

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
Summit Medical Group Inc

Doing business as
St Elizabeth Physicians

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1360 Dolwick Drive 200

City or town, state or province, country, and ZIP or foreign postal code
Erlanger, KY 41018

F Name and address of principal officer:
Dr Robert Prichard MD
1360 Dolwick Drive 200
Erlanger, KY 41018

D Employer identification number
61-1300608

E Telephone number
(859) 344-3737

G Gross receipts \$ 357,493,734

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.stelizabethphysicians.com

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 ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS ("SEP"), IS A MULTI-SPECIALTY PHYSICIAN ORGANIZATION, DEDICATED TO PHYSICIAN DIRECTED DELIVERY OF QUALITY MEDICAL CARE IN THE NORTHERN KENTUCKY, SOUTHERN OHIO, AND SOUTHERN INDIANA AREAS. SEP PROVIDES QUALITY HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,089
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	334,615,672	357,171,124
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-44,418	50,402
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,319	183,555
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,728,573	357,405,081
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	227,690,958	253,206,234
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	91,800,953	91,894,929
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	319,491,911	345,101,163
19 Revenue less expenses. Subtract line 18 from line 12	15,236,662	12,303,918
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	39,337,741	131,881,432
21 Total liabilities (Part X, line 26)	48,572,019	140,130,594
22 Net assets or fund balances. Subtract line 21 from line 20	-9,234,278	-8,249,162

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-11-16
Dr Robert Prichard MD Chief Executive Officer
Type or print name and title

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	

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:

SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS ("SEP"), IS A MULTI-SPECIALTY PHYSICIAN ORGANIZATION, DEDICATED TO PHYSICIAN DIRECTED DELIVERY OF QUALITY MEDICAL CARE IN THE NORTHERN KENTUCKY, SOUTHERN OHIO, AND SOUTHERN INDIANA AREAS. SEP PROVIDES QUALITY HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

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 \$ 291,891,408 including grants of \$) (Revenue \$ 357,171,124)
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 ▶ 291,891,408

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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. 	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		No
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		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 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		No
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		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		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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 2,089			
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			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b			
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			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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?				
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? <i>If "No," provide an explanation in Schedule O</i> . . .	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			No
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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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: Bruce Henley 334 THOMAS MORE PARKWAY SUITE 200 CRESTVIEW HILLS, KY 41017 (859) 344-5494

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

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

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

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

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

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.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	11,424,740	5,562,308	1,422,880

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 ▶ 472

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Bottomline Technologies Inc PO Box 83050 Woburn, MA 018133050	Technical Services	846,992
Intrado IP Communications Inc PO Box 74007080 Chicago, IL 606747080	Enterprise Collaboration, Digital Media, Life and Safety, Health and Wellness	727,216
Press Ganey Associates Inc PO Box 88335 Milwaukee, WI 532880335	Technical Services	682,027
Timothy J Kappes 731 Timber Lane Independence, KY 410518782	Outsourcing	652,056
Degenhardt Enterprises LLC 2169 Chamber Center Drive Fort Mitchell, KY 41017	Cleaning Services	369,928

