FOUNDATION	To fund split dollar life Insurance premiums for supplemental life insurance		X	83,695	86,067		No	Yes		Yes	
(6) GARREN COLVIN	PRESIDENT & CEO	To fund split dollar life Insurance premiums for supplemental life insurance		X	2,605,918	2,720,688		No	Yes		Yes	
(7) PAM DEETER	VP FINANCE	To fund split dollar life Insurance premiums for supplemental life insurance		X	135,937	141,014		No	Yes		Yes	
(8) LISA FREY	VP LEGAL SVCS/GENERAL COUNSEL	To fund split dollar life Insurance premiums for supplemental life insurance		X	212,558	220,490		No	Yes		Yes	
(9) SARAH GIOLANDO	VP COO FLO GRANT & PROF SVCS	To fund split dollar life Insurance premiums for supplemental life insurance		X	519,197	540,812		No	Yes		Yes	
(10) BRUNO GIACOMUZZI	VP COO FLO GRANT & PROF SVCS	To fund split dollar life Insurance premiums for supplemental life insurance		X	343,347	357,479		No	Yes		Yes	
(11) VERA HALL	SVP SYSTEM CNE	To fund split dollar life Insurance premiums for supplemental life insurance		X	222,586	230,314		No	Yes		Yes	
(12) ANTHONY HELTON	VP REVENUE CYCLE	To fund split dollar life Insurance premiums for supplemental life insurance		X	139,049	145,822		No	Yes		Yes	
(13) BRUCE HENLEY	CFO - SEP	To fund split dollar life Insurance premiums for supplemental life insurance		X	395,957	410,651		No	Yes		Yes	
(14) MATT HOLLENKAMP	VP MARKETING & PUBLIC RELATION	To fund split dollar life Insurance premiums for supplemental life insurance		X	66,734	69,397		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
(16) JAMES HORN	VP, CHIEF QUALITY OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	174,559	181,746		No	Yes		Yes	
(1) KATHY JENNINGS	SVP PATIENT CARE SVCS/CANCER CARE	To fund split dollar life Insurance premiums for supplemental life insurance		X	91,634	95,368		No	Yes		Yes	
(2) LAROE KENDALL	SVP CHIEF MEDICAL OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	183,259	191,382		No	Yes		Yes	
(3) JIM MCCARVILLE	VP QUALITY	To fund split dollar life Insurance premiums for supplemental life insurance		X	67,924	70,609		No	Yes		Yes	
(4) SUSAN MCDONALD	VP CNO EDGEWOOD/COV/GRANT	To fund split dollar life Insurance premiums for supplemental life insurance		X	190,056	198,870		No	Yes		Yes	
(5) JOHN MITCHELL	SVP COO FT. THOMAS/COVINGTON	To fund split dollar life Insurance premiums for supplemental life insurance		X	163,490	168,767		No	Yes		Yes	
(6) ROSANNE NIELDS	VP PLANNING & GOVT RELATIONS	To fund split dollar life Insurance premiums for supplemental life insurance		X	175,586	183,516		No	Yes		Yes	
(7) MARTY OSCADAL	SVP HUMNA RESOURCES	To fund split dollar life Insurance premiums for supplemental life insurance		X	551,134	574,919		No	Yes		Yes	
(8) ROBERT PRICHARD	EVP/CEO - SEP/CCIO	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,102,739	1,153,452		No	Yes		Yes	
(9) LORI RITCHEY-BALDWIN	SR VP FINANCE/CFO	To fund split dollar life Insurance premiums for supplemental life insurance		X	410,825	430,309		No	Yes		Yes	
(10) ALEX RODRIGUEZ	VP/CHIEF INFORMATION OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	519,591	543,429		No	Yes		Yes	
(11) HARRY WATSON	SVP FACILITIES	To fund split dollar life Insurance premiums for supplemental life insurance		X	153,112	159,919		No	Yes		Yes	
(12) JASON WESSEL	VP PROFESSIONAL SERVICE	To fund split dollar life Insurance premiums for supplemental life insurance		X	27,124	27,663		No	Yes		Yes	

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 . .	X		37,127	Market value
5 Clothing and household goods	X		24,471	Cost
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	10	314,101	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 ► (<u>FOOD/PRIZES</u>)	X	72	21,040	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

