

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form header section containing organization details: ST. ELIZABETH MEDICAL CENTER, INC., EIN 61-0445850, and tax-exempt status 501(c)(3).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 1,922,662,621), expenses (Total: 1,809,081,056), and net assets (Total: 2,312,754,704).

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.

Signature block containing officer signature (LORI RITCHEY-BALDWIN, CFO) and preparer information (KIM SCIFRES, CROWE LLP).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 \$ 1,102,380,803 including grants of \$ 10,022,846) (Revenue \$ 1,903,156,677)
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 \$71 MILLION IN UNCOMPENSATED CARE AND BENEFIT TO THE COMMUNITY IN 2023.
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.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,102,380,803

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	✓	
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>	✓	
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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	✓	

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>			Yes	No
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 9,887		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		<input checked="" type="checkbox"/>	
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)?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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?			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
16b		<input checked="" type="checkbox"/>	

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 Forms 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 on Schedule O)
- 19** Describe on 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, and 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			
(1) GARREN COLVIN PRESIDENT/CEO	50.0 5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,378,100	0	49,046
(2) MARIO CASTILLO-SANG, MD PHYSICIAN	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,203,639	0	23,695
(3) STEPHEN SCHUTZMAN, MD PHYSICIAN	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,160,795	0	57,624
(4) THOMAS CARRIGAN, MD PHYSICIAN	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,135,612	0	45,578
(5) SAEB KHOURY, MD PHYSICIAN	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,112,758	0	56,760
(6) MOHAMAD SINNO, MD PHYSICIAN	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,071,321	0	57,360
(7) LORI RITCHEY-BALDWIN EXECUTIVE VICE PRESIDENT/CFO/TREASURER	50.0 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	849,058	0	49,646
(8) GARY BLANK EXECUTIVE VP & COO	50.0 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	791,131	0	49,646
(9) HEIDI MURLEY, MD SEP PRESIDENT/CEO	25.0 25.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	701,763	0	60,858
(10) LISA FREY EXECUTIVE VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	50.0 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	632,591	0	34,822
(11) CURTIS DORSCH, MD TRUSTEE/PHYSICIAN/SEP CHAIR	4.0 50.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	562,363	54,714
(12) JACOB BAST SEP COO/SECRETARY	15.0 35.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	559,592	0	52,759
(13) SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	545,056	0	54,371
(14) JULIE MCGREGOR SVP HUMAN RESOURCES	50.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	525,474	0	56,257

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			
(15) LAROY KENDALL, MD SVP MEDICAL SERVICES, CMO	50.0 4.0				✓			535,469	0	43,974
(16) JAMES HORN, MD EXECUTIVE VP	50.0 0.0				✓			520,686	0	54,398
(17) BRUNO GIACOMUZZI COO FLO FT COV & SVP PROF SVCS	50.0 0.0				✓			501,348	0	56,748
(18) LATONYA BROWN-PURYEAR, MD PHYSICIAN/TRUSTEE	4.0 50.0	✓						0	441,929	56,823
(19) BRUCE HENLEY SEP CFO/TREASURER	15.0 35.0							387,763	0	47,895
(20) VERA HALL EXECUTIVE VP	50.0 0.0				✓			401,437	0	21,836
(21) KEVIN GESSNER SVP SITE AMDINISTRATOR FTT COV & HVI	50.0 0.0				✓			391,934	0	28,849
(22) HARRY WATSON SR. VP FACILITIES	50.0 0.0				✓			375,344	0	22,892
(23) KATHY LYNN JENNINGS SVP PATIENT CARE/ONCOLOGY	50.0 0.0				✓			310,338	0	42,405
(24) CHRISTOPHER G. CARLE FORMER PRESIDENT/CEO SEPN, COO - DEARBORN	0.0 0.0						✓	161,097	0	18,300
(25) (SEE STATEMENT)										
1b Subtotal								15,252,303	1,004,292	1,097,259
c Total from continuation sheets to Part VII, Section A								222,660	0	0
d Total (add lines 1b and 1c)								15,474,963	1,004,292	1,097,259