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 ▶ 24

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f		0		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT REVENUE	622111	346,906,200	346,906,200			
b SALE OF SUPPLIES	622111	1,174,332	1,174,332			
c ELECTRONIC HEALTH RECORDS	518210	153,000	153,000			
d OTHER REVENUE	622111	8,937,592	8,937,592			
e						
f All other program service revenue.		0	0	0	0	0
g Total. Add lines 2a-2f.		357,171,124				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		139,055			139,055	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	183,555			
			(ii) Personal				
			6b Less: rental expenses				
	c Rental income or (loss)	6c	183,555	0			
	d Net rental income or (loss)		183,555			183,555	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			b Less: cost or other basis and sales expenses	7b		88,653	
	c Gain or (loss)	7c	0	-88,653			
	d Net gain or (loss)		-88,653			-88,653	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	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							
b							
c							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		0					
12 Total revenue. See instructions		357,405,081	357,171,124	0	233,957		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,986,648	7,576,386	2,410,262	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	202,251,127	179,602,920	22,648,207	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,028,036	8,096,880	931,156	
9 Other employee benefits	21,180,063	16,550,943	4,629,120	
10 Payroll taxes	10,760,360	9,053,756	1,706,604	
11 Fees for services (non-employees):				
a Management				
b Legal	-186,877	5,757	-192,634	
c Accounting	-2,549	-2,549		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,528,738	26,359,781	14,168,957	0
12 Advertising and promotion	154,288	12,089	142,199	
13 Office expenses	339,209	199,086	140,123	
14 Information technology	284,473	180,044	104,429	
15 Royalties				
16 Occupancy	17,157,025	13,359,161	3,797,864	
17 Travel	48,198	16,524	31,674	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,109,269	2,643,401	465,868	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,340,842	1,899,610	441,232	
23 Insurance	3,690,003	3,268,380	421,623	
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	20,519,562	20,541,811	-22,249	
b GENERAL SUPPLIES	1,766,266	1,505,253	261,013	
c RECRUITMENT EXPENSE	497,527	77,542	419,985	
d				
e All other expenses	1,648,955	944,633	704,322	0
25 Total functional expenses. Add lines 1 through 24e	345,101,163	291,891,408	53,209,755	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-5,181,317	1	-4,490,673
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,319,003	4	12,791,557
	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	2,670,000	5	1,451,524
	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	1,180,472	7	5,668,066
	8 Inventories for sale or use	234,601	8	106,389
	9 Prepaid expenses and deferred charges	1,513,040	9	644,346
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,799,019		
	b Less: accumulated depreciation	10b 13,153,587	6,171,086	10c 6,645,432
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	13,229,228	14	13,181,349
	15 Other assets. See Part IV, line 11	7,201,628	15	95,883,442
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,337,741	16	131,881,432	
Liabilities	17 Accounts payable and accrued expenses	44,761,144	17	52,502,167
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	3,810,875	25	87,628,427
	26 Total liabilities. Add lines 17 through 25	48,572,019	26	140,130,594
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" 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	34,556,450	30	20,329,983
	31 Retained earnings, endowment, accumulated income, or other funds	-43,790,728	31	-28,579,145
	32 Total net assets or fund balances	-9,234,278	32	-8,249,162
33 Total liabilities and net assets/fund balances	39,337,741	33	131,881,432	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	357,405,081
2	Total expenses (must equal Part IX, column (A), line 25)	2	345,101,163
3	Revenue less expenses. Subtract line 2 from line 1	3	12,303,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9,234,278
5	Net unrealized gains (losses) on investments	5	
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	-11,318,802
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-8,249,162

Part XII Financial Statements and Reporting

Check 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: 61-1300608

Name: Summit Medical Group Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS ("SEP"), IS A MULTI-SPECIALTY PHYSICIAN ORGANIZATION, DEDICATED TO PHYSICIAN DIRECTED DELIVERY OF QUALITY MEDICAL CARE IN THE NORTHERN KENTUCKY, SOUTHERN OHIO, AND SOUTHERN INDIANA AREAS. ST. ELIZABETH PHYSICIANS AND ASSOCIATES ARE PATIENT ADVOCATES WHO WORK IN PARTNERSHIP WITH ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE ("SEH") AND THE COMMUNITY TO PROVIDE COMPREHENSIVE AND COMPASSIONATE CARE THAT IMPROVES THE HEALTH STATUS OF THE PEOPLE WE SERVE THROUGH COST EFFECTIVE MEDICAL CARE. ST. ELIZABETH PHYSICIANS IS DEDICATED TO SERVING NORTHERN KENTUCKY, SOUTHERN OHIO AND SOUTHERN INDIANA WITH 191 FULL-TIME EQUIVALENT PRIMARY CARE PHYSICIANS, 134 FULL-TIME EQUIVALENT SPECIALTY PHYSICIANS, AND 153 ADVANCED PRACTICE PROVIDERS SPECIALIZING IN CARDIOLOGY, ENDOCRINOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, GENERAL SURGERY, GYNECOLOGY, INTERNAL MEDICINE, PEDIATRICS, PULMONOLOGY AND RHEUMATOLOGY. ST. ELIZABETH PHYSICIANS HAS 109 OFFICES THAT ARE STRATEGICALLY LOCATED THROUGHOUT BOONE, CAMPBELL, KENTON, GRANT, OWEN, PENDLETON AND MASON COUNTIES IN KENTUCKY AND HAMILTON COUNTY IN OHIO AND DEARBORN COUNTY IN INDIANA. ST. ELIZABETH PHYSICIANS IS A MULTI-SPECIALTY PHYSICIAN GROUP PROVIDING PROFESSIONAL MEDICAL SERVICES TO THE COMMUNITY. TOTAL SURGERIES & PROCEDURES: 438,333 TOTAL VISITS: 1,696,804 TOTAL WORK RELATIVE VALUE UNITS: 2,930,959