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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	Other - FOOD/PRIZES ST. ELIZABETH HEALTHCARE IS REPORTING THE 72 ITEMS BASED ON CONTRIBUTIONS RECEIVED. Books and publications - BOOKS - ST. ELIZABETH HEALTHCARE IS REPORTING 4 ITEMS BASED ON CONTRIBUTIONS RECEIVED. Clothing and household goods - BABY APPAREL AND CLOTHING - ST. ELIZABETH IS REPORTING THE 35 ITEMS BASED ON CONTRIBUTIONS RECEIVED. Securities - Publicly traded - ST. ELIZABETH HEALTHCARE IS REPORTING THE 10 ITEMS BASED ON CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
St Elizabeth Medical Center Inc

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	<p>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.</p>

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 2019.

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 Expenses	<p>MOVING EXPENSE - Total Expense: 33496, Program Service Expense: 26996, Management and General Expenses: 6500, Fundraising Expenses: ; BANK FEES - Total Expense: 644155, Program Service Expense: 24869, Management and General Expenses: 612028, Fundraising Expenses: 7258; GRANT EXPENSE - Total Expense: 111027, Program Service Expense: 110110, Management and General Expenses: 917, Fundraising Expenses: ; PATIENT EXPENSE - Total Expense: 100333, Program Service Expense: 3744, Management and General Expenses: 96589, Fundraising Expenses: ; BOOKS & SUBSCRIPTIONS - Total Expense: 271895, Program Service Expense: 202164, Management and General Expenses: 65268, Fundraising Expenses: 4463; PROPERTY TAXES & LICENSES - Total Expense: 114342, Program Service Expense: 67816, Management and General Expenses: 46526, Fundraising Expenses: ; INCOME TAX EXPENSE - Total Expense: -514396, Program Service Expense: , Management and General Expenses: -514396, Fundraising Expenses: ; SALES & USE TAX EXPENSE - Total Expense: 359512, Program Service Expense: 1450, Management and General Expenses: 355445, Fundraising Expenses: 2617; EMPLOYEE RELATIONS - Total Expense: 132647, Program Service Expense: 3420, Management and General Expenses: 129227, Fundraising Expenses: ; SOFTWARE SUBSCRIPTIONS - Total Expense: 2003488, Program Service Expense: 89263, Management and General Expenses: 1914225, Fundraising Expenses: ; OTHER DIRECT EXPENSES - Total Expense: 51657, Program Service Expense: 18696, Management and General Expenses: 32961, Fundraising Expenses: ; OCCUPATIONAL LICENSE - Total Expense: 290, Program Service Expense: 275, Management and General Expenses: 15, Fundraising Expenses: ; DONATIONS - Total Expense: 7930, Program Service Expense: 2500, Management and General Expenses: 5130, Fundraising Expenses: 300; MISCELLANEOUS - Total Expense: 621667, Program Service Expense: 13929, Management and General Expenses: 607738, Fundraising Expenses: ; ADMINISTRATIVE OVERHEAD - Total Expense: 6634, Program Service Expense: 5304, Management and General Expenses: 1243, Fundraising Expenses: 87; APP MISCELLANEOUS EXPENSE - Total Expense: 326, Program Service Expense: , Management and General Expenses: 326, Fundraising Expenses: ; DEPARTMENT RELOCATION - Total Expense: 75298, Program Service Expense: 73468, Management and General Expenses: 1830, Fundraising Expenses: ; RECRUITMENT EXPENSE - Total Expense: 286476, Program Service Expense: 6025, Management and General Expenses: 280451, Fundraising Expenses: ; RECERTIFICATION CLINICAL LADDER - Total Expense: 295, Program Service Expense: 295, Management and General Expenses: , Fundraising Expenses: ; CLINICAL LADDER IV - Total Expense: 198, Program Service Expense: 198, Management and General Expenses: , Fundraising Expenses: ; PATIENT EDUCATION - Total Expense: 116469, Program Service Expense: 46, Management and General Expenses: 116423, Fundraising Expenses: ; GAIN/LOSS ASSET DISP - Total Expense: 0, Program Service Expense: 0, Management</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Expenses	nt and General Expenses: 0, Fundraising Expenses: 0; IC MARKET ADJ EXPENSE - Total Expense : 109894302, Program Service Expense: , Management and General Expenses: 109894302, Fundraising Expenses: ; IC PHYSICIAN FEES - Total Expense: 17277467, Program Service Expense: 16 937449, Management and General Expenses: 340018, Fundraising Expenses: ; IC STAFF LEASING EXPENSE - Total Expense: 266780, Program Service Expense: 266780, Management and General Expenses: , Fundraising Expenses: ; IC ADMIN SERVICES - Total Expense: 440521, Program Service Expense: 434345, Management and General Expenses: 4336, Fundraising Expenses: 1840; IC PHYSICIAN FEES - MEDICAL DR - Total Expense: 640348, Program Service Expense: 477892, Management and General Expenses: 162456, 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 - -9918871; MINIMUM PENSION LIABILITY ADJUSTMENT - -47400338; CHANGE IN FMV OF SPLIT LIFE INSURANCE INTEREST - -9759; TRANSFERS DUE TO/FROM AFFILIATES - 11315722; NET ASSETS RELEASED FROM RESTRICTIONS - PPE - 143510; WRITE OFF OF UNCOLLECTIBLE PLEDGES - -15484; CHANGE TO INVESTMENT IN AMSURG - 3079; INVESTMENT IN HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY, INC. - 354221;