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 1,319

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

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
MESSER CONSTRUCTION CO, 88718 EXPEDITE WAY, CHICAGO, IL 60695	CONSTRUCTION SERVICES	41,851,731
QUALIVIS LLC, 5930 CORNERSTONE CT W SUITE 30, SAN DIEGO, CA 92121	MEDICAL SERVICES	31,334,091
SKANSKA USA BUILDING INC, 389 INTERPACE PKWY, SUITE 5, PARSIPPANY, NJ 07054-1132	CONSTRUCTION SERVICES	23,708,678
SEVEN HILLS ANESTHESIA LLC, 10191 EVENDALE COMMONS DR, CINCINNATI, OH 45241	MEDICAL SERVICES	14,878,046
EPIC SYSTEMS CORPORATION, PO BOX 88314, MILWAUKEE, WI 52388-0314	COMPUTER SERVICES	12,178,408
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	219	

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						
	1b	Membership dues						
	1c	Fundraising events		21,149				
	1d	Related organizations						
	1e	Government grants (contributions)		5,285,871				
	1f	All other contributions, gifts, grants, and similar amounts not included above		1,851,375				
	1g	Noncash contributions included in lines 1a-1f	\$	217,653				
	1h	Total. Add lines 1a-1f		7,158,395				
	Program Service Revenue			Business Code				
2a		NET PATIENT REVENUE	622110	1,604,023,816	1,604,023,816			
2b		OTHER RELATED REVENUE	900099	87,016,856	87,016,856			
2c		PHARMACY	456110	99,788,332	99,653,008	135,324		
2d		LABORATORY	621511	112,737,196	112,462,997	274,199		
2e								
2f		All other program service revenue		0	0	0		
2g	Total. Add lines 2a-2f		1,903,566,200					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,717,757		75,321	4,642,436	
	4	Income from investment of tax-exempt bond proceeds		253,811			253,811	
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
				3,957,033				
	6b	Less: rental expenses		3,735,473				
	6c	Rental income or (loss)		221,560	0			
	6d	Net rental income or (loss)		221,560			221,560	
	7a	Gross amount from sales of assets other than inventory	(i) Securities		380,438,870	2,124,191		
			(ii) Other					
				378,484,830	3,873,159			
	7b	Less: cost or other basis and sales expenses		1,954,040	(1,748,968)			
	7c	Gain or (loss)		205,072			205,072	
	7d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 21,149 of contributions reported on line 1c). See Part IV, line 18	8a	467,579				
	8b	Less: direct expenses	8b	352,337				
8c	Net income or (loss) from fundraising events		115,242			115,242		
9a	Gross income from gaming activities. See Part IV, line 19	9a	3,388					
9b	Less: direct expenses	9b	0					
9c	Net income or (loss) from gaming activities		3,388			3,388		
10a	Gross sales of inventory, less returns and allowances							
10b	Less: cost of goods sold	10b						
10c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
	11a	CAFETERIA	722310	4,395,280		4,395,280		
	11b	GIFT SHOP	900099	1,932,656		1,932,656		
	11c	VENDING	445123	93,260		93,260		
	11d	All other revenue		0	0	0		
11e	Total. Add lines 11a-11d		6,421,196					
12	Total revenue. See instructions		1,922,662,621	1,903,156,677	484,844	11,862,705		