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			
CURTIS DORSCH MD VICE CHAIRMAN/PHYSICIAN/DIRECTOR	50.0 0	X		X				483,520	0	67,286
ROBERT PRICHARD MD SEH Chief Integration Officer, SEP President/CEO	25.0 25.0	X		X				0	1,022,929	74,820
BRIAN SCHACK MD PHYSICIAN / DIRECTOR	50.0 0	X						465,694	0	46,858
CHAITANYA MANDAPAKALA MD PHYSICIAN	50.0 0	X						579,045	0	46,299
DONALD PRICE MD PHYSICIAN	50.0 0	X						337,592	0	67,932
GARREN COLVIN PRESIDENT/CEO ST. ELIZABETH HEALTHCARE	4.0 51.0	X						0	1,595,787	80,295
GINA GROVE MD PHYSICIAN / DIRECTOR	50.0 0	X						417,215	0	47,198
JOHN WEBB MD PHYSICIAN/DIRECTOR	50.0 0	X						523,676	0	64,154
KEVIN MARTIN MD PHYSICIAN	50.0 0	X						466,175	0	43,967
LAROY KENDALL TRUSTEE	4.0 50.0	X						0	563,037	60,856

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			
LISA AREHART MD PHYSICIAN	50.0 0	X						239,543	0	36,593
LORI RITCHEY-BALDWIN CFO St. Elizabeth Healthcare	4.0 51.0	X						0	842,296	67,944
PATRICIA ABELLO MD PHYSICIAN / DIRECTOR	50.0 0	X						755,154	0	49,045
PAUL GREGORY HOULIHAN MD PHYSICIAN / DIRECTOR	4.0 50.0	X						0	700,755	67,739
ROBERT BAKER MD PHYSICIAN / DIRECTOR	50.0 4.0	X						177,309	0	54,751
STACEY BISHOP-YEATMAN MD PHYSICIAN	50.0 0	X						283,226	0	56,567
SUSAN OAKLEY MD PHYSICIAN / DIRECTOR	50.0 0	X						593,602	0	32,715
THOMAS COLVIN OUTSIDE DIRECTOR	4.0 0	X						0	0	0
BRUCE HENLEY CFO / TREASURER	15.0 35.0			X				0	332,203	60,648
JACOB BAST SEP COO / SECRETARY	15.0 35.0			X				0	505,301	43,767

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			
DOUG FLORA MD PHYSICIAN/FORMER INTERIM EXECUTIVE MEDICAL DIRECTOR	50.0 4.0				X			721,704	0	66,706
ANTHONY ALVAREZ MD PHYSICIAN	50.0 0					X		1,045,511	0	82,137
COLLEEN DARNELL MD PHYSICIAN	50.0 0					X		1,038,989	0	30,001
HARISH NIRUJOGI MD PHYSICIAN	50.0 0					X		982,384	0	40,374
NEAL MOSER MD PHYSICIAN	50.0 0					X		1,084,926	0	67,945
WILLIAM WILLMOTT MD PHYSICIAN	50.0 0					X		1,229,477	0	66,284

