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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

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

C Name of organization
St Elizabeth Medical Center Inc

Doing business as

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

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

D Employer identification number
61-0445850

E Telephone number
(859) 655-1642

G Gross receipts $ 2,587,039,444

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

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

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

H(c) Group exemption number

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

J Website: www.stelizabeth.com

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

L Year of formation: 1861

M State of legal domicile: KY

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	10,327
6	Total number of volunteers (estimate if necessary)	**6**	1,169
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	645,159
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	216,021

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,158,395	11,643,756
9	Program service revenue (Part VIII, line 2g)	1,903,566,200	2,063,988,859
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,176,640	103,782,818
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,761,386	6,795,586
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,922,662,621	2,186,211,019
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,022,846	9,328,231
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)	758,532,276	814,357,057
16a	Professional fundraising fees (Part IX, column (A), line 11e)	65,000	60,000
b	Total fundraising expenses (Part IX, column (D), line 25) 3,073,480		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,040,460,934	1,169,390,726
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,809,081,056	1,993,136,014
19	Revenue less expenses. Subtract line 18 from line 12	113,581,565	193,075,005

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,176,981,553	3,365,327,819
21	Total liabilities (Part X, line 26)	864,226,849	840,477,830
22	Net assets or fund balances. Subtract line 21 from line 20	2,312,754,704	2,524,849,989

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

****** 2025-11-12
Signature of officer Date
Lori Ritchey-Baldwin CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-11-12		P00520729

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

Firm's address 4801 Olympia Park Plaza Suite 4000
Louisville, KY 402412098 — Phone no. (502) 326-3996

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 1,216,367,135 including grants of $ 9,328,231) (Revenue $ 2,063,621,578)

Description: 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** 1,216,367,135

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	571		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	10,327		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
LORI RITCHEY-BALDWIN 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 (859) 655-1642

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								15,555,102	543,768	1,053,667

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 1,425

			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**		No
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
QUALIVIS LLC 5930 CORNERSTONE CT W SUITE 30 SAN DIEGO, CA 92121	STAFFING AGENCY	31,289,818
MESSER CONSTRUCTION CO 88718 Expedite Way Chicago, IL 60695	CONSTRUCTION SERVICES	18,857,205
SEVEN HILLS ANESTHESIA LLC 10191 EVENDALE COMMONS DR CINCINNATI, OH 45241	MEDICAL SERVICES	17,243,783
SKANSKA USA BUILDING INC 389 INTERPACE PKWY STE 5 PARSIPPANY, NJ 07054	CONSTRUCTION SERVICES	7,944,569
COMPASS EMERGENCY PHYSICIANS PSC 1 MEDICAL VILLAGE DR EDGEWOOD, KY 41017	MEDICAL SERVICES	7,531,177

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 229

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	0			
	b Membership dues	1b	0			
	c Fundraising events	1c	14,224			
	d Related organizations	1d	0			
	e Government grants (contributions)	1e	5,757,035			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,872,497			
	g Noncash contributions included in lines 1a - 1f:$	1g	3,340,861			
	h **Total.** Add lines 1a-1f		11,643,756			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	622110	1,700,165,259	1,700,165,259	0	0
	b OTHER RELATED REVENUE	900099	95,046,607	95,046,607	0	0
	c PHARMACY	456110	145,043,318	144,898,778	144,540	0
	d LABORATORY	621511	123,733,675	123,510,902	222,773	0
	e					
	f All other program service revenue.		0	0	0	0
	g **Total.** Add lines 2a–2f.	2,063,988,859				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54,722,170		277,846	54,444,324
	4 Income from investment of tax-exempt bond proceeds		513			513
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 3,976,551	0			
	b Less: rental expenses	6b 4,051,914	0			
	c Rental income or (loss)	6c -75,363	0			
	d Net rental income or (loss)		-75,363			-75,363
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 441,499,425	3,934,291			
	b Less: cost or other basis and sales expenses	7b 391,966,979	4,406,602			
	c Gain or (loss)	7c 49,532,446	-472,311			
	d Net gain or (loss)		49,060,135			49,060,135
	8a Gross income from fundraising events (not including $ 14,224 of contributions reported on line 1c). See Part IV, line 18	8a 451,534				
	b Less: direct expenses	8b 402,930				
	c Net income or (loss) from fundraising events		48,604			48,604
	9a Gross income from gaming activities. See Part IV, line 19	9a 0				
	b Less: direct expenses	9b 0				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a 0				
	b Less: cost of goods sold	10b 0				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a CAFETERIA	722310	4,674,717		0	4,674,717
	b GIFT SHOP	900099	2,074,029		0	2,074,029
	c VENDING	445123	73,599		0	73,599
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d		6,822,345			
	12 **Total revenue.** See instructions		2,186,211,019	2,063,621,546	645,159	110,300,558

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	9,328,231	9,328,231		
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	10,695,108	7,962,550	2,713,380	19,178
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,243	44,243	0	0
7 Other salaries and wages	633,059,585	471,304,029	160,620,305	1,135,251
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,129,521	23,683,586	9,388,974	56,961
9 Other employee benefits	93,478,809	67,485,340	25,825,263	168,206
10 Payroll taxes	43,949,791	33,108,738	10,765,172	75,881
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	653,696	56,837	596,859	0
c Accounting	455,325		455,325	
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	60,000			60,000
f Investment management fees	13,167,459	0	13,167,459	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	379,947,716	132,629,555	247,317,933	228
12 Advertising and promotion	6,650,667	508,744	5,683,861	458,062
13 Office expenses	20,950,303	14,343,629	6,397,701	208,973
14 Information technology	32,837,530	3,402,079	29,321,493	113,958
15 Royalties	0	0	0	0
16 Occupancy	26,442,066	2,054,635	24,386,548	883
17 Travel	2,106,537	835,176	1,097,308	174,053
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	961,243	597,858	355,233	8,152
20 Interest	10,213,897	116,481	10,097,416	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	94,813,338	0	94,813,338	0
23 Insurance	18,041,677	631	18,041,046	0
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	438,766,181	430,656,915	8,036,691	72,575
b PROVIDER TAX	69,033,279	0	69,033,279	0
c GENERAL SUPPLIES	25,085,095	13,826,519	10,770,319	488,257
d MAINTENANCE AND REPAIRS	22,232,129	4,159,080	18,071,254	1,795
e All other expenses	7,032,588	262,279	6,739,242	31,067
25 **Total functional expenses.** Add lines 1 through 24e	1,993,136,014	1,216,367,135	773,695,399	3,073,480
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,558,922	1	3,558,922
	2	Savings and temporary cash investments		162,652,668	2	223,187,495
	3	Pledges and grants receivable, net		6,098,062	3	9,830,447
	4	Accounts receivable, net		155,272,876	4	149,126,895
	5	Loans and other receivables from 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		18,153,063	5	23,453,917
	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		49,241,591	7	59,444,511
	8	Inventories for sale or use		50,735,361	8	51,310,224
	9	Prepaid expenses and deferred charges		12,845,400	9	16,495,573
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,552,693,263			
	b	Less: accumulated depreciation	10b 775,689,955	785,913,570	10c	777,003,308
	11	Investments—publicly traded securities		625,189,716	11	620,606,349
	12	Investments—other securities. See Part IV, line 11		999,475,385	12	1,159,658,212
	13	Investments—program-related. See Part IV, line 11		32,684,954	13	31,705,773
	14	Intangible assets		8,511,131	14	7,992,968
	15	Other assets. See Part IV, line 11		266,648,854	15	231,953,225
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,176,981,553	16	3,365,327,819
Liabilities	17	Accounts payable and accrued expenses		288,666,975	17	272,744,068
	18	Grants payable			18	
	19	Deferred revenue		725,191	19	400,560
	20	Tax-exempt bond liabilities		342,576,953	20	331,155,745
	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		232,257,730	25	236,177,457
	26	**Total liabilities.** Add lines 17 through 25		864,226,849	26	840,477,830
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,274,692,221	27	2,484,673,962
	28	Net assets with donor restrictions		38,062,483	28	40,176,027
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	
	32	Total net assets or fund balances		2,312,754,704	32	2,524,849,989
	33	Total liabilities and net assets/fund balances		3,176,981,553	33	3,365,327,819

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,186,211,019
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,993,136,014
3	Revenue less expenses. Subtract line 2 from line 1	3	193,075,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,312,754,704
5	Net unrealized gains (losses) on investments	5	56,844,668
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	-37,824,388
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,524,849,989

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990, Part III, Line 4a:

St. Elizabeth Healthcare is one of the oldest, largest, and most respected medical providers in the Northern Kentucky, Southwestern Ohio and Southeastern Indiana areas. For more than 150 years, St. Elizabeth has been the heart and soul of healthcare in Northern Kentucky. Founded with one small hospital in 1861, St. Elizabeth Healthcare now operates six facilities throughout Northern Kentucky and Southeast Indiana: St. Elizabeth Covington, St. Elizabeth Edgewood, St. Elizabeth Florence, St. Elizabeth Ft. Thomas, St. Elizabeth Grant, and St. Elizabeth Dearborn. St. Elizabeth Healthcare is sponsored by the Diocese of Covington and provided approximately $49 million in uncompensated care and benefit to the community in 2024. Within our thriving, multi-faceted organization, some of the nation's top medical professionals are working together to deliver the best care available to these areas. Our mission is to provide comprehensive and compassionate care that improves the health of the people we serve. We accomplish this through state-of-the-art technology and our dedicated associates, led by a well-respected board and executive leadership team who love this organization and our community. St. Elizabeth Healthcare's state of the art technology includes a secure internal electronic medical records system that not only gives providers access to their patients' medical records at any St. Elizabeth Healthcare or St. Elizabeth Physicians facility, but also gives the patient faster, more convenient access to their personal medical records, test results, and healthcare providers through a web portal called "MyChart." St. Elizabeth Healthcare has invested in our community for generations. St. Elizabeth Healthcare believes that reaching out to help the underprivileged and improving the overall health of the community is the foundation of its mission to provide comprehensive and compassionate care to our neighborhood and our families. It is because of this belief that the St. Elizabeth Healthcare community benefit program helps others have access to St. Elizabeth Healthcare resources and services. It is St. Elizabeth Healthcare's intention to always balance financial viability with compassionate care and to stay true to its non-profit roots. During 2024, St. Elizabeth Healthcare had total admissions of 107,694, total patient days of 215,222, and total emergency room visits of 211,097.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Garren Colvin PRESIDENT/CEO	50.0 5.0	X		X				1,657,850	0	52,122
AJ Schaeffer TRUSTEE	4.0 0	X						0	0	0
Bob Stevens TRUSTEE/CHAIR	4.0 0	X						0	0	0
Debbie Simpson TRUSTEE	4.0 0	X						3,000	0	0
Donald Price MD TRUSTEE	4.0 50.0	X						0	459,367	59,546
Jackie Sweeney MD TRUSTEE	4.0 0	X						648	0	0
Jason Jackman TRUSTEE	4.0 0	X						0	0	0
Jeanne Schroer TRUSTEE	4.0 0	X						0	0	0
Joe Koester TRUSTEE	4.0 0	X						734	0	0
John Hawkins TRUSTEE	4.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kris Knochelmann TRUSTEE	4.0 0	X						0	0	0
Kristi Nelson TRUSTEE/CHAIR-ELECT	4.0 0	X						27,796	0	0
Marsha Ladenburger TRUSTEE	4.0 0	X						0	0	0
Michael Jones MD TRUSTEE	4.0 0	X						0	0	0
Robert Moorhead TRUSTEE	4.0 0	X						0	0	0
Sylvia Buxton TRUSTEE	4.0 0	X						0	0	0
Lisa Frey EXECUTIVE VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	50.0 1.0			X				704,957	0	36,705
Lori Ritchey-Baldwin EXECUTIVE VP/CFO/TREASURER	50.0 5.0			X				826,289	0	52,290
Vera Hall EXECUTIVE VICE PRESIDENT & COO	50.0 1.0			X				547,148	0	23,998
Bruce Henley SEP CFO/TREASURER	15.0 35.0				X			368,866	0	50,803