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	10,022,846	10,022,846		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,187,161	6,715,745	2,453,947	17,469
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	300,374	300,374		
7	Other salaries and wages	596,928,628	441,434,180	154,395,368	1,099,080
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,073,545	24,858,644	10,153,223	61,678
9	Other employee benefits	75,980,047	55,528,451	20,302,189	149,407
10	Payroll taxes	41,062,521	31,120,462	9,862,164	79,895
11	Fees for services (nonemployees):				
a	Management				
b	Legal	986,760	0	986,760	0
c	Accounting	531,472	12,820	518,652	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	65,000			65,000
f	Investment management fees	8,531,698	0	8,531,698	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	363,425,555	126,799,559	236,269,149	356,847
12	Advertising and promotion	18,712,996	718,152	17,696,611	298,233
13	Office expenses	10,214,858	3,427,255	6,673,221	114,382
14	Information technology	26,390,371	2,031,369	24,274,914	84,088
15	Royalties				
16	Occupancy	21,174,092	1,275,724	19,898,368	0
17	Travel	830,776	465,350	349,711	15,715
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,147,056	630,986	2,334,394	181,676
20	Interest	10,445,623	103,675	10,341,948	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,720,587	0	87,720,587	0
23	Insurance	4,067,109	1,301	4,065,808	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>MEDICAL SUPPLIES</u>	384,895,261	376,103,039	8,830,998	(38,776)
b	<u>PROVIDER TAX</u>	57,709,569	0	57,709,569	0
c	<u>GENERAL SUPPLIES</u>	32,234,767	19,582,953	12,486,828	164,986
d	<u>DUES AND MEMBERSHIPS</u>	2,596,813	1,049,737	1,508,555	38,521
e	All other expenses	6,845,571	198,181	6,557,178	90,212
25	Total functional expenses. Add lines 1 through 24e	1,809,081,056	1,102,380,803	703,921,840	2,778,413
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,558,922	1	3,558,922
	2 Savings and temporary cash investments	137,243,732	2	162,652,668
	3 Pledges and grants receivable, net	11,036,694	3	6,098,062
	4 Accounts receivable, net	144,221,253	4	155,272,876
	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	17,039,890	5	18,153,063
	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	38,407,016	7	49,241,591
	8 Inventories for sale or use	47,798,927	8	50,735,361
	9 Prepaid expenses and deferred charges	13,815,573	9	12,845,400
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,537,187,174		
	b Less: accumulated depreciation	10b 751,273,604	10c	785,913,570
	11 Investments—publicly traded securities	562,264,722	11	625,189,716
	12 Investments—other securities. See Part IV, line 11	908,555,557	12	999,475,385
	13 Investments—program-related. See Part IV, line 11	38,587,780	13	32,684,954
	14 Intangible assets	8,939,499	14	8,511,131
	15 Other assets. See Part IV, line 11	187,848,530	15	266,648,854
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,859,763,977	16	3,176,981,553	
Liabilities	17 Accounts payable and accrued expenses	255,967,537	17	288,666,975
	18 Grants payable		18	
	19 Deferred revenue	1,823,608	19	725,191
	20 Tax-exempt bond liabilities	353,405,493	20	342,576,953
	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	246,358,778	25	232,257,730
	26 Total liabilities. Add lines 17 through 25	857,555,416	26	864,226,849
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,965,425,313	27	2,274,692,221
	28 Net assets with donor restrictions	36,783,248	28	38,062,483
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	2,002,208,561	32	2,312,754,704
33 Total liabilities and net assets/fund balances	2,859,763,977	33	3,176,981,553	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,922,662,621
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,809,081,056
3	Revenue less expenses. Subtract line 2 from line 1	3	113,581,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,002,208,561
5	Net unrealized gains (losses) on investments	5	115,199,793
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 on Schedule O)	9	30,381,203
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,261,371,122

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on 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?	✓	
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 on Schedule O and describe any steps taken to undergo such audits .	✓	

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 (Check all that apply)						(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			
(25) JAMES PARSONS ----- FORMER SVP HUMAN RESOURCES	0.0 ----- 0.0						✓	120,977	0	0
(26) BRIAN ROBINSON ----- VICE CHAIRMAN	4.0 ----- 0.0	✓						31,290	0	0
(27) KRISTI NELSON ----- TRUSTEE	4.0 ----- 0.0	✓						29,162	0	0
(28) ROGER PETERMAN ----- TRUSTEE	4.0 ----- 0.0	✓						23,425	0	0
(29) MARSHA CROXTON ----- TRUSTEE	4.0 ----- 0.0	✓						4,659	0	0
(30) JOE KOESTER ----- TRUSTEE	4.0 ----- 0.0	✓						2,494	0	0
(31) DEBBIE SIMPSON ----- CHAIR OF BOARD	4.0 ----- 0.0	✓						2,336	0	0
(32) MICHAEL JONES ----- TRUSTEE	4.0 ----- 0.0	✓						2,222	0	0
(33) KRIS KNOCHELMANN ----- TRUSTEE	4.0 ----- 0.0	✓						2,173	0	0
(34) JEANNE SCHROER ----- TRUSTEE	4.0 ----- 0.0	✓						1,970	0	0
(35) ROBERT MOORHEAD ----- TRUSTEE	4.0 ----- 0.0	✓						1,952	0	0
(36) AJ SCHAEFFER ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0
(37) BOB STEVENS ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0
(38) JACKIE SWEENEY ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0
(39) JASON JACKMAN ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0
(40) JOHN HAWKINS ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0
(41) MARSHA LADENBURGER ----- TRUSTEE	4.0 ----- 0.0	✓						0	0	0