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service
Name of the organization
Summit Medical Group Inc

Employer identification number
61-1300608

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.**

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>	Yes	No
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** 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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 3 170(B)(1)(A)(III)	ST. ELIZABETH PHYSICIANS IS EXEMPT AS A HOSPITAL UNDER INTERNAL REVENUE CODE SECTION 170(b)(1)(A)(iii); HOWEVER, ST. ELIZABETH PHYSICIANS IS NOT A HOSPITAL AS DEFINED BY FORM 990, SCHEDULE H INSTRUCTIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization: Summit Medical Group Inc
Employer identification number: 61-1300608

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 ▶ \$ _____

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

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

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

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				
b Buildings				
c Leasehold improvements		6,535,683	5,545,307	990,376
d Equipment		13,263,336	7,608,280	5,655,056
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 6,645,432

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

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) FIXED ASSET PROJECTS IN PROGRESS	2,335,310
(2) PROFESSIONAL INSURANCE RECEIVABLE	2,548,129
(3) INTERCOMPANY	5,223,373
(4) DAVITA-HOOPER DIALYSIS JV	418,819
(5) RIGHT TO USE OPERATING LEASE ASSETS	85,355,786
(6) ASC842 DEF RENT	2,025
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 95,883,442

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 87,628,427

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	357,551,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	146,227	
e	Add lines 2a through 2d		2e	146,227
3	Subtract line 2e from line 1		3	357,405,081
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	357,405,081

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	345,247,679
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	146,516	
e	Add lines 2a through 2d		2e	146,516
3	Subtract line 2e from line 1		3	345,101,163
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	345,101,163

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: 61-1300608
Name: Summit Medical Group 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 OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ST. ELIZABETH HEALTHCARE AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ST. ELIZABETH HEALTHCARE IS NOT CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE OR ANY STATE OR LOCAL TAX AUTHORITIES. ST. ELIZABETH HEALTHCARE'S FEDERAL TAX RETURNS FOR THE YEAR ENDED PRIOR TO DECEMBER 31, 2016 AND PRIOR YEARS ARE NO LONGER SUBJECT TO EXAMINATION AS THE STATUTE OF LIMITATIONS 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	OTHER PERIODIC PENSION COSTS - 146227