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruno Giacomuzzi COO FLO FT COV & SVP PROF SVCS	50.0 0				X			280,502	0	35,365
Gene Barber SENIOR VP FACILITIES	50.0 0				X			469,593	0	15,647
Harry Watson SENIOR VP FACILITIES	50.0 0				X			253,822	0	21,242
Heidi Murley MD SEP PRESIDENT/CEO	25.0 25.0				X			805,218	0	62,765
Jacob Bast SEP SENIOR VP/COO	15.0 35.0				X			594,321	0	57,710
James Horn MD EXECUTIVE VP & CHIEF CLINICAL OFFICER	50.0 0				X			534,114	0	57,100
Julie McGregor SENIOR VP HUMAN RESOURCES	50.0 0				X			628,277	0	59,406
Kathy Jennings SVP PATIENT CARE/ONCOLOGY	50.0 0				X			304,600	0	43,836
Kevin Gessner SVP SITE ADMINISTRATOR FTT COV & HVI	50.0 0				X			309,005	0	48,113
LaRoy Kendall MD SENIOR VP CHIEF MEDICAL OFFICER	50.0 4.0				X			574,256	0	43,281

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			
Latonya Brown-Puryear MD VP CHIEF QUALITY OFFICER	50.0 0.0				X			406,134	84,401	49,005
Sarah Giolando SVP/CHIEF STRATEGY OFFICER THRU 11/21/2024	50.0 0				X			634,241	0	56,838
Mario Castillo-Sang MD PHYSICIAN	50.0 0					X		1,311,962	0	25,013
Mark Jordan PHYSICIAN	50.0 0					X		1,074,480	0	60,199
Saadeddine Dughman MD PHYSICIAN	50.0 0					X		1,057,366	0	23,088
Saeb Khoury MD PHYSICIAN	50.0 0					X		1,068,633	0	59,049
Stephen Schutzman MD PHYSICIAN	50.0 0					X		1,111,290	0	60,546

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	66,333,643	33,852,804	9,922,809	7,158,395	11,643,756	128,911,407
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	66,333,643	33,852,804	9,922,809	7,158,395	11,643,756	128,911,407
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) . .						0
6 **Public support.** Subtract line 5 from line 4.						128,911,407

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	66,333,643	33,852,804	9,922,809	7,158,395	11,643,756	128,911,407
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	27,992,605	29,581,356	41,763,192	51,312,780	56,565,729	207,215,662
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	4,322,793	4,728,419	5,053,831	603,474	645,159	15,353,676
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	9,218,923	4,914,260	5,586,967	6,421,197	6,822,345	32,963,692
11 **Total support.** Add lines 7 through 10						384,444,437

12 Gross receipts from related activities, etc. (see instructions)	12	8,607,840,808

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	33.532 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	35.94 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 II, Line 10 Other Income	DESCRIPTION - CAFETERIA, COLUMN A - 3151375.0, COLUMN B - 3489197.0, COLUMN C - 3889805.0, COLUMN D - 4395281.0, COLUMN E - 4674717.0, COLUMN F - 19600375.0; DESCRIPTION - GIFT SHOP, COLUMN A - 1246843.0, COLUMN B - 1370321.0, COLUMN C - 1628987.0, COLUMN D - 1932656.0, COLUMN E - 2074029.0, COLUMN F - 8252836.0; DESCRIPTION - VENDING, COLUMN A - 58860.0, COLUMN B - 54742.0, COLUMN C - 68175.0, COLUMN D - 93260.0, COLUMN E - 73599.0, COLUMN F - 348636.0; DESCRIPTION - MISCELLANEOUS, COLUMN A - 4761845.0, COLUMN B - 0.0, COLUMN C - 0.0, COLUMN D - 0.0, COLUMN E - 0.0, COLUMN F - 4761845.0;

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316071265

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		108,248
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		46,123
j Total. Add lines 1c through 1i			154,371
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1j OTHER ACTIVIITIES	THE PORTION OF THE KENTUCKY HOSPITAL ASSOCIATION DUES AND SPONSORSHIP THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES IS $46,123
Schedule C, Part II-B, Line 1g Direct contact with legislators	A PORTION OF TWO ST. ELIZABETH HEALTHCARE EMPLOYEES' SALARIES IS RELATED TO DIRECT CONTACT WITH LEGISLATORS AS IT RELATES TO LEGISLATION FOR THE TAX YEAR 2024. THE AMOUNT IS $7,900. ST. ELIZABETH HEALTHCARE ALSO ENLISTED THE ASSISTANCE OF LOBBYING CONSULTANTS IN 2024. THE AMOUNT PAID TO THESE CONSULTANTS IS $96,000. ST. ELIZABETH HEALTHCARE ALSO PAID $4,348 IN SPONSORSHIP DOLLARS.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST. ELIZABETH HEALTHCARE hired lobbying consultants to provide lobbying support at the state and local levels on legislative issues being considered by the Kentucky General Assembly, Indiana General Assembly, or by cities and counties in our community. Primarily, the consulting work includes monitoring bills, notifying St. Elizabeth if there are issues of concern or bills introduced that are of concern, assistance in talking with legislators or other government officials about these concerns, sharing positions on bills or issues with our legislators, and summarizing actions that have taken place on a weekly basis during the session. We hired the consulting firm because they are based in Frankfort, Kentucky and can be at the meetings and hearings every day during the session so that we can be timelier in responding if issues arise.

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SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,824,511		27,824,511
b Buildings		986,137,318	410,896,694	575,240,624
c Leasehold improvements		18,860,072	13,588,959	5,271,113
d Equipment		503,254,356	351,069,363	152,184,993
e Other		16,617,006	134,939	16,482,067
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				777,003,308

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		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,159,658,212	

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)		
(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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	231,953,225

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	236,177,457

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	2,144,134,054
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	56,844,668		
b	Donated services and use of facilities	2b	90,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	11,813,467		
e	Add lines **2a** through **2d**			2e	68,748,135
3	Subtract line **2e** from line **1**			3	2,075,385,919
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	13,167,459		
b	Other (Describe in Part XIII.)	4b	97,657,641		
c	Add lines **4a** and **4b**			4c	110,825,100
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	2,186,211,019

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

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

1	Total expenses and losses per audited financial statements			1	1,989,893,520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	90,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	11,909,679		
e	Add lines **2a** through **2d**			2e	11,999,679
3	Subtract line **2e** from line **1**			3	1,977,893,841
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	13,167,459		
b	Other (Describe in Part XIII.)	4b	2,074,714		
c	Add lines **4a** and **4b**			4c	15,242,173
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,993,136,014

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	

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Closely-held equity interests		
Financial derivatives		
Private Equity Fund	11,248,066	F
Hedge Fund of Funds	92,110,920	F
Emerging Market Fund	55,309,287	F
Commingled Funds	444,816,050	F
Infrastructure Funds	143,266,034	F
Private Debt	118,515,459	F
Putwrite Fund/Defensive Equity Fund	100,866,716	F
Venture Capital	5,732,072	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Real Estate Funds	187,793,608	F

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
OTHER ASSETS - INDIGENT RECEIVABLES	43,491,522
OTHER ASSETS - NET RIGHT OF USE OPERATING LEASE ASSETS	72,632,015
457(b) Participants Accounts	71,983,905
INVESTMENT - CCRC	8,627,760
INVESTMENT - B/FMP LAND CO	4,310,000
OTHER ASSETS - BENEFICIAL INTEREST IN CHARITABLE TRUST	130,692
OTHER ASSETS - PROFESSIONAL INSURANCE RECEIVABLE	5,273,622
OTHER ASSETS - WORKERS' COMP. INSURANCE RECEIVABLE	1,929,826
OTHER ASSETS - REC RETENTION BONUSES	488,327
Notes Rec - Catalytic Fund	1,000,000
PREMIER TAX RECEIVABLE LT	-230,321
ASC842 DEF RENT REC IC LEASE	2,379,276
BEN INT ASSETS HELD HOR	3,000,000
GAIN OR LOSS ON IHCF	1,552,534
ACCRUED PENSION LIABILITY	1,766,692
INTEREST RATE SWAP RECEIVABLE	8,788,234
WORKDAY IMPLEMENTATION COSTS	4,812,690
CSV INSURANCE TRUST	16,451

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

1. **(a)** Description of Liability	**(b)** Book Value
Federal Income Taxes	
MEDICARE PAYABLE	7,472,954
MEDICAID PAYABLE	427,376
OTHER CURRENT LIABILITIES	12,185,581
LEASE LIABILITIES CURRENT	8,941,590
LEASE LIABILITIES LONG TERM	67,955,740
RESERVE FOR SELF-INSURANCE	54,508,955
ASSET RETIREMENT OBLIGATION	459,462
INTEREST RATE SWAP	205,981
OTHER LONG TERM LIABILITIES	84,019,818

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	No provision has been made for income taxes since St. Elizabeth Healthcare is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) and is classified as ot her than a private foundation by the Internal Revenue Service. Management has analyzed the tax positions taken by St. Elizabeth Healthcare and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require r ecognition of a liability or disclosure in the consolidated financial statements. St. Eliz abeth Healthcare is not under review by any state or local tax authorities. St. Elizabeth Healthcare's federal tax returns for the year ended prior to December 31, 2021 and prior y ears are no longer subject to examination as the statute of limitations has expired for th ose years.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	FUNDRAISING EXPENSES - 402930 RENTAL EXPENSES - 4051915 SEPN - 7358622

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	CHANGE IN FMV IN INTEREST RATE SWAP - -3594470 LOSS/GAIN ON FIXED ASSET DISPOSALS - -47231 1 UNCOLLECTIBLE PLEDGES - 63056 PENSION EXPENSE BOOKED TO REVENUE - 92216 SEPN - 2454812 P ENSION SETTLEMENT - 99114338