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>(Continued:) ST. ELIZABETH FLORENCE NEXT, THE LIST WAS ADVANCED TO THE STRATEGIC PLANNING COMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW, IN WHICH THEY NARROWED THE LIST DOWN TO THE TOP THREE ISSUES TO FOCUS ON THAT WILL HAVE THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE TOP THREE PRIORITIES ARE OBESITY, HEART DISEASE, AND DIABETES. THE FOLLOWING IS A LIST OF HEALTH NEEDS IDENTIFIED BY THE ASSESSMENT, BUT NOT INCLUDED AS ONE OF THE TOP THREE: - ACCESS TO PRIMARY CARE - AVOIDABLE ED VISITS - CANCER - INFANT MORTALITY - LACK OF HEALTH INSURANCE - MEDICATION COSTS - MENTAL HEALTH - SMOKING - SUBSTANCE ABUSE - WELLNESS ST. ELIZABETH HEALTHCARE WILL CONTINUE PROVIDING SERVICES TO SUPPORT THESE IMPORTANT COMMUNITY HEALTH NEEDS. THE FOLLOWING IS A SUMMARY OF MANY OF THE PROGRAMS THAT ARE ALREADY PROVIDED FOR EACH OF THE ISSUES IDENTIFIED: AVOIDABLE ED VISITS/ACCESS TO PRIMARY CARE - ESTABLISHING 100% OF ST. ELIZABETH PHYSICIAN PRACTICES AS CERTIFIED MEDICAL HOMES - DEVELOPING WALK-IN CLINICS AND URGENT CARE OPTIONS THROUGH ST. ELIZABETH PHYSICIANS - PROVIDING TRAINING AND CARE THROUGH THE FAMILY PRACTICE RESIDENCY PROGRAM - CONTINUING TO OFFER THE PARISH NURSING/HEALTH MINISTRY PROGRAM - RECRUITING ST. ELIZABETH HEALTHCARE MEDICAL SPECIALISTS AS IDENTIFIED - TREATING DENTAL PATIENTS NEEDING EMERGENCY CARE IN THE EMERGENCY DEPARTMENT - PROVIDING CAB AND BUS VOUCHERS FOR PATIENTS CANCER - PROVIDING CANCER SCREENINGS, SUPPORT GROUPS AND BREAST CANCER NAVIGATORS - PROVIDING DRUG REPLACEMENT SERVICES CHEMOTHERAPY PROVIDED TO THOSE WHO ARE UNINSURED - PROVIDING MOBILE MAMMOGRAPHY VAN NO COST MAMMOGRAMS - OFFERING THE COOPER CLAYTON SMOKING CESSATION PROGRAM - DONATING FINANCIAL / OPERATIONAL SUPPORT TO SEVERAL COMMUNITY HEALTH IMPROVEMENT ORGANIZATIONS INFANT MORTALITY - OFFERING MATERNAL CHILD PROGRAMS: FIRST STEPS POINT OF ENTRY AND NURSE-FAMILY PARTNERSHIPS - PROVIDING OBSTETRICIANS TO HEALTHPOINT FOR PRENATAL CARE - ADMINISTERING IMMUNIZATIONS COCOONING PROJECT - OFFERING PRE-ADMISSION EDUCATION LACK OF HEALTH INSURANCE - SPONSORING A FINANCIAL ASSISTANCE PROGRAM - ASSISTING PATIENTS ELIGIBLE FOR GOVERNMENT PROGRAMS TO REGISTER FOR THOSE PROGRAMS, PLUS PROVIDES CHARITY CARE WHEN APPROPRIATE MEDICATION COSTS /ACCESS - PROVIDING MEDICATIONS UPON DISCHARGE FROM THE EMERGENCY DEPARTMENT OR INPATIENT AND REFERRAL TO ST. VINCENT DEPAUL PHARMACY MENTAL HEALTH - PROVIDING INPATIENT TREATMENT TO UNINSURED - PROVIDING MULTIPLE SUPPORT GROUPS FOR PATIENTS AND FAMILIES - WORKING WITH MENTAL HEALTH COURTS AND JAILS TO COORDINATE CARE - IMPLEMENTING TELEPSYCHIATRY IN THE EMERGENCY DEPARTMENT TO ASSESS MENTAL HEALTH PATIENTS WELLNESS - PROVIDING TO THE COMMUNITY NUMEROUS PROGRAMS ON VARIOUS HEALTH TOPICS AND SCREENINGS SUBSTANCE ABUSE - PROVIDING INPATIENT AND OUTPATIENT TREATMENT PROGRAMS FOR ADULTS - OFFERING 12-STEP PROGRAMS ON SITE BY COMMUNITY ORGANIZATIONS SMOKING CESSATIONS - ASSURING ALL OF ST. ELIZABETH HEALTHCARE CAMPUSES ARE SMOKE FREE - OFFERING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 11 HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	COOPER CLAYTON SMOKING CESSATION CLASSES