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	SEPS DEPRECIATION - 289 OTHER PERIODIC PENSION COSTS - 146227

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Summit Medical Group Inc

Employer identification number
61-1300608

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No
	4b	Yes
	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes
	5b	No
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No
	6b	No
<p>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.</p>	7	No
<p>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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 COMPENSATION DETERMINATION	DR. ROBERT PRICHARD IS EMPLOYED BY AND COMPENSATED THROUGH ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE, A RELATED ORGANIZATION FOR WHICH HE SERVES AS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER FOR SUMMIT MEDICAL GROUP, INC., DBA ST. ELIZABETH PHYSICIANS. ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE, A RELATED ORGANIZATION, UTILIZES A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACTS, INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANIZATIONS, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The individuals below participate in a split dollar life insurance plan provided by the parent company, St. Elizabeth Medical Center. Please refer to Schedule L for premiums and outstanding loan amounts. PATRICIA ABELLO ROBERT BAKER CURTIS DORSCH DOUGLAS FLORA COREY GALLUS GINA GROVE KEVIN A MARTIN DONALD PRICE The following individuals are reported on the parent company, St. Elizabeth Medical Center's Schedule L as follows which includes the outstanding balance. JACOB BAST - \$372,247 GARREN COLVIN - \$2,720,688 BRUCE HENLEY - \$410,651 ROBERT PRICHARD, MD - \$1,153,452 LORI RITCHEY-BLADWIN - \$430,309
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	THE PHYSICIANS ON THE BOARD ARE ALL PRACTICING PHYSICIANS. THEY ARE ALL PARTLY COMPENSATED BASED ON PRODUCTIVITY RELATED TO PATIENT CARE SERVICES. THESE AMOUNTS ARE BASED ON TWO POSSIBLE CALCULATIONS, 1. WORK RELATIVE VALUE UNIT (WRVU) BASED COMPENSATION AND 2. PRIVATE PRACTICE MODEL (REVENUE - EXPENSE) BASED COMPENSATION.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-1300608
Name: Summit Medical Group 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				
1	ROBERT PRICHARD MD	(i) 0	0	0	0	0	0	0
	SEH Chief Integration Officer, SEP President/CEO	(ii) 697,868	314,713	10,348	49,250	25,570	1,097,749	0
1	CURTIS DORSCH MD	(i) 430,398	49,300	3,822	35,500	31,786	550,806	0
	VICE CHAIRMAN/PHYSICIAN/DIRECTOR	(ii) 0	0	0	0	0	0	0
2	ROBERT BAKER MD	(i) 131,327	38,727	7,255	29,651	25,100	232,059	0
	PHYSICIAN / DIRECTOR	(ii) 0	0	0	0	0	0	0
3	GARREN COLVIN	(i) 0	0	0	0	0	0	0
	PRESIDENT/CEO ST. ELIZABETH HEALTHCARE	(ii) 1,003,844	580,183	11,759	46,500	33,795	1,676,081	0
4	PAUL GREGORY HOULIHAN MD	(i) 0	0	0	0	0	0	0
	PHYSICIAN / DIRECTOR	(ii) 607,886	81,607	11,262	35,500	32,239	768,494	0
5	LAROY KENDALL	(i) 0	0	0	0	0	0	0
	TRUSTEE	(ii) 405,434	152,486	5,117	35,500	25,356	623,894	0
6	LORI RITCHEY-BALDWIN	(i) 0	0	0	0	0	0	0
	CFO St. Elizabeth Healthcare	(ii) 577,012	256,332	8,952	35,500	32,444	910,240	0
7	PATRICIA ABELLO MD	(i) 673,891	74,247	7,015	16,500	32,545	804,198	0
	PHYSICIAN / DIRECTOR	(ii) 0	0	0	0	0	0	0
8	LISA AREHART MD	(i) 211,895	25,137	2,511	15,798	20,796	276,136	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
9	STACEY BISHOP-YEATMAN MD	(i) 252,431	28,397	2,398	28,163	28,404	339,793	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
10	GINA GROVE MD	(i) 383,152	29,869	4,193	16,500	30,698	464,413	0
	PHYSICIAN / DIRECTOR	(ii) 0	0	0	0	0	0	0
11	CHAITANYA MANDAPAKALA MD	(i) 527,346	49,460	2,240	16,500	29,799	625,344	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
12	KEVIN MARTIN MD	(i) 420,342	36,567	9,266	16,500	27,467	510,142	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
13	SUSAN OAKLEY MD	(i) 500,488	55,335	37,779	16,500	16,215	626,316	0
	PHYSICIAN / DIRECTOR	(ii) 0	0	0	0	0	0	0
14	DONALD PRICE MD	(i) 286,024	48,697	2,870	35,500	32,432	405,524	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
15	BRIAN SCHACK MD	(i) 420,818	42,214	2,662	16,500	30,358	512,552	0
	PHYSICIAN / DIRECTOR	(ii) 0	0	0	0	0	0	0
16	JOHN WEBB MD	(i) 476,047	43,068	4,561	35,500	28,654	587,830	0
	PHYSICIAN/DIRECTOR	(ii) 0	0	0	0	0	0	0
17	JACOB BAST	(i) 0	0	0	0	0	0	0
	SEP COO / SECRETARY	(ii) 401,099	101,048	3,154	16,500	27,267	549,067	0
18	BRUCE HENLEY	(i) 0	0	0	0	0	0	0
	CFO / TREASURER	(ii) 260,205	63,898	8,101	35,500	25,148	392,851	0
19	DOUG FLORA MD	(i) 633,142	85,283	3,278	35,800	30,906	788,409	0
	PHYSICIAN/FORMER INTERIM EXECUTIVE MEDICAL DIRECTOR	(ii) 0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ANTHONY ALVAREZ MD PHYSICIAN	(i)	949,604	59,056	36,851	46,500	35,637	1,127,648	0
	(ii)	0	0	0	0	0	0	0
1 COLLEEN DARNELL MD PHYSICIAN	(i)	955,846	80,917	2,226	16,500	13,501	1,068,990	0
	(ii)	0	0	0	0	0	0	0
2 NEAL MOSER MD PHYSICIAN	(i)	995,854	82,970	6,102	35,500	32,445	1,152,871	0
	(ii)	0	0	0	0	0	0	0
3 HARISH NIRUJOGI MD PHYSICIAN	(i)	904,924	74,752	2,707	35,500	4,874	1,022,758	0
	(ii)	0	0	0	0	0	0	0
4 WILLIAM WILLMOTT MD PHYSICIAN	(i)	1,118,630	105,697	5,150	35,500	30,784	1,295,761	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization Summit Medical Group Inc	Employer identification number 61-1300608
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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						▶ \$	1,451,524					