**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

2023

**Open to Public
Inspection**

Name of the organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 61-0445850
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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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,475,982	66,333,643	33,852,804	9,922,809	7,158,395	126,743,633
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	9,475,982	66,333,643	33,852,804	9,922,809	7,158,395	126,743,633
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						126,743,633

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9,475,982	66,333,643	33,852,804	9,922,809	7,158,395	126,743,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,611,449	27,992,605	29,581,356	41,763,192	51,369,348	177,317,950
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,839,394	4,322,793	4,728,419	5,053,831	9,433,661	25,378,098
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,949,802	9,218,923	4,914,260	5,586,967	6,421,197	32,091,149
11 Total support. Add lines 7 through 10						361,530,830
12 Gross receipts from related activities, etc. (see instructions)					12	7,750,533,355
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	35.06 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	38.77 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2023. 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—2022. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) CAFETERIA	4,146,531	3,151,375	3,489,197	3,889,805	4,395,281	19,072,189
	(2) GIFT SHOP	1,630,769	1,246,843	1,370,321	1,628,987	1,932,656	7,809,576
	(3) VENDING	172,502	58,860	54,742	68,175	93,260	447,539
	(4) MISCELLANEOUS	0	4,761,845	0	0	0	4,761,845
	Total	5,949,802	9,218,923	4,914,260	5,586,967	6,421,197	32,091,149

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization ST. ELIZABETH MEDICAL CENTER, INC.

Employer identification number 61-0445850

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 61-0445850
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,005,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 357,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 199,642	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 61-0445850
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
5	STOCKS ----- ----- -----	\$ 199,642	09/21/2023 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 61-0445850
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 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 (grassroots 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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		104,119
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		37,707
j Total. Add lines 1c through 1i			141,826
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
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 campaign activity 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 expenditures 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.

SEE NEXT PAGE

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 - Identifier	Explanation
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 MORE TIMELY IN RESPONDING IF ISSUES ARISE.
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 2023. THE AMOUNT IS \$9,650. ST. ELIZABETH HEALTHCARE ALSO ENLISTED THE ASSISTANCE OF LOBBYING CONSULTANTS IN 2023. THE AMOUNT PAID TO THESE CONSULTANTS IS \$90,250. ST. ELIZABETH HEALTHCARE ALSO PAID \$4,219 IN SPONSORSHIP DOLLARS.
SCHEDULE C, PART II-B, LINE 1J - OTHER ACTIVITIES	THE PORTION OF THE KENTUCKY HOSPITAL ASSOCIATION DUES AND SPONSORSHIP THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES IS \$37,707.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows for reporting on art and historical treasures, including revenue and asset amounts.

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 make 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 program
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,249,495		24,249,495
b Buildings		873,803,427	378,862,071	494,941,356
c Leasehold improvements		18,974,044	12,591,675	6,382,369
d Equipment		512,314,849	359,684,919	152,629,930
e Other		107,845,359	134,939	107,710,420
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				785,913,570

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUND	12,341,214	END OF YEAR MARKET VALUE
(B) HEDGE FUND OF FUNDS	82,142,933	END OF YEAR MARKET VALUE
(C) EMERGING MARKET FUND	52,635,971	END OF YEAR MARKET VALUE
(D) COMMINGLED FUNDS	372,627,771	END OF YEAR MARKET VALUE
(E) INFRASTRUCTURE FUNDS	135,640,843	END OF YEAR MARKET VALUE
(F) PRIVATE DEBT	55,787,925	END OF YEAR MARKET VALUE
(G) PUTWRITE FUND/DEFENSIVE EQUITY FUND	92,569,439	END OF YEAR MARKET VALUE
(H) (SEE STATEMENT)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	999,475,385	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS - INDIGENT RECEIVABLES	46,229,708
(2) OTHER ASSETS - NET RIGHT OF USE OPERATING LEASE ASSETS	80,064,222
(3) 457(B) PARTICIPANTS ACCOUNTS	59,356,442
(4) INVESTMENT - CCRC	4,724,193
(5) INVESTMENT - B/FMP LAND CO	4,300,000
(6) OTHER ASSETS - BENEFICIAL INTEREST IN CHARITABLE TRUST	130,692
(7) OTHER ASSETS - PROFESSIONAL INSURANCE RECEIVABLE	4,555,806
(8) OTHER ASSETS - WORKERS' COMP. INSURANCE RECEIVABLE	2,001,919
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	266,648,854