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FUNDRAISING EXPENSES - 402930 RENTAL EXPENSES - 4051915 SEPN - 7454834

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	LOSS/GAIN ON FIXED ASSET DISPOSAL - -472311 PENSION EXPENSES BOOKED TO REVENUE - 92216 SEPN - 2454809

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SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			253,735,419
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			253,735,419

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	N/A	229,085,851
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	24,649,568

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SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	HILLARY LYONS ASSOCIATESBOUTS VENTURE LLC 139 Bridge Street Dimondale, MI 48821	Consulting Fee		No		60,000	-60,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					0	60,000	-60,000

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

IN, KY, OH

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

		(a) Event #1 GOLF PARTEE (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	292,591	74,920	98,247	465,758
	2 Less: Contributions	7,261	3,000	3,963	14,224
	3 Gross income (line 1 minus line 2)	285,330	71,920	94,284	451,534
Direct Expenses	4 Cash prizes	1,630	345	0	1,975
	5 Noncash prizes	73,777	5,043	7,064	85,884
	6 Rent/facility costs	29,264	14,300	61,871	105,435
	7 Food and beverages	35,943	12,650	102,960	151,553
	8 Entertainment	0	0	2,975	2,975
	9 Other direct expenses	13,698	6,735	34,675	55,108
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				402,930
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				48,604

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
Schedule G, Part I, Line 2b(i) Hillary Lyons Associates/Bouts Ventures LLC	Hillary Lyons Associates/Bouts Ventures LLC is a consulting firm working in the field of ongoing fund development and community relations exclusively for non-profit health care institutions. Hillary Lyons Associates/Bouts Ventures LLC do not participate in the solicitation of contributions.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,804,992	14,847,614	12,957,378	0.650 %
b Medicaid (from Worksheet 3, column a)			280,580,025	394,227,397	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	308,385,017	409,075,011	12,957,378	0.650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,003,448	740	4,002,708	0.201 %
f Health professions education (from Worksheet 5)			8,895,086	7,771,648	1,123,438	0.056 %
g Subsidized health services (from Worksheet 6)			14,566,530	9,204,778	5,361,752	0.269 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			20,612,912	0	20,612,912	1.034 %
j **Total.** Other Benefits	0	0	48,077,976	16,977,166	31,100,810	1.560 %
k **Total.** Add lines 7d and 7j	0	0	356,462,993	426,052,177	44,058,188	2.210 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			551,375		551,375	0.028 %
2 Economic development			29,900		29,900	0.002 %
3 Community support			5,490		5,490	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members			72,300		72,300	0.004 %
6 Coalition building			1,395,371		1,395,371	0.070 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			485,181		485,181	0.024 %
9 Other					0	0 %
10 Total	0	0	2,539,617	0	2,539,617	0.127 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2: 0			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3: 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	261,435,073
6	Enter Medicare allowable costs of care relating to payments on line 5	6	297,675,466
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-36,240,393
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	BLUEGRASS DIALYSIS LLC	RENAL DIALYSIS	32 %	0 %	17 %
2	Heritage Development Partners LLC	Ambulatory Surgery Center	50 %	0 %	50 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

5

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): https://www.stelizabeth.com/care/community-outreach-menu/community-health-needs-assessment-implement			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url): https://www.stelizabeth.com/care/community-outreach-menu/community-health-needs-assessment-implement			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/			
b	☑ The FAP application form was widely available on a website (list url): WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **27**

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	ST. ELIZABETH HEALTHCARE RECOGNIZES PATIENT SERVICE REVENUE AT THE TIME SERVICES ARE RENDERED EVEN THOUGH ST. ELIZABETH HEALTHCARE DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY. AS A RESULT, THE PROVISION FOR BAD DEBTS AND CHARITY CARE ARE PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). ST. ELIZABETH HEALTHCARE RECOGNIZES REVENUE WHEN SERVICES ARE RENDERED FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE. BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF ST. ELIZABETH HEALTHCARE'S UNINSURED AND UNDERINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES RENDERED. AS A RESULT, ST. ELIZABETH HEALTHCARE RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED AND UNDERINSURED PATIENTS IN THE PERIOD THE SERVICES ARE RENDERED. FOR FINANCIAL STATEMENT PURPOSES, ST. ELIZABETH HEALTHCARE HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE ESTIMATED AMOUNT OF ST. ELIZABETH HEALTHCARE'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ST. ELIZABETH HEALTHCARE'S FINANCIAL ASSISTANCE POLICY IS $0. THE PERCENTAGE OF BAD DEBTS THAT LIKELY COULD BE CHARITY CARE, IF ENOUGH INFORMATION WAS OBTAINED UP FRONT, WAS DEVELOPED WITH THE HELP OF OUR LARGEST COLLECTION AGENCY WHO HAS DETERMINED, BASED ON ACCOUNTS REVIEWED, WHO MAY NOT HAVE HAD THE FINANCIAL ABILITY TO PAY. ST. ELIZABETH HEALTHCARE ALSO BELIEVES THAT MANY PATIENTS FALL INTO THE CATEGORY WHERE THEY DO NOT MEET THE FEDERAL POVERTY GUIDELINES BUT YET CANNOT AFFORD THE COST OF THE SERVICES RENDERED, OR HAVE INSURANCE THAT MAY NOT COVER THE COST OF SERVICES. ST. ELIZABETH HEALTHCARE BELIEVES THESE NON REIMBURSED COSTS SHOULD BE COUNTED AS A BENEFIT TO THE COMMUNITY WE SERVE. THE AMERICAN HOSPITAL ASSOCIATION'S POSITION IS THAT BAD DEBTS SHOULD BE COUNTED AS A COMMUNITY BENEFIT.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	FROM 2024 AUDITED FINANCIAL STATEMENTS, 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (PG 9): PATIENT ACCOUNTS RECEIVABLE: ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AN D GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES, REDUCED BY EXPLICIT PRICE CONCESSIONS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO QUALIFYING INDIVIDUALS AS PART OF OU R FINANCIAL ASSISTANCE POLICY, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARILY TO SELF-P AY PATIENTS. ESTIMATES FOR EXPLICIT PRICE CONCESSIONS ARE BASED ON PROVIDER CONTRACTS, PAY MENT TERMS FOR RELEVANT PROSPECTIVE PAYMENT SYSTEMS, AND HISTORICAL EXPERIENCE ADJUSTED FO R ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING ST. ELIZABETH HEALTHCARE'S ABILITY TO COL LECT OUTSTANDING AMOUNTS. ST. ELIZABETH HEALTHCARE PERFORMS PERIODIC ASSESSMENTS TO DETERM INE IF AN ALLOWANCE FOR EXPECTED CREDIT LOSSES IS NECESSARY. INCURRED LOSS EXPERIENCE IS C ONSIDERED AND ADJUSTED FOR KNOWN AND EXPECTED EVENTS AND OTHER CIRCUMSTANCES. IN ESTIMATIN G ITS EXPECTED CREDIT LOSSES, ST. ELIZABETH HEALTHCARE MAY CONSIDER CHANGES IN THE LENGTH OF TIME ITS RECEIVABLES HAVE BEEN OUTSTANDING, CHANGES IN CREDIT RATINGS FOR ITS PAYORS, A ND NOTICES OF PAYOR BANKRUPTCIES OR PAYORS ENTERING RECEIVERSHIP. BECAUSE ST. ELIZABETH HE ALTHCARE'S ACCOUNTS RECEIVABLE IS TYPICALLY PAID FOR BY HIGHLY-SOLVENT, CREDITWORTHY PAYOR S, SUCH AS MEDICARE, OTHER GOVERNMENTAL PROGRAMS, AND HIGHLY REGULATED COMMERCIAL INSURERS ON BEHALF OF THE PATIENT, ST. ELIZABETH HEATHCARE'S CREDIT LOSSES HAVE BEEN INFREQUENT AN D INSIGNIFICANT IN NATURE. AMOUNTS RECOGNIZED FOR ALLOWANCES FOR EXPECTED CREDIT LOSSES AR E IMMATERIAL TO THE FINANCIAL STATEMENTS. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENT S, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYME NT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, ST. ELIZABETH HEALTHCARE RECORDS SIGNIFICANT IMPLICIT PRICE CONCESSIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING T O PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. PATIENT SERVIC E REVENUE (PG 13): ST. ELIZABETH HEALTHCARE RECOGNIZES PATIENT SERVICE REVENUE AT THE TIME IN WHICH PERFORMANCE OBLIGATIONS ARE SATISFIED. THE AMOUNTS FROM PATIENT, THIRD-PARTY PAY ORS, (INCLUDING MANAGED CARE AND GOVERNMENTAL PROGRAMS), AND OTHERS ARE SUBJECT TO CONTRAC TUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS AND INCLUDES VARIABLE CONSIDER ATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVEST IGATIONS. PATIENTS ARE GENERALLY BILLED WHEN DISCHARGED, THOUGH THEY MAY BE BILLED ON AN I NTERIM BASIS FOR LONGER STAYS. ST. ELIZABETH HEALTHCARE DETERMINES THE TRANSACTION PRICE B ASED ON GROSS CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED T O THIRD-PARTY PAYORS, DISCOUNTS PROVIDED, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARIL Y TO UNINSURED PATIENTS. ST. ELIZABETH HEALTHCARE DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON THE HISTORICAL COLLECTION EXPERIENCE, ADJUSTED FOR CURR ENT ENVIRONMENTAL RISKS AND TRENDS FOR EACH MAJOR PAYOR SOURCE. ST. ELIZABETH HEALTHCARE P ROVIDES CARE, WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WH O MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. AMOUNTS DETERMINED TO QUALIFY AS CH ARITY CARE ARE NOT REPORTED AS PATIENT SERVICE REVENUE. GENERALLY, PATIENTS WHO ARE COVERE D BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VAR Y IN AMOUNT. ST. ELIZABETH HEALTHCARE ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OF FERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARG E BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CH ANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PA TIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SELF-PAY REVENUES ARE DERIVED FROM PATI ENTS WHO DO NOT HAVE ANY FORM OF HEALTHCARE COVERAGE AS WELL AS FROM PATIENTS WITH THIRD-P ARTY HEALTHCARE COVERAGE RELATED TO THE PATIENT RESPONSIBILITY PORTION, INCLUDING DEDUCTIB LES AND CO-PAYMENTS. ST. ELIZABETH HEALTHCARE ESTIMATES THE TRANSACTION PRICE FOR SELF-PAY PATIENTS AND THE PATIENT RESPONSIBILITY PORTION USING VARIOUS METRICS, SUCH AS HISTORICAL CASH COLLECTION EXPERIENCE AND ENVIRONMENTAL TRENDS. BECAUSE ST. ELIZABETH HEALTHCARE PRO VIDES CARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, MANAGEMENT HAS DETERMINED THAT THE DIFFERENCE BETWEEN THE AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS ST. ELIZABETH HEALTH CARE EXPECTS TO COLLECT REPRESENT IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECOR DED TO CREDIT LOSS EXPENSE: PATIENTS WHO MEET ST.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	ELIZABETH HEALTHCARE'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AM OUNTS LESS THAN ESTABLISHED RATES. ST. ELIZABETH HEALTHCARE DOES NOT REPORT A CHARITY CARE PATIENT'S CHARGE IN REVENUES OR ACCOUNTS RECEIVABLE AS IT IS POLICY NOT TO PURSUE COLLECT ION OF AMOUNTS RELATED TO THESE PATIENTS, AND THEREFORE, CONTRACTS WITH THESE PATIENTS DO NOT EXIST.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - ST ELIZABETH FLORENCE: Line 16a URL: WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ST ELIZABETH FLORENCE: Line 16b URL: WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ST ELIZABETH FLORENCE: Line 16c URL: WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In 2024, St. Elizabeth Healthcare continued to work with the Northern Kentucky Office of Drug Control Policy and other community partners to address the issue of behavioral health (mental health and substance use), including the provision of financial support to the Northern Kentucky Addiction Helpline, providing data and support to community partners and local/state legislators to advocate for policies and funding that support treatment and recovery of substance use disorders, working with community partners to provide recovery support focused on employment/financial stability for people with substance use disorder, working with Safety Net Alliance and other partners to address the social determinants of health, and working with community mental health agencies in the promotion of mental health among youth and suicide prevention for all ages. St. Elizabeth Healthcare also expanded its Journey Recovery Center, an outpatient drug and alcohol treatment program, to allow for increased recovery options. In 2024, St. Elizabeth continued its support of Faith Community Pharmacy's prescription medication programs. These programs provide life-sustaining prescription medications, free of charge, to those unable to pay, ensuring our Northern Kentucky community does not go without needed medications due to affordability. In 2024, St. Elizabeth Healthcare supported community partners' efforts to address community health and social determinants of health factors, including: - Emergency Shelter of Northern Kentucky - The Ion Center for Violence Prevention - Freestore Foodbank - Last Mile Food Rescue - GO Pantry - Master Provisions - Transitions - LIVESTRONG Program at the YMCA - LiveWell Coalitions - American Heart Association and American Cancer Society