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) FGM PROPERTIES	BOARD MEMBER COREY GALLUS IS PART-OWNER OF FGM PROPERTIES	157,494	RENT		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-1300608
Name: Summit Medical Group 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) Patricia A Abello	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	50,000	51,077		No	Yes		Yes	
(1) Robert L Baker	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	400,000	409,112		No	Yes		Yes	
(2) Curtis J Dorsch	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	60,000	61,327		No	Yes		Yes	
(3) Douglas B Flora	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	100,000	101,938		No	Yes		Yes	
(4) Corey Gallus	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	120,000	122,653		No	Yes		Yes	
(5) Gina Battaglia Grove	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	50,000	51,106		No	Yes		Yes	
(6) Kevin A Martin	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	400,000	408,844		No	Yes		Yes	
(7) Donald Lehner Price	Physician	To fund split dollar life Insurance premiums for supplemental life insurance		X	240,000	245,467		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)**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**

Department of the Treasury

Internal Revenue Service
Name of the organization
Summit Medical Group Inc**Employer identification number**

61-1300608

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS DOES NOT HAVE A SPECIFIC WHISTLEBLOWER POLICY. HOWEVER, THERE IS A SECTION OF ST. ELIZABETH PHYSICIANS 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 6 Classes of members or stockholders	SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS HAS A SINGLE CORPORATE MEMBER, ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS HAS A SINGLE CORPORATE MEMBER, ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE THAT HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ST. ELIZABETH MEDICAL CENTER, INC. DBA ST. ELIZABETH HEALTHCARE, THE SOLE MEMBER OF SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS, HAS CERTAIN RESERVED POWERS OF WHICH INCLUDE APPROVING: (I) ANNUAL CAPITAL AND OPERATING BUDGETS, INCLUDING BUT NOT LIMITED TO, EXPENDITURES FOR INFORMATION SYSTEMS; (II) PHYSICIAN COMPENSATION FORMULAS; (III) LOANS, CAPITAL LEASES OR CREDIT FACILITIES IN ANY FISCAL YEAR; (IV) ACQUISITION, SALE OR CONVEYANCE OF CAPITAL ASSETS, INCLUDING REAL PROPERTY; (V) ACQUISITIONS, ALLIANCES AND JOINT VENTURES WITH OTHER HEALTH CARE PROVIDERS; (VI) SELECTION, EMPLOYMENT, TERMINATION AND COMPENSATION OF A PRESIDENT/CHIEF EXECUTIVE OFFICER; (VII) AMENDMENTS TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION; (VIII) THE DISSOLUTION, MERGER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (IX) CONTRACTUAL RELATIONSHIPS WITH OTHER PHYSICIAN GROUPS AND HEALTH CARE PROVIDERS; (X) CONTRACTING FOR PHYSICIAN SERVICES WITH MANAGED CARE COMPANIES OR OTHER PAYERS; (XI) ESTABLISH ANY COMPENSATION FOR SERVICES AS A MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION; AND (XII) ADOPTING OR MATERIALLY MODIFYING A STRATEGIC PLAN FOR THE CORPORATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	SUMMIT MEDICAL GROUP, INC. DBA ST. ELIZABETH PHYSICIANS, PROCESS TO REVIEW THE FORM 990 CONSISTS OF THE REVIEW AND APPROVAL BY CERTAIN MEMBERS OF MANAGEMENT AND THE ST. ELIZABETH PHYSICIANS BOARD OF DIRECTORS. 