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	
(2) MEDICARE PAYABLE	10,652,171
(3) MEDICAID PAYABLE	(92,369)
(4) OTHER CURRENT LIABILITIES	13,005,783
(5) LEASE LIABILITIES CURRENT	9,102,714
(6) LEASE LIABILITIES LONG TERM	74,718,246
(7) RESERVE FOR SELF-INSURANCE	50,358,630
(8) ASSET RETIREMENT OBLIGATION	459,463
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	232,257,730

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
VENTURE CAPITAL	5,971,768	END OF YEAR MARKET VALUE
REAL ESTATE FUNDS	189,757,521	END OF YEAR MARKET VALUE

Schedule D

Other Assets - Complete if the organization answered "Yes" to

Part IX

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
OTHER ASSETS - REC RETENTION BONUSES	935,022
NOTES REC - CATALYTIC FUND	1,000,000
PREMIER TAX RECEIVABLE LT	230,321
ASC842 DEF RENT REC IC LEASE	2,090,287
BEN INT ASSETS HELD HOR	3,000,000
GAIN OR LOSS ON IHCF	1,045,718
ACCRUED PENSION LIABILITY	47,738,550
INTEREST RATE SWAP RECEIVABLE	5,513,572
WORKDAY IMPLEMENTATION COSTS	3,728,581
CSV INSURANCE TRUST	3,821

Schedule D

Other Liabilities - Complete if the organization answered "Yes" to

Part X

Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
INTEREST RATE SWAP	525,789
OTHER LONG TERM LIABILITIES	73,527,303

Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	352,337
	SEPN	6,259,742
	RENTAL EXPENSES	3,735,473
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	CHANGE IN FMV IN INTEREST RATE SWAP	890,006
	LOSS/GAIN ON FIXED ASSETS DISPOSALS	- 1,748,968
	UNCOLLECTIBLE PLEDGE	10,044
	PENSION EXP BOOKED TO REVENUE	7,392,111
	SEPN	1,601,787
FIVE LABS	334,194	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SEPN	6,310,658
	RENTAL EXPENSES	3,735,473
	FUNDRAISING EXPENSES	352,337
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	LOSS/GAIN ON FIXED ASSETS DISPOSALS	- 1,748,968
	EXPENSES BOOKED TO REVENUE	7,392,111
	FIVE LABS	334,194
	SEPN	1,601,787

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 - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE ST. ELIZABETH HEALTHCARE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ST. ELIZABETH AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ST. ELIZABETH HEALTHCARE IS NOT CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE OR ANY STATE OR LOCAL TAX AUTHORITIES. ST. ELIZABETH HEALTHCARE'S FEDERAL TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEMBER 31, 2020 AND PRIOR YEARS ARE NO LONGER SUBJECT TO EXAMINATION AS THE STATUTE OF LIMITATIONS HAS EXPIRED FOR THOSE YEARS.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. ELIZABETH MEDICAL CENTER, INC.

Employer identification number

61-0445850

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	155,402,263
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	19,938,515
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			175,340,778
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			175,340,778

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)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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).

Return Reference - Identifier	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

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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?		(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
		Yes	No			
1 HILLARY LYONS ASSOCIATES/BOUTS VENTURE LLC, 139 BRIDGE STREET, DIMONDALE, MI 48821	CONSULTING FEE		✓		65,000	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	65,000	0

- 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	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF PARTEE</u> (event type)	<u>THE GOLF CLASSIC</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	306,425	65,250	117,053	488,728
	2 Less: Contributions	4,450	1,500	15,199	21,149
	3 Gross income (line 1 minus line 2)	301,975	63,750	101,854	467,579
Direct Expenses	4 Cash prizes	260	395	0	655
	5 Noncash prizes	8,773	758	0	9,531
	6 Rent/facility costs	0	0	41,323	41,323
	7 Food and beverages	133,388	18,510	105,746	257,644
	8 Entertainment	0	0	7,254	7,254
	9 Other direct expenses	3,665	4,203	28,062	35,930
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					115,242

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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: _____