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St. Elizabeth Healthcare serves the Northern Kentucky counties, which include: Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Harrison, Kenton, Mason, Owen, Pendleton, Robertson, and Southeastern Indiana counties: Dearborn, Franklin, Ripley, Ohio, and Switzerland. These service areas include urban, suburban, and rural areas. The total population of the service areas is over 639,000. St. Elizabeth Healthcare's service areas during 2024 were determined by identifying where at least 90% of its patient population originates. This approach ensures that the assessment was not limited to a certain geographical area, but included the majority of the population served. The data revealed that over 94% of the patient population resides in the eight counties that comprise the Northern Kentucky Area Development District (NKADD) and five counties of Southeast Indiana. The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton. Southeast Indiana includes the counties of Dearborn, Franklin, Ohio, Ripley, and Switzerland. The 2024 estimated population of these combined areas was over 487,000. All hospitals in the St. Elizabeth Healthcare system are located in these two geographical regions. The primary service areas are predominantly Northern Kentucky and Southeast Indiana. Population by origin: 86.7% White, 8.8% Black, 5.0% Hispanic, 1.8% Asian, 0.3% American Indian and Alaska Native, 0.1% Native Hawaiian and Other Pacific Islander, and 2.3% identifying as two or more races. Population by age is 5.8% under age 5, 22.5% under age 18, 53.9% between ages 18-64, and 17.8% age 65 and older. Persons below the poverty level in Northern Kentucky, all ages, account for 16.4%. Due to the enactment of the Affordable Care Act, it is estimated that approximately 6.5% of the Northern Kentucky and Southeastern Indiana population under age 65 remains uninsured. The median household income of the region in 2024 is as follows: Carroll County - $52,300, Owen County - $58,100, Grant County - $67,200, Campbell County - $74,500, Kenton County - $78,300, Boone County - $94,200, Gallatin County - $60,100, Pendleton County - $60,400, Dearborn County - $82,000, Franklin County - $77,800, Ripley County - $72,300, Switzerland County - $68,200, and Ohio County - $67,100. The poverty level of the region in 2024 is as follows: Carroll County - 15.9%, Owen County - 14.2%, Grant County - 12.7%, Campbell County - 9.2%, Kenton County - 10.5%, Boone County - 7.1%, Gallatin County - 12.9%, Pendleton County - 14.1%, Dearborn County - 10.3%, Franklin County - 13.8%, Ripley County - 11.7%, Switzerland County - 13.2%, and Ohio County - 8.9%. There are six (6) other hospitals that serve the Northern Kentucky community: (1) Gateway Rehabilitation Hospital in Boone County (2) Carroll County Memorial Hospital in Carroll County (3) Harrison Memorial Hospital in Harrison County (4) Encompass Health Rehabilitation Hospital in Kenton County (5) Meadowview Regional Medical Center in Mason County (6) SUN Behavioral Health in Kenton County. There is one other hospital that serves the Southern Indiana community: Margaret Mary Health in Ripley County. There are a number of hospitals that serve the Southern Ohio community, including The Christ Hospital, TriHealth, Mercy Health, and the University of Cincinnati Medical Center. There are a few federally designated medically underserved areas or populations in the communities.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	St. Elizabeth Healthcare furthers its exempt purposes in improving community health status by: 1) St. Elizabeth Healthcare's Board of Trustees is made up of community representatives to ensure that St. Elizabeth Healthcare adheres to its mission to improve the health of the people we serve. The majority of the governing body is comprised of persons who reside within St. Elizabeth's primary service area. St. Elizabeth extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties. 2) Encourages and supports staff to participate on various community boards/activities that support and/or develop programs that address community health needs and workforce development. 3) Through its PrimeWise Network, St. Elizabeth Healthcare connects adults 50+ to programs including low-impact exercise, health education and screenings, community events, wellness programs, and driver's safety. 4) Each year, St. Elizabeth Healthcare produces and distributes more than 600,000 different pieces of health-related information or invitations to health-related educational events throughout the community - which is an average of nearly 4 pieces of information per Northern Kentucky household. 5) t. Elizabeth Healthcare partners with community organizations and business agencies to present health-related programs and health screenings. 6) St. Elizabeth applies surplus funds to improve patient care by improving facilities, access to care, technology, recruiting and retaining top talent, and continuing education of our staff through either residency or college educational programs. Examples of how surplus funds were applied in 2024 are as follows: A. St. Elizabeth Healthcare provided outreach to the communities through the Mobile Mammography and Mobile Heart programs. B. St. Elizabeth Healthcare provided cohort educational programs with Northern Kentucky University (NKU), Thomas More University (TMU), and Mt. Saint Joseph University (MSJU) to provide for continuing and/or additional education for our staff. C. Continued financial assistance and support for the St. Elizabeth Family Medicine Residency Program, which is comprised of thirty (30) family practice residents who live and stay in the community to improve and enhance the access to primary care for the people we serve. D. St. Elizabeth Healthcare continues financial support for our Parish Nursing Program, which provides outreach, education, and prevention information to more than 60 congregations across seven Northern Kentucky and Ohio counties. E. St. Elizabeth Healthcare continues financial support for prevention and injury treatment for athletes attending schools in our communities. F. St. Elizabeth Healthcare sponsors community benefits to address the healthcare needs for diseases such as obesity, diabetes, and heart disease for the people we serve. G. St. Elizabeth Physicians Primary Care provided enhanced services for education and resources to those in the community we serve who struggle with obesity and ensuing comorbidities.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST. ELIZABETH HEALTHCARE IS A SYSTEM THAT FEATURES FIVE (5) FACILITIES THROUGHOUT NORTHERN KENTUCKY AND SOUTHEAST INDIANA. LOCATED IN NORTHERN KENTUCKY ARE: (I) ST. ELIZABETH - EDGEWOOD; (II) ST. ELIZABETH - FLORENCE; (III) ST. ELIZABETH - FORT THOMAS; (IV) ST. ELIZABETH - GRANT; AND (V) ST. ELIZABETH - DEARBORN - WHICH IS LOCATED IN SOUTHEAST INDIANA. EACH OF THESE FACILITIES ADDRESSES THE SPECIFIC NEEDS OF ITS LOCALE AS IDENTIFIED BY THE PATIENTS IN THE COMMUNITY. THE SERVICE AREAS VARY FROM RURAL AREAS TO SUBURBAN AREAS TO URBAN AREAS. ST. ELIZABETH HEALTHCARE OFFERS OVER 1,199 LICENSED BEDS, OVER 10,300 EMPLOYEES, 1,005 PHYSICIAN PROVIDERS WITH FULL ADMITTING PRIVILEGES AND A WHOLLY OWNED PHYSICIAN ORGANIZATION (SEP) WHICH INCLUDES OVER 210 PRIMARY CARE AND SPECIALTY OFFICE LOCATIONS. ST. ELIZABETH HEALTHCARE IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF COVINGTON.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IN, KY

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **5** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ST ELIZABETH EDGEWOOD - Covington 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 www.stelizabeth.com 100500	X	X					X			A
5	ST ELIZABETH FLORENCE 4900 HOUSTON RD FLORENCE, KY 41042 WWW.STELIZABETH.COM 100273	X	X					X			A
2	ST ELIZABETH FORT THOMAS 85 NORTH GRAND AVENUE FORT THOMAS, KY 41075 www.stelizabeth.com 100059	X	X					X			A
3	ST ELIZABETH GRANT 238 BARNES ROAD WILLIAMSTOWN, KY 41097 www.stelizabeth.com 600062	X	X			X		X			A
4	ST ELIZABETH DEARBORN 600 WILSON CREEK ROAD LAWRENCEBURG, IN 47025 www.stelizabeth.com 005077	X	X					X			A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	ST. ELIZABETH HEALTHCARE CONDUCTED OUR LATEST CHNA IN 2024. THROUGH THIS PROCESS, WE IDENTIFIED, ANALYZED AND PRIORITIZED COMMUNITY HEALTH NEEDS AND DEVELOPED A THREE-YEAR (2025-2027) ACTION PLAN TO ADDRESS TOP PRIORITIES. TOP PRIORITIES IDENTIFIED THAT WILL BE ADDRESSED FOR YEARS 2025, 2026, AND 2027: 1. EQUITABLE ACCESS TO PREVENTATIVE CARE 2. HEALTH PROMOTION & WELLNESS 3. BEHAVIORAL HEALTH PLANS TO ADDRESS THESE PRIORITIES INCLUDE, BUT ARE NOT LIMITED TO, FOCUSED EFFORTS AROUND REDUCING CARE GAPS BETWEEN IDENTIFIED HEALTH EQUITY GROUPS FOR VARIOUS CANCER SCREENINGS, EXPANDING OPPORTUNITIES WITH COMMUNITY PARTNERS PROVIDING CARE TO UNINSURED/UNDERINSURED POPULATIONS, INCREASING PUBLIC HEALTH EDUCATION, PARTICULARLY AROUND HEALTHY WEIGHT MANAGEMENT, PHYSICAL ACTIVITY AND TOBACCO AND VAPING FREE LIVING AND EXPANDING ASSISTANCE WITH BOTH SUBSTANCE ABUSE AND MENTAL HEALTH. THE HEALTH NEEDS IDENTIFIED BY THE COMMUNITY AND HEALTH REPORTING RESOURCES WERE SUMMARIZED AND TABULATED INTO A PRIORITIZED LIST. THE COMMUNITY BENEFITS STEERING COMMITTEE (CBSC), WHICH INCLUDES ST. ELIZABETH HEALTHCARE EXECUTIVE LEADERS, REVIEWED THIS LIST. THIS COMMITTEE ENGAGED IN ADDITIONAL COMMUNICATION AND CONSIDERED AVAILABLE RESOURCES THAT, WHEN REDIRECTED, WOULD HAVE THE MOST SIGNIFICANT POSITIVE IMPACT ON HEALTH OUTCOMES. A COMMUNITY BENEFITS IMPLEMENTATION PLAN (CBIP) WAS THEN DEVELOPED TO ADDRESS THESE TOP PRIORITY HEALTH NEEDS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - ST. ELIZABETH HEALTHCARE - EDGEWOOD, FLORENCE, FT. THOMAS, GRANT AND DEARBORN. During 2024, St. Elizabeth Healthcare conducted its next required CHNA for years 2025 -2027. In preparation for the 2025 CHNA, data was collected from persons who represent the broad interests of the community, including those with expertise in public health. Repres entation included area health departments, local government/civic agencies, other healthca re providers, community-based social service agencies, and area school districts. The meth odology used to collect the data included emails and a survey. The process included an exp lanation of the CHNA requirements and how the data garnered would be used to develop the C HNA. Participants were asked a variety of questions to determine the top health needs in t he communities. Concentrating on social service agencies, school districts, and civic serv ices ensured the CHNA identified and received data on the most pressing health needs withi n the communities served. The following is a list of community agencies that provided thei r agency names when completing the survey. Please note that only 135 of the more than 250 respondents included this information. An asterisk (*) before an agency name indicates tha t the agency serves low-income, medically underserved, or minority populations and/or that the respondent identifies as a minority. Based on the organizations represented, the surv ey responses included input from a wide range of populations, including individuals experi encing homelessness, families living below the poverty line, racial and ethnic minorities, and those with limited access to healthcare or transportation. Agencies such as Welcome H ouse, Faith Community Pharmacy, and the Northern Kentucky Community Action Commission spec ifically serve vulnerable populations, ensuring that the voices of those most impacted by health disparities were reflected in the assessment. *Be Concerned, Inc *BE NKY *Boone Cou nty Jail Campbell County Fiscal Court CHNK Behavioral Health *City of Erlanger Fire/EMS Ci ty of Florence City of Wilder *DCCH Center for Children and Families *Dearborn County Clea ringhouse for Emergency Aid *Easterseals Redwood *Erlanger Elsmere Schools *Faith Communit y Pharmacy, Inc *Family Nurturing Center *Florence Christian Church Disciples of Christ *F lorence Fire/EMS Dept. *For Family By Family *Greendale Police *INcompass Healthcare *Ivy Tech Community College *Kawa *Kiwanis Lakeside Park/Crestview Hills Police Lawrenceburg Co mmunity School Corporation *Lighthouse Mental Health, LLC *NC AHEC and CareNet Pregnancy S ervices of NKY *Northern Kentucky Community Action Commission *Northern Kentucky Universit y *NorthKey Community Care *Nurse Advocacy Center for the Underserved *One Dearborn Econom ic Development *Perfetti van Melle USA *Pregnancy Care Center of SE IN *Purdue Extension N utrition Education Program Ripley County Community Foundation, Inc. *South Dearborn Comm. School Corp. *South Ripley Com

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	munity School Corporation *Southgate Independent School District *SOUTHGATE WILDER EMERGEN CY MEDICAL SERVICE The Center for Great Neighborhoods *U.S. Bank *Welcome House *Williamst own Kiwanis Southgate Fire Department

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - ST. ELIZABETH HEALTHCARE. St. Elizabeth Dearborn St. Elizabeth Edgewood St. Elizabeth Florence St. Elizabeth Ft. Thomas St. Elizabeth Grant

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - ST. ELIZABETH HEALTHCARE - DEARBORN, EDGEWOOD, FLORENCE, FT. THOMAS, GRANT. 2024 Accomplishments towards the 2022-2024 Community Health Needs Assessment Plan: Addressing Social Determinants of Health: - Established new Department of Community Health and Partnerships to bolster our collective efforts in promoting health equity and improving the well-being of underserved populations and communities - Followed up with 263 (100%) of St. Elizabeth Physician patients who identified a food security need - Followed up with 2,887 (100%) of St. Elizabeth Physician patients who received a referral for transportation assistance - Worked with Volunteers of America and Life Learning Center to implement a treatment housing program for pregnant women with SUD and their children - Continued Adopt-A-Class program in Ludlow and Covington that connects associates to be mentors with students from underserved communities - Engaged with schools in our region to connect more students and staff with mental health resources, particularly at Holmes High School; worked with both Boone County, KY and Dearborn County, IN youth mental summits - Achieved Lift-Up reentry goal of 350, bringing total served to date to 1,662 Providing Equitable Access to Care: - Opened clinic at the Emergency Shelter of Northern Kentucky to provide healthcare services to their guests including, urgent care, treatment for various illnesses and infections, as well as on-site testing - Converted over 50% self-pay patients to federal/state coverage - Provided three English and three Spanish education events to minority populations around lung/colon/breast/diabetes screenings - Increased access to virtual health services through two modalities and reimbursement methodologies, including expansion of remote patient monitoring using telemonitoring and telesitting Enhancing/Educating for Health Behaviors: - Hosted 17 education events on the importance of exercise and nutrition to youth in schools - Completed 13 community education events on the dangers of vaping to youth in schools - Offered 16 Freedom From Smoking education sessions Managing/Reducing Chronic Diseases: - Hosted 34 heart-related education events in the community - Performed 10,696 lung screenings - Performed 38,763 breast screenings - Performed 88,468 colon cancer screenings (ages 45-75) - Related to the prior year's Mental Health Summit, established three work groups (Adolescents, Adults, Geriatrics), all with sub-groups, that include various community partners - Decreased percentage of Journey Recovery Center (JRC) patients who reported using alcohol to 21% and illicit drugs to 17% 30 days post treatment

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
1	ST ELIZABETH HEALTHCARE HEART & VASCULAR INSTITUTE 711 Medical Village Drive Edgewood, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
1	ST ELIZABETH HEALTHCARE NKU MEDICAL OFFICE 2626 Alexandria Pike Highland Heights, KY 41076	ORTHOPEDIC
2	ST ELIZABETH HEALTHCARE ENDOSCOPY BUILDING 7370 Turfway Road Florence, KY 41042	MEDICAL OFFICE
3	ST ELIZABETH HEALTHCARE - COVINGTON 1500 James Simpson Jr Way Covington, KY 41011	AMBULATORY CARE CENTER
4	ST ELIZABETH HEALTHCARE ORTHOPEDIC BUILDING 560 South Loop Road Edgewood, KY 41017	ORTHOPEDIC
5	ST ELIZABETH HEALTHCARE HEBRON IMAGING CENTER 2200 Connor Road Hebron, KY 41005	MEDICAL OFFICE / IMAGING
6	ST ELIZABETH HEALTHCARE HOSPICE 483 South Loop Road Edgewood, KY 41017	INPATIENT HOSPICE
7	ST ELIZABETH HEALTHCARE OUTPATIENT SURGERY CENTER 580 South Loop Road Edgewood, KY 41017	AMBULATORY SURGERY CENTER
8	ST ELIZABETH HEALTHCARE CHANCELLOR SURGERY CENTER 2845 Chancellor Drive Crestview Hills, KY 41017	AMBULATORY SURGERY CENTER
9	ST ELIZABETH HEALTHCARE WOMEN'S CENTER 610 Medical Village Drive Edgewood, KY 41017	HEALTH SCREENING
10	ST ELIZABETH HEALTHCARE BUSINESS HEALTH 4123 Olympic Blvd Erlanger, KY 41018	BUSINESS HEALTH SERVICES
11	ST ELIZABETH HEALTHCARE OWENTON MOB 120 Progress Way Owenton, KY 40359	AMBULATORY CARE CENTER
12	ST ELIZABETH HEALTHCARE FAMILY PRACTICE CENTER 900 Medical Village Drive Edgewood, KY 41017	FAMILY MEDICINE
13	ST ELIZABETH HEALTHCARE PHYSICAL THERAPY 741 Centre View Blvd Crestview Hills, KY 41017	PHYSICAL THERAPY
14	ST ELIZABETH HEALTHCARE EDGEWOOD FAMILY PRACTICEINTERNAL MEDICINE 830 Thomas More Parkway Edgewood, KY 41017	MEDICAL OFFICE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
16	ST ELIZABETH HEALTHCARE ALEXANDRIA PHYSICAL THERAPY AND IMAGING CENTER 7200 Alexandria Pike Alexandria, KY 41001	PHYSICAL THERAPY AND IMAGING CENTER
1	ST ELIZABETH HEALTHCARE FLORENCE SPORTS MEDICINE 10095 Investment Way Florence, KY 41042	SPORTS MEDICINE
2	ST ELIZABETH HEALTHCARE VEVAY PRIMARY CAREPHYSICAL THERAPY 1035 W Main Street Vevay, IN 47043	HEART & VASCULAR
3	ST ELIZABETH HEALTHCARE SPECIALTY PHARMACY 850 Thomas More Parkway Edgewood, KY 41017	PHARMACY
4	ST ELIZABETH HEALTHCARE WILDER PHYSICAL THERAPY 106 Crossing Drive Wilder, KY 41076	PHYSICAL THERAPY
5	BLUEGRASS DIALYSIS LLC 1500 James Simpson Jr Way Suite 302 Covington, KY 41011	RENAL DIALYSIS
6	ST ELIZABETH HEALTHCARE INDEPENDENCE DIAGNOSTICS 135 Courthouse Crossing Independence, KY 41051	XRAY/LAB
7	ST ELIZABETH HEALTHCARE GRANT COUNTY PHYSICAL THERAPY 300 Barnes Road Williamstown, KY 41097	PHYSICAL THERAPY
8	ST ELIZABETH HEALTHCARE VERSAILLES PHYSICAL THERAPY 476 W US 50 Versailles, IN 47042	PHYSICAL THERAPY
9	ST ELIZABETH HEALTHCARE NEUROLOGY 2670 Chancellor Drive Suite 100 Crestview Hills, KY 41017	MEDICAL OFFICE
10	ST ELIZABETH HEALTHCARE FLORENCE PHLEBOTOMY LAB 8724 US 42 Florence, KY 41042	DIAGNOSTICS
11	ST ELIZABETH HEALTHCARE CRESTVIEW HILLS PHLEBOTOMY LAB 334 Thomas More Parkway Crestview Hills, KY 41017	DIAGNOSTICS

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Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 84

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 13

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

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

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADOPT A CLASS FOUNDATION	20-2587299	501(c)(3)	20,000				Program Support
ADVENTURE CREW	47-4230979	501(c)(3)	5,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMARILLO JUNIOR COLLEGE DISTRICT	75-6000031	State of Texas	10,000				Program Support
AMERICAN CANCER SOCIETY INC	13-1788491	501(c)(3)	85,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC	13-5613797	501(c)(3)	225,000				Program Support
AMERICAN LUNG ASSOCIATION	13-1632524	501(c)(3)	5,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAS RIVER ROOTS EXPERIENCE	92-1828855	501(c)(3)	20,000				Program Support
BEECHWOOD BOARD OF EDUCATION	61-6001268	501(c)(3)	15,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUE NORTH KY INC	87-0822775	501(C)(3)	250,000				Program Support
BOONE COUNTY BOARD OF EDUCATION	61-6001252	Boone County	40,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOONE COUNTY FISCAL COURT	61-6000718	Boone County	50,000				Program Support
CALVARY CHRISTIAN SCHOOL	61-0507064	501(c)(3)	5,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER SUPPORT COMMUNITY GREATER CINCINNATI-NORTHERN KENTUCKY	31-1287785	501(c)(3)	25,000				Program Support
CATALYTIC DEVELOPMENT FUNDING CORP OF NORTHERN KENTUCKY	26-3389252	501(c)(3)	25,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF COVINGTON	61-0461728	501(c)(3)	15,000				Program Support
CINCINNATI SCHOLARSHIP FOUNDATION	31-0603619	501(c)(3)	10,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CINCINNATI STATE TECHNICAL & COMMUNITY COLLEGE	31-5157043	State of Ohio	30,000				Program Support
CINCINNATI USA REGIONAL CHAMBER	31-0239310	501(c)(6)	20,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMONWEALTH FUND FOR KET INC	61-6001915	City of Ft. Mitchell	10,000				Program Support
COVINGTON BUSINESS COUNCIL	31-0963057	501(c)(6)	8,550				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAYTON INDEPENDENT SCHOOLS	61-6001401	501(c)(3)	95,294				Program Support
DIOCESAN CATHOLIC CHILDRENS HOME INC	61-0463943	501(c)(3)	25,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMERGENCY SHELTER OF NORTHERN KENTUCKY	26-0851019	501(c)(3)	120,000				Program Support
FAITH COMMUNITY PHARMACY INC	61-1378914	501(c)(3)	100,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY NURTURING CENTER OF KENTUCKY INC	31-1011326	501(c)(3)	7,500				Program Support
FORT THOMAS INDEPENDENT SCHOOLS	61-1393646	501(c)(3)	126,500				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREESTORE FOODBANK INC	23-7122205	501(c)(3)	100,000				Program Support
GALEN HEALTH INSTITUTES INC	61-1140524		30,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GAMBLE SPORTS PROPERTIES LLC	27-2508231		38,000				3rd Party Payment to support NKY High School sports programs
GATEWAY COMMUNITY AND TECHNICAL COLLEGE	61-1239550	501(c)(3)	353,390				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GO PANTRY CORPORATION	46-5637704	501(c)(3)	30,000				Program Support
HISPANIC CHAMBER CINCINNATI USA	31-1458839	501(c)(6)	10,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOLLAND FOUNDATION FOR SIGHT RESTORATION INC	84-2983479	501(c)(3)	100,000				Program Support
HOLY CROSS HIGH SCHOOL	62-1577563	501(c)(3)	10,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HONOR RUN FOUNDATION	46-5547770	501(c)(3)	45,000				Program Support
HORIZON COMMUNITY FUNDS OF NORTHERN KY	82-1388190	501(c)(3)	24,400				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IVY TECH FOUNDATION INC	23-7073977	501(c)(3)	10,000				Program Support
JARO OF KY INC	61-0932219		15,000				3rd Party Payment

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTON COUNTY BOARD OF EDUCATION	61-6001301	Kenton County	61,738				Program Support
KENTUCKY CENTER FOR PUBLIC SERVICE	46-3464828	501(c)(3)	15,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY CHAMBER OF COMMERCE	61-0405718	501(c)(6)	15,500				Program Support
KENTUCKY COMMUNITY AND TECHNICAL COLLEGE	61-1351918	501(c)(3)	10,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION	61-0600439	State of Kentucky	1,000,000				Program Support
LAST MILE FOOD RESCUE INC	83-4495745	501(c)(3)	25,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAWRENCEBURG MAIN STREET INC	20-0456048	501(c)(3)	10,000				Program Support
LEADERSHIP KENTUCKY FOUNDATION INC	31-1096215	501(c)(3)	5,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE LEARNING CENTER INC	20-3454261	501(c)(3)	1,196,667				Program Support
LUDLOW BOARD OF EDUCATION	61-6001318	City of Ludlow	10,000				Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES INC	13-1846366	501(c)(3)	7,500				Program Support
MASTER PROVISIONS INC	61-1262540	501(c)(3)	75,000				Program Support

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

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MELANOMA KNOW MORE	26-0505222	501(c)(3)	5,000				Program Support
METROPOLITAN CLUB INC	61-1188518		15,000				3rd Party Payment for awards dinner sponsorship

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

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MILAN COMMUNITY SCHOOL CORPORATION	35-6002642	City of Milan	10,000				Program Support
MISSING ALEXIS LLC	46-3485926	501(c)(3)	6,000				Program Support

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

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NATIONAL UNDERGROUND RAILROAD	31-1436217	501(c)(3)	5,000				Program Support
NEW PERCEPTIONS INC	61-0705047	501(c)(3)	5,000				Program Support

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

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NEWPORT BOARD OF EDUCATION	61-3001336	City of Newport	10,000				Program Support
NORTHERN KENTUCKY AREA DEVELOPMENT	61-0719369	501(c)(3)	115,728				Program Support

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

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NORTHERN KENTUCKY BRANCH NAACP	91-2157483	501(c)(3)	9,000				Program Support
NORTHERN KENTUCKY CHAMBER OF COMMERCE	61-0679408	501(c)(6)	46,024				Program Support

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

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NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION INC	61-0667805	501(c)(3)	5,000				Program Support
NORTHERN KENTUCKY EDUCATION COUNCIL	20-3105862	501(c)(3)	20,000				Program Support

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

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NORTHERN KENTUCKY REGIONAL ALLIANCE INC	31-1489316	501(c)(3)	250,000				Program Support
NORTHERN KENTUCKY SYMPHONY INC	31-1190635	501(c)(3)	10,000				Program Support

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

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NORTHERN KENTUCKY UNIVERSITY	61-1010545	State of Kentucky	1,248,998				Program Support
NORTHERN KENTUCKY YOUTH ATHLETICS INC	46-4119935	501(c)(3)	5,000				Program Support

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

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NORTHERN KY BRANCH NAACPBOWLES CENTER	20-2652162	501(c)(4)	5,000				Program Support
NOTRE DAME ACADEMY INC	26-0710957	501(c)(3)	10,000				Program Support

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NOTRE DAME URBAN EDUCATION CENTER	27-0205323	501(c)(3)	5,000				Program Support
ONE DEARBORN INC	81-5269669	501(c)(3)	5,000				3rd Party Payment for community investment

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

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OVARIAN CANCER ALLIANCE OF GR CINCINNATI	82-3862604	501(c)(3)	7,500				Program Support
PINK RIBBON GOOD INC	32-0020270	501(c)(3)	5,000				Program Support

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

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PREGNANCY CENTER OF NORTHERN KENTUCKY	61-1351706	501(c)(3)	5,000				Program Support
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE	61-1026214	501(c)(3)	5,000				Program Support

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

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REDWOOD SCHOOL & REHABILITATION CTR INC	61-6013702	501(c)(3)	11,000				Program Support
ROMAN CATHOLIC DIOCESE OF COVINGTON	61-0458380	501(c)(3)	732,825				Program Support

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

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SOCIETY OF ST VINCENT DE PAUL COUNCIL OF NORTHERN KENTUCKY INC	32-0350542	501(c)(3)	17,500				Program Support
SPECIAL OLYMPICS KY INC	61-0954571	501(c)(3)	5,000				Program Support

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

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SUPT OF SCHOOLS OF BELLEVUE	61-6001387	City of Bellevue	10,000				Program Support
SWITZERLAND COUNTY SCHOOL CORPORATION	35-2116640	501(c)(3)	26,000				Program Support

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

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TEAL WE FIND A CURE INC	82-5210142	501(c)(3)	5,000				Program Support
THE ABERCRUMBIE GROUP	30-0520187		15,000				3rd Party Payment - DEI program support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CARNEGIE VISUAL AND PERFORMING	61-0897319	501(c)(3)	10,000				Program Support
THE CINCINNATI REDS LLC	31-1002055		57,655				Program Support

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

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THE LABORATORY SAFETY INSTITUTE INC	04-3210285	501(c)(3)	8,000				Program Support
THE NORTHERN KENTUCKY ATHLETIC	61-1038755		40,000				3rd Party Payment - Local High School sports support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THOMAS MORE UNIVERSITY INC	61-0448560	501(c)(3)	1,038,141				Program Support
TRANSITIONS INC	61-0707125	501(c)(3)	35,000				Program Support

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

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TRI-COUNTY ECONOMIC DEVELOPMENT	83-2547630	501(c)(3)	200,000				Program Support
UNIVERSITY OF CINCINNATI	31-6000989	State of Ohio	130,942				Program Support

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

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UNIVERSITY OF KENTUCKY	61-6001218	State of Kentucky	30,000				Program Support
VILLA MADONNA ACADEMY INC	61-0541637	501(c)(3)	25,000				Program Support

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

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VOLUNTEERS OF AMERICA MID-STATES INC	61-0480950	501(c)(3)	200,000				Program Support
WOMEN'S CRISIS CENTER INC	61-0908752	501(c)(3)	20,000				Program Support

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

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XAVIER UNIVERSITY	31-0537516	501(c)(3)	10,000				Program Support
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER CINCINNATI	31-0537178	501(c)(3)	80,900				Program Support

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

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ZOOLOGICAL SOCIETY OF CINCINNATI	31-0537171	501(c)(3)	10,000				Program Support

Additional Data Form 990,Schedule I Part IV - Supplemental Information

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

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Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	COMPANION TRAVEL WAS PROVIDED FOR SPOUSES OF BOARD MEMBERS AT ANNUAL EDUCATIONAL RETREAT FOR SIX (6) BOARD MEMBERS / EXECUTIVES AND WAS TREATED AS FULLY TAXABLE.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	PAYMENT FOR INSURANCE PREMIUMS FOR BRUNO GIACOMUZZI WHO RETIRED IN 2024 WAS GROSSED UP FOR FICA AND TREATED AS FULLY TAXABLE.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	HOUSING ALLOWANCE PAYMENT WAS MADE PER EMPLOYMENT CONTRACT WITH ONE (1) PERSON LISTED.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SARAH GIOLANDO RECEIVED SEVERANCE $142,716 IN 2024.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Certain individuals listed in Part VII participated in a split dollar life insurance plan. Please refer to Schedule L for participants, premiums and outstanding loan amounts.
Schedule J, Part I, Line 7 Non-fixed payments	Persons listed in Part VII received Board-approved bonuses, reported on Schedule J, Part II, Column B(ii). These are nonfixed payments, contingent on performance, subject to Committee discretion, and not guaranteed.

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
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Return Reference	Explanation
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Schedule J, Part I, Line 7 Non-fixed payments	Persons listed in Part VII received Board-approved bonuses, reported on Schedule J, Part II, Column B(ii). These are nonfixed payments, contingent on performance, subject to Committee discretion, and not guaranteed.

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	COMPANION TRAVEL WAS PROVIDED FOR SPOUSES OF BOARD MEMBERS AT ANNUAL EDUCATIONAL RETREAT FOR SIX (6) BOARD MEMBERS / EXECUTIVES AND WAS TREATED AS FULLY TAXABLE.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	PAYMENT FOR INSURANCE PREMIUMS FOR BRUNO GIACOMUZZI WHO RETIRED IN 2024 WAS GROSSED UP FOR FICA AND TREATED AS FULLY TAXABLE.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	HOUSING ALLOWANCE PAYMENT WAS MADE PER EMPLOYMENT CONTRACT WITH ONE (1) PERSON LISTED.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SARAH GIOLANDO RECEIVED SEVERANCE $142,716 IN 2024.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Certain individuals listed in Part VII participated in a split dollar life insurance plan. Please refer to Schedule L for participants, premiums and outstanding loan amounts.
Schedule J, Part I, Line 7 Non-fixed payments	Persons listed in Part VII received Board-approved bonuses, reported on Schedule J, Part II, Column B(ii). These are nonfixed payments, contingent on performance, subject to Committee discretion, and not guaranteed.

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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 Garren Colvin PRESIDENT/CEO	(i)	1,306,811	309,649	41,390	19,800	32,322	1,709,972	0
	(ii)	0	0	0	0	0	0	0
1 Donald Price MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	372,286	61,459	25,622	19,800	39,746	518,913	0
2 Lisa Frey EXECUTIVE VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	(i)	527,564	146,797	30,596	19,800	16,905	741,662	0
	(ii)	0	0	0	0	0	0	0
3 Vera Hall EXECUTIVE VICE PRESIDENT & COO	(i)	473,799	44,359	28,990	19,800	4,198	571,146	0
	(ii)	0	0	0	0	0	0	0
4 Lori Ritchey-Baldwin EXECUTIVE VP/CFO/TREASURER	(i)	568,122	221,009	37,158	19,800	32,490	878,579	0
	(ii)	0	0	0	0	0	0	0
5 Jacob Bast SEP SENIOR VP/COO	(i)	445,587	145,543	3,191	19,800	37,910	652,031	0
	(ii)	0	0	0	0	0	0	0
6 Latonya Brown-Puryear MD VP CHIEF QUALITY OFFICER	(i)	381,866	0	24,268	19,800	26,716	452,650	0
	(ii)	35,150	47,388	1,863	0	2,489	86,890	0
7 Kevin Gessner SVP SITE ADMINISTRATOR FTT COV & HVI	(i)	153,587	131,475	23,943	19,800	28,313	357,118	0
	(ii)	0	0	0	0	0	0	0
8 Bruno Giacomuzzi COO FLO FT COV & SVP PROF SVCS	(i)	125,242	146,300	8,960	19,800	15,565	315,867	0
	(ii)	0	0	0	0	0	0	0
9 Sarah Giolando SVP/CHIEF STRATEGY OFFICER THRU 11/21/2024	(i)	345,896	116,283	172,062	19,800	37,038	691,079	0
	(ii)	0	0	0	0	0	0	0
10 Bruce Henley SEP CFO/TREASURER	(i)	312,068	24,921	31,877	19,800	31,003	419,669	0
	(ii)	0	0	0	0	0	0	0
11 James Horn MD EXECUTIVE VP & CHIEF CLINICAL OFFICER	(i)	384,797	121,673	27,644	19,800	37,300	591,214	0
	(ii)	0	0	0	0	0	0	0
12 Kathy Jennings SVP PATIENT CARE/ONCOLOGY	(i)	233,794	43,249	27,557	18,669	25,167	348,436	0
	(ii)	0	0	0	0	0	0	0
13 LaRoy Kendall MD SENIOR VP CHIEF MEDICAL OFFICER	(i)	432,741	111,428	30,087	19,800	23,481	617,537	0
	(ii)	0	0	0	0	0	0	0
14 Julie McGregor SENIOR VP HUMAN RESOURCES	(i)	450,352	138,049	39,876	19,800	39,606	687,683	0
	(ii)	0	0	0	0	0	0	0
15 Heidi Murley MD SEP PRESIDENT/CEO	(i)	576,278	221,272	7,668	19,800	42,965	867,983	0
	(ii)	0	0	0	0	0	0	0
16 Harry Watson SENIOR VP FACILITIES	(i)	164,231	84,027	5,564	19,800	1,442	275,064	0
	(ii)	0	0	0	0	0	0	0
17 Gene Barber SENIOR VP FACILITIES	(i)	310,135	100,000	59,458	0	15,647	485,240	0
	(ii)	0	0	0	0	0	0	0
18 Mario Castillo-Sang MD PHYSICIAN	(i)	1,153,680	132,012	26,270	19,800	5,213	1,336,975	0
	(ii)	0	0	0	0	0	0	0
19 Saadeddine Dughman MD PHYSICIAN	(i)	961,826	68,556	26,984	19,800	3,288	1,080,454	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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 Mark Jordan PHYSICIAN	(i)	982,302	65,356	26,822	19,800	40,399	1,134,679	0
	(ii)	0	0	0	0	0	0	0
1 Saeb Khoury MD PHYSICIAN	(i)	954,674	69,583	44,376	19,800	39,249	1,127,682	0
	(ii)	0	0	0	0	0	0	0
2 Stephen Schutzman MD PHYSICIAN	(i)	1,018,044	65,356	27,890	19,800	40,746	1,171,836	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	52-1643102		12-09-2009	38,150,000	PARTIAL REFUNDING OF BONDS ISSUED 6/11/03		X		X		X
B	KENTUCKY BOND DEVELOPMENT CORPORATION	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X
C	KENTUCKY BOND DEVELOPMENT CORPORATION	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X
D	KENTUCKY BOND DEVELOPMENT CORPORATION	47-2650498	491210AW0	05-12-2016	98,494,028	ADVANCE REFUNDING OF SERIES 2009A BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	20,225,000	11,675,000	9,600,000	22,675,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	38,150,000	50,716,101	50,015,016	101,059,194
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	360,000	245,000	222,000	1,123,044
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	50,471,101	49,793,016	0
11	Other spent proceeds	37,790,000	0	0	99,936,150
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2003	2018	2018	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X	X		X			X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.94 %		0.53 %		0.69 %		1.11 %
6	Total of lines 4 and 5		0.94 %		0.53 %		0.69 %		1.11 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		0 %		0 %		0 %		0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X	X	
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider					PNC Bank National Association			
c	Term of hedge		0 %		0 %		3000 %		0 %
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 %		0 %		0 %		0 %
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	SERIES 2015A - DIFFERENCE BETWEEN ISSUE PRICE (ISSUE DATE 12/30/2015) IN PART I, LINE B, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, COLUMN B, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. SERIES 2015B - DIFFERENCE BETWEEN ISSUE PRICE (ISSUE DATE 12/30/2015) IN PART I, LINE C, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, COLUMN C, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. SERIES 2016 - DIFFERENCE BETWEEN ISSUE PRICE (ISSUE DATE 5/12/2016) IN PART I, LINE D, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, COLUMN D, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. SERIES 2019A - DIFFERENCE BETWEEN ISSUE PRICE (ISSUE DATE 06/26/2019) IN PART I, LINE A, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, COLUMN A, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. SERIES 2021A - DIFFERENCE BETWEEN ISSUE PRICE (ISSUE DATE 10/20/2021) IN PART I, LINE A, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, COLUMN A, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.

Return Reference	Explanation
Schedule K, Part IV, Line 2c DATE REBATE COMPUTATION PERFORMED	COLUMN A - SERIES 2009 (ISSUE DATE 12/09/2009) - JUNE 4, 2014 COLUMN B - SERIES 2015A (ISSUE DATE 12/30/2015) - FEBRUARY 11, 2021 COLUMN C - SERIES 2015B (ISSUE DATE 12/30/2015) - FEBRUARY 11, 2021 COLUMN D - SERIES 2016 (ISSUE DATE 05/12/2016) - THE SERIES 2016 BONDS WERE AN ADVANCE REFUNDING WITH AN ESCROW YIELD THAT WAS BELOW THE SERIES 2016 BOND YIELD. THEREFORE, A REBATE COMPUTATION WAS NOT REQUIRED. COLUMN A - SERIES 2019A (ISSUE DATE 6/26/2019) - 7/5/2024

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

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: KENTUCKY BOND DEVELOPMENT CORPORATION The calculation for computing no rebate due was performed on 02/11/2021

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: KENTUCKY BOND DEVELOPMENT CORPORATION The calculation for computing no rebate due was performed on 02/11/2021

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: KENTUCKY BOND DEVELOPMENT CORPORATION The calculation for computing no rebate due was performed on 07/05/2024

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Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KENTUCKY BOND DEVELOPMENT CORPORATION	47-2650498		06-26-2019	75,000,000	RENOVATIONS TO HOSPITAL		X		X		X
B	NATIONAL FINANCE AUTHORITY	52-1304598	63609WAP7	10-20-2021	57,508,798	RENOVATIONS TO HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,277,376	700,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	75,414,457	57,953,078		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	560,800	507,417		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	74,853,657	57,445,661		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2020	2024		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.85 %		0.88 %				
6	Total of lines 4 and 5		0.85 %		0.88 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		0 %		0 %				
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X		X				
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	Fifth Third Bank Risk Solutions							
c	Term of hedge	3000 %		0 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC	0 %		0 %					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990) (Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
See Additional Data Table												
Total					$	23,453,917						

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) CHRIS RITCHEY	SON OF OFFICER LORI RITCHEY-BALDWIN	44,243	WAGES		No

Part V Supplemental Information

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

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

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) GARREN COLVIN	PRESIDENT/CEO	To fund split dollar life Insurance premiums for supplemental life insurance		X	7,198,848	7,719,450		No	Yes		Yes	
(1) LORI RITCHEY-BALDWIN	EXECUTIVE VP/CFO/TREASURER	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,396,061	1,491,146		No	Yes		Yes	
(2) HEIDI MURLEY	SEP PRESIDENT/CEO	To fund split dollar life Insurance premiums for supplemental life insurance		X	270,788	284,209		No	Yes		Yes	
(3) LISA FREY	EXECUTIVE VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	To fund split dollar life Insurance premiums for supplemental life insurance		X	927,818	984,194		No	Yes		Yes	
(4) SARAH GIOLANDO	SVP/CHIEF STRATEGY OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,439,417	1,538,274		No	Yes		Yes	
(5) JULIE MCGREGOR	SENIOR VP HUMAN RESOURCES	To fund split dollar life Insurance premiums for supplemental life insurance		X	128,685	135,495		No	Yes		Yes	
(6) JACOB BAST	SEP COO	To fund split dollar life Insurance premiums for supplemental life insurance		X	705,136	758,574		No	Yes		Yes	
(7) VERA HALL	EXECUTIVE VICE PRESIDENT & COO	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,194,982	1,264,811		No	Yes		Yes	
(8) JAMES HORN	EXECUTIVE VP & CHIEF CLINICAL OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,098,031	1,161,951		No	Yes		Yes	
(9) BRUCE HENLEY	SEP CFO	To fund split dollar life Insurance premiums for supplemental life insurance		X	1,363,660	1,454,840		No	Yes		Yes	
(10) KEVIN GESSNER	SVP SITE ADMINISTRATOR FTT COV & HVI	To fund split dollar life Insurance premiums for supplemental life insurance		X	302,189	308,674		No	Yes		Yes	
(11) KATHY JENNINGS	SVP PATIENT CARE/ONCOLOGY	To fund split dollar life Insurance premiums for supplemental life insurance		X	538,573	571,253		No	Yes		Yes	
(12) BRUNO GIACOMUZZI	COO FLO FT COV & SVP PROF SVCS	To fund split dollar life Insurance premiums for supplemental life insurance		X	952,508	1,021,217		No	Yes		Yes	
(13) HARRY WATSON	SENIOR VP FACILITIES	To fund split dollar life Insurance premiums for supplemental life insurance		X	646,538	688,656		No	Yes		Yes	
(14) GARY BLANK	FORMER VP & COO	To fund split dollar life Insurance premiums for supplemental life insurance		X	2,844,952	3,036,491		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(16) LAROY KENDALL	SENIOR VP CHIEF MEDICAL OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	783,778	835,380		No	Yes		Yes	
(1) LATONYA BROWN-PURYEAR	VP CHIEF QUALITY OFFICER	To fund split dollar life Insurance premiums for supplemental life insurance		X	189,498	199,302		No	Yes		Yes	

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art		1	300	Cost
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,500	Cost
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded		3	19,102	Market value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial		1	3,300,000	Market value
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Food/Prizes)	X	46	11,655	Cost
26	Other ▶ (Signage)	X	2	3,239	Cost
27	Other ▶ (Jewelry)	X	1	65	Cost
28	Other ▶ (Decorations)	X	1	5,000	Cost

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

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

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Food/Prizes - Contributions Other - Signage - Contributions Clothing and household goods - Contributions Other - Jewelry - Contributions Art - Works of art - Contributions Securities - Publicly traded - Contributions Other - Decorations - Contributions Real estate - Commercial - Items received

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	OTHER KEY EXECUTIVES ARE REVIEWED AND THE CHIEF EXECUTIVE OFFICER MAKES RECOMMENDATIONS FOR THEIR COMPENSATION TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE THEN EVALUATES AND APPROVES THE COMPENSATION FOR THE OTHER KEY EXECUTIVES. FOR BOTH THE CHIEF EXECUTIVE OFFICER AND OTHER KEY EXECUTIVES, THE PROCESS INCLUDES 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 2024.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Compensation of Key Employees	All key employees have been evaluated and only those meeting the definition of key employees were included on Part VII for calendar year 2024.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	CONTRACT LABOR - Total Expense: 41439699, Program Service Expense: 37984935, Management an d General Expenses: 3454764, Fundraising Expenses: 0; AMBULANCE SERVICE - Total Expense: 1 540005, Program Service Expense: 1539775, Management and General Expenses: 230, Fundraisin g Expenses: 0; ANESTHESIOLOGY SERVICE - Total Expense: 16762549, Program Service Expense: 16762549, Management and General Expenses: 0, Fundraising Expenses: 0; LABORATORY SERVICES - Total Expense: 1324717, Program Service Expense: 1324717, Management and General Expens es: 0, Fundraising Expenses: 0; LAUNDRY EXPENSE - Total Expense: 3759248, Program Service Expense: 241165, Management and General Expenses: 3518083, Fundraising Expenses: 0; PERFUS ION SERVICES - Total Expense: 1984879, Program Service Expense: 1984879, Management and Ge neral Expenses: 0, Fundraising Expenses: 0; RADIATION SERVICES - Total Expense: 1722862, P rogram Service Expense: 1722862, Management and General Expenses: 0, Fundraising Expenses: 0; PHYSICIAN FEES - Total Expense: 17921972, Program Service Expense: 12275861, Managemen t and General Expenses: 5646111, Fundraising Expenses: 0; CONSULTING SERVICE - Total Expen se: 8721142, Program Service Expense: 1402732, Management and General Expenses: 7318410, F undraising Expenses: ; COLLECTION SERVICE - Total Expense: 1016851, Program Service Expens e: 0, Management and General Expenses: 1016851, Fundraising Expenses: 0; OTHER FEES - Tota l Expense: 300218, Program Service Expense: 1932, Management and General Expenses: 298256, Fundraising Expenses: 30; PURCHASED SERVICES - Total Expense: 42242283, Program Service E xpense: 17009607, Management and General Expenses: 25232676, Fundraising Expenses: 0; ORGA NIZATIONAL DEVELOP SERVICES - Total Expense: 72859, Program Service Expense: 0, Management and General Expenses: 72859, Fundraising Expenses: 0; HRIP-UPL KHREF FEES - Total Expense : 2034635, Program Service Expense: 0, Management and General Expenses: 2034635, Fundraisi ng Expenses: 0; JANITORIAL SERVICES - Total Expense: 1187690, Program Service Expense: 321 059, Management and General Expenses: 866631, Fundraising Expenses: 0; RESEARCH - Total Ex pense: 162322, Program Service Expense: 162322, Management and General Expenses: 0, Fundra ising Expenses: 0; PEST CONTROL - Total Expense: 45006, Program Service Expense: 16806, Ma nagement and General Expenses: 28200, Fundraising Expenses: 0; OUTSOURCING SERVICES - Tota l Expense: 17390, Program Service Expense: 17390, Management and General Expenses: 0, Fund raising Expenses: 0; FIRE LIFE SAFETY SECURITY - Total Expense: 60285, Program Service Exp ense: 16825, Management and General Expenses: 43460, Fundraising Expenses: 0; INTERCOMPANY - Total Expense: 221608121, Program Service Expense: 24604719, Management and General Exp enses: 197003402, Fundraising Expenses: 0; NON-PHYSICIAN SERVICES - Total Expense: 646, Pr ogram Service Expense: 646, Management and General Expenses: 0, Fundraising Expenses: 0; R ADIOLOGY SERVICES - Total Expe

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	nse: 179, Program Service Expense: 179, Management and General Expenses: 0, Fundraising Ex penses: 0; DATA PROCESSING SERVICES - Total Expense: 3916, Program Service Expense: 3216, Management and General Expenses: 700, Fundraising Expenses: 0; RECRUITMENT EXPENSE - Total Expense: 821722, Program Service Expense: 38859, Management and General Expenses: 782665, Fundraising Expenses: 198; PLP LABORATORY SERVICES - Total Expense: 15196520, Program Ser vice Expense: 15196520, Management and General Expenses: , Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN FMV OF INTEREST RATE SWAP - 3524820; CONTRIBUTION - WRITE OFF/ADJUST - -63056; NET ASSET RELEASED FROM RESTRICTIONS - PPE - 106817; MINIMUM PENSION LIABILITY ADJ - 41348816; TRANSFERS DUE TO/FROM AFFILIATES - -20105286; CHANGE TO INVESTMENT IN AMSURG - -204906; NET ASSET RELEASED FROM RESTRICTIONS - BDF - 6781850; PENSION SETTLEMENT DUE TO PLAN ANNUITIZATION - -99114338; APPLICATION OF FAS 158 - 29900895; Total - -37824388;

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST ELIZABETH PHYSICIAN SERVICES 334 THOMAS MORE PARKWAY STE 200 CRESTVIEW HILLS, KY 41017 61-1339639	PHYSICIAN MANAGEMENT SERVICES	KY	0	3,558,922	ST ELIZABETH MEDICAL CENTER INC
(2) SEH Holdings Inc 1 Medical Village Dr Edgewood, KY 41017 83-0817636	Holding Company	KY	116,777	-1,732,682	St Elizabeth Medical Center Inc
(3) Next Daybreak Inc 1 Medical Village Dr Edgewood, KY 41017 83-2843631	Physician Management Services	KY	0	-875,432	St Elizabeth Medical Center Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)SUMMIT MEDICAL GROUP INC 1360 Dolwick Drive Suite 200 Erlanger, KY 41018 61-1300608	PHYSICIAN PRACTICE	KY	501(c)(3)	3	ST ELIZABETH MEDICAL CENTER INC	Yes	
(2) Healthcare Advocates of Northern Kentucky 1 Medical Village Drive Edgewood, KY 41017 83-2875231	Advance Healthcare quality and availability in Northern KY	KY	501(c)(4)		St Elizabeth Medical Center Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Health Care Solutions Network LLC 619 Oak Street Cincinnati, OH 45206 47-2103334	PHO	OH	HSN	Related	410,560	970,837		No		Yes		90.29 %
(2) Bioskills Lab LLC 4123 Olympic Blvd Erlanger, KY 41018 32-0571870	Bioskills Lab	KY	SEMC	Related	0	0		No		Yes		65 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) St Elizabeth Provider Network Inc 1 Medical Village Dr Edgewood, KY 41017 47-2862438	Physician-Hospital Org.	KY	St Elizabeth Medical Center Inc	C Corporation	7,358,621	1,701,679	100 %	Yes	
(2) Charitable Remainder Trust (3) 1 Medical Village Drive Edgewood, KY 41017	Trust	KY		Trust					

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

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

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

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID: 24020961
Software Version: 2024v5.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUMMIT MEDICAL GROUP INC	R	193,031,738	COST
SUMMIT MEDICAL GROUP INC	O	65,082,285	COST
SUMMIT MEDICAL GROUP INC	K	225,484	COST
SUMMIT MEDICAL GROUP INC	M	2,678,479	COST
ST ELIZABETH PROVIDER NETWORK	L	6,569,799	COST
HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY INC	B	173,025	COST
SUMMIT MEDICAL GROUP INC	J	9,679,469	COST
SUMMIT MEDICAL GROUP INC	Q	75,060	COST
SUMMIT MEDICAL GROUP INC	L	7,460,705	COST