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 DIRECTORS 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 PHYSICIANS REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE 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 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 EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWER 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 CONFLICT OF INTEREST POLICY, (III) HAS AGREED TO COMPLY WITH THE POLICY, AND (IV) UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX EXEMPT PURPOSE. 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 PHYSICIANS' 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. THIS PROCESS IS PERFORMED ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	UPON REQUEST, ST. ELIZABETH PHYSICIANS WILL MAKE AVAILABLE THE FORM 990 AND THE RELATED APPLICABLE SCHEDULES WHICH ARE OPEN TO PUBLIC INSPECTION. ST. ELIZABETH PHYSICIANS WILL NOT MAKE AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS WHICH ARE NOT OPEN TO PUBLIC INSPECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	<p>PHYSICIAN SERVICES - Total Expense: 390915, Program Service Expense: 374924, Management and General Expenses: 15991, Fundraising Expenses: ; NON-PHYSICIAN SERVICES - Total Expense: 173405, Program Service Expense: 166620, Management and General Expenses: 6785, Fundraising Expenses: ; LABORATORY SERVICES - Total Expense: 788, Program Service Expense: 788, Management and General Expenses: 0, Fundraising Expenses: ; RADIOLOGY SERVICES - Total Expense: 1100, Program Service Expense: 1100, Management and General Expenses: 0, Fundraising Expenses: ; CONSULTING SERVICES - Total Expense: 451703, Program Service Expense: 5817, Management and General Expenses: 445886, Fundraising Expenses: ; DATA PROCESSING SERVICES - Total Expense: 1075890, Program Service Expense: 0, Management and General Expenses: 1075890, Fundraising Expenses: ; COLLECTION SERVICES - Total Expense: 127601, Program Service Expense: 920, Management and General Expenses: 126681, Fundraising Expenses: ; PURCHASED SERVICES - Total Expense: 378235, Program Service Expense: 278297, Management and General Expenses: 99938, Fundraising Expenses: ; CORPORATE SERVICES - Total Expense: 0, Program Service Expense: 0, Management and General Expenses: 0, Fundraising Expenses: ; CLERICAL SERVICES - Total Expense: 377534, Program Service Expense: 0, Management and General Expenses: 377534, Fundraising Expenses: ; OUTSOURCING SERVICES - Total Expense: 2766416, Program Service Expense: 413542, Management and General Expenses: 2352874, Fundraising Expenses: ; ACQUISITION COSTS - Total Expense: 1675, Program Service Expense: 1675, Management and General Expenses: 0, Fundraising Expenses: ; CONSUMABLES - HARDWARE - Total Expense: 137901, Program Service Expense: 31978, Management and General Expenses: 105923, Fundraising Expenses: ; BUSINESS TRANSPORTATION - Total Expense: 462635, Program Service Expense: 339358, Management and General Expenses: 123277, Fundraising Expenses: ; JANITORIAL SERVICES - Total Expense: 657678, Program Service Expense: 600240, Management and General Expenses: 57438, Fundraising Expenses: ; FIRE/LIFE/SAFETY/SECURITY - Total Expense: 27616, Program Service Expense: 24933, Management and General Expenses: 2683, Fundraising Expenses: ; BUILDING MAINTENANCE - INTERIOR - Total Expense: 226569, Program Service Expense: 192703, Management and General Expenses: 33866, Fundraising Expenses: ; BUILDING MAINTENANCE - EXTERIOR - Total Expense: 4612, Program Service Expense: 4412, Management and General Expenses: 200, Fundraising Expenses: ; GROUNDS MAINTENANCE - Total Expense: 33263, Program