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 - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(l) - HILLARY LYONS ASSOCIATES/BOUITS VENTURES LLC	HILLARY LYONS ASSOCIATES/BOUITS 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/BOUITS VENTURES LLC DO NOT PARTICIPATE IN THE SOLICITATION OF CONTRIBUTIONS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST. ELIZABETH MEDICAL CENTER, INC.	Employer identification number 61-0445850
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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.	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			24,225,930	21,083,194	3,142,736	0.17
b Medicaid (from Worksheet 3, column a)			297,513,695	370,782,082	0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	321,739,625	391,865,276	3,142,736	0.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,981,855	1,320	2,980,535	0.16
f Health professions education (from Worksheet 5)			7,399,149	3,068,106	4,331,043	0.24
g Subsidized health services (from Worksheet 6)			1,718,166	1,039,670	678,496	0.04
h Research (from Worksheet 7)			14,000	0	14,000	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			22,682,231	0	22,682,231	1.25
j Total. Other Benefits	0	0	34,795,401	4,109,096	30,686,305	1.70
k Total. Add lines 7d and 7j	0	0	356,535,026	395,974,372	33,829,041	1.87

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

Cat. No. 50192T

Schedule H (Form 990) 2023

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		0	0	0	0.00
2	Economic development		0	0	0	0.00
3	Community support		4,030,554	0	4,030,554	0.22
4	Environmental improvements		0	0	0	0.00
5	Leadership development and training for community members		0	0	0	0.00
6	Coalition building		87,300	0	87,300	0.00
7	Community health improvement advocacy		0	0	0	0.00
8	Workforce development		1,649		1,649	0.00
9	Other		0	0	0	0.00
10	Total	0	4,119,503	0	4,119,503	0.23

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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		
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,		
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	257,682,710
6	Enter Medicare allowable costs of care relating to payments on line 5	6	292,879,461
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(35,196,751)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9b	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	32.00	0.00	17.00
2	HERITAGE DEVELOPMENT PARTNERS, LLC	AMBULATORY SURGERY CENTER	50.00		50.00
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	Children's hos	Teaching hospital	Critical access	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 STATE LICENSE NO. : 100500	✓	✓					✓			A
2 ST. ELIZABETH FLORENCE 4900 HOUSTON ROAD, FLORENCE, KY 41042 WWW.STELIZABETH.COM STATE LICENSE NO. : 100273	✓	✓					✓			A
3 ST. ELIZABETH FORT THOMAS 85 NORTH GRAND AVENUE, FORT THOMAS, KY 41075 WWW.STELIZABETH.COM STATE LICENSE NO. : 100059	✓	✓					✓			A
4 ST. ELIZABETH GRANT 238 BARNES ROAD, WILLIAMSTOWN, KY 41097 WWW.STELIZABETH.COM STATE LICENSE NO. : 600062	✓	✓			✓		✓			A
5 ST. ELIZABETH DEARBORN 600 WILSON CREEK ROAD, LAWRENCEBURG, IN 47025 WWW.STELIZABETH.COM STATE LICENSE NO. : 005077	✓	✓					✓			A
6										
7										
8										
9										
10										

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): 1-5

		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?		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
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		✓
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.STELIZABETH.COM</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group: A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance?	✓	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	✓	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: A

	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?	✓	
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: <ul style="list-style-type: none"> a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted 		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
<ul style="list-style-type: none"> a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) 		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): <ul style="list-style-type: none"> a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made 		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	✓	
<ul style="list-style-type: none"> a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) 		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: A

		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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

Supplemental Information. 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. ELIZABETH HEALTHCARE – FLORENCE, EDGEWOOD, GRANT, FT. THOMAS & DEARBORN</p> <p>DESCRIPTION: DURING 2021, ST. ELIZABETH HEALTHCARE CONDUCTED ITS NEXT REQUIRED CHNA FOR YEARS 2022 -2024.</p> <p>IN PREPARATION FOR THE 2021 CHNA, PRIMARY DATA WAS COLLECTED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH. REPRESENTATION INCLUDED AREA HEALTH DEPARTMENTS, LOCAL GOVERNMENTAL/CIVIC AGENCIES, OTHER HEALTHCARE PROVIDERS, COMMUNITY-BASED SOCIAL SERVICE AGENCIES AND AREA SCHOOL DISTRICTS.</p> <p>THE METHODOLOGY USED TO COLLECT THE DATA INCLUDED PRESENTATIONS TO GROUPS, PHONE CALLS AND AN ONLINE SURVEY. THE PROCESS INCLUDED AN EXPLANATION OF THE CHNA REQUIREMENTS AND HOW THE DATA GARNERED WOULD BE USED TO DEVELOP THE CBIP. PARTICIPANTS WERE THEN