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	-289	3,822,719	ST ELIZABETH MEDICAL CENTER INC
(2) SEH Holdings Inc 1 Medical Village Dr Edgewood, KY 41017 83-0817636	Holding Company	KY	-356,498	-735,703	St Elizabeth Medical Center Inc
(3) Next Daybreak Inc 1 Medical Village Dr Edgewood, KY 41017 83-2843631	Physician Management Services	KY	-906,703	2,884,563	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	No
(1)SUMMIT MEDICAL GROUP INC 1360 Dolwick Drive Suite 200 Erlanger, KY 41018 61-1300608	PHYSICIAN PRACTICE	KY	501(c)(3)	3	ST ELIZABETH MEDICAL CENTER INC	Yes	
(2)Healthcare Advocates of Northern Kentucky 1 Medical Village Drive Edgewood, KY 41017 83-2875231	Advance Healthcare quality and availability in Northern KY	KY	501(c)(4)		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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Health Care Solutions Network LLC 619 Oak Street Cincinnati, OH 45206 47-2103334	PHO	OH	HSN	Related	-330,378	1,067,721		No		Yes		40.9 %
(2) Preferred Lab Partners LLC One Medical Village Drive Suite B Edgewood, KY 41707 82-4758763	Laboratory	KY	NA	Related	0	7,674,490		No		Yes		50 %
(3) Bioskills Lab LLC 4123 Olympic Blvd Erlanger, KY 41018 32-0571870	Bioskills Lab	KY	NA	Related	-481,775	557,950		No		Yes		75 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) St Elizabeth Provider Network Inc One Medical Village Dr Edgewood, KY 41017 47-2862438	Physician-Hospital Org.	KY	St Elizabeth Medical Center Inc	C Corporation	-1,066,876	1,258,792	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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	3,803,625	CASH
(2)SUMMIT MEDICAL GROUP INC	R	109,894,302	CASH
(3)SUMMIT MEDICAL GROUP INC	O	18,639,858	CASH
(4)SUMMIT MEDICAL GROUP INC	J	244,291	CASH
(5)SUMMIT MEDICAL GROUP INC	M	440,521	CASH
(6)HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY INC	B	189,218	CASH

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST ELIZABETH PROVIDER NETWORK	L	3,803,625	CASH
SUMMIT MEDICAL GROUP INC	R	109,894,302	CASH
SUMMIT MEDICAL GROUP INC	O	18,639,858	CASH
SUMMIT MEDICAL GROUP INC	J	244,291	CASH
SUMMIT MEDICAL GROUP INC	M	440,521	CASH
HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY INC	B	189,218	CASH