Service Expense: 33263, Management and General Expenses: 0, Fundraising Expenses: ; MAINTENANCE AND REPAIRS - Total Expense: 15681, Program Service Expense: 15486, Management and General Expenses: 195, Fundraising Expenses: ; MAINTENANCE AND REPAIRS HVAC - Total Expense: 27951, Program Service Expense: 27335, Management and General Expenses: 616, Fundraising Expenses: ; MAINTENANCE AND REPAIRS MEDICAL EQUI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	P - Total Expense: 48119, Program Service Expense: 48119, Management and General Expenses: 0, Fundraising Expenses: ; MAINTENANCE AND REPAIRS OFFICE EQUIP - Total Expense: 135441, Program Service Expense: 76830, Management and General Expenses: 58611, Fundraising Expenses: ; MAINTENANCE AND REPAIRS TELECOM - Total Expense: 660902, Program Service Expense: 54 6833, Management and General Expenses: 114069, Fundraising Expenses: ; MAINTENANCE AND REPAIRS HARDWARE - Total Expense: 921, Program Service Expense: 80, Management and General Expenses: 841, Fundraising Expenses: ; MAINTENANCE AND REPAIRS LEGACY SYSTEM - Total Expense : 19953, Program Service Expense: 19953, Management and General Expenses: 0, Fundraising Expenses: ; PEST CONTROL - Total Expense: 24988, Program Service Expense: 23953, Management and General Expenses: 1035, Fundraising Expenses: ; FACILITIES - SMALL EQUIP - Total Expense: 3101, Program Service Expense: 1416, Management and General Expenses: 1685, Fundraising Expenses: ; NETWORK/DATA CONNECTION - Total Expense: 370827, Program Service Expense: 2 57004, Management and General Expenses: 113823, Fundraising Expenses: ; PHYSICIAN FEES - Total Expense: 22373929, Program Service Expense: 22373929, Management and General Expenses : 0, Fundraising Expenses: ; STAFF LEASING EXP - Total Expense: 1986672, Program Service Expense: 292992, Management and General Expenses: 1693680, Fundraising Expenses: ; ADMINISTRATIVE EXP - Total Expense: 7562989, Program Service Expense: 205281, Management and General Expenses: 7357708, Fundraising Expenses: ; MAINTENANCE AND REPAIR SOFTWARE - Total Expense: 1728, Program Service Expense: 0, Management and General Expenses: 1728, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	INVESTMENT IN AMSURG - -3079; TRANSFER BETWEEN AFFILIATES - -11315723;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Summit Medical Group Inc

Employer identification number

61-1300608

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) SEP NEPHROLOGY HOLDINGS LLC 334 THOMAS MORE PARKWAY CRESTVIEW HILLS, KY 41017 82-1075027	HOLDING COMPANY	KY	131,311	427,444	SUMMIT MEDICAL GROUP 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) ST ELIZABETH MEDICAL CENTER INC DBA ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 61-0445850	HOSPITAL	KY	501(c)(3)	3	NA		No
(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		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Healthcare Solutions Network LLC 619 Oak Street Cincinnati, OH 45206 47-2103334	PHO	OH	HSN	Related	0	0		No			No	
(2) Preferred Lab Partners LLC One Medical Village Drive Suite B Edgewood, KY 41707 82-4758763	Laboratory	KY	NA	Related	0	0		No			No	
(3) Bioskills Lab LLC 4123 Olympic Blvd Erlanger, KY 41018 32-0571870	Bioskills Lab	KY	NA	Related	0	0		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) St Elizabeth Provider Network Inc One Medical Village Dr Edgewood, KY 41017 47-2862438	Physician-Hospital Org.	KY	St Elizabeth Medical Center Inc	C Corporation	0	0	0 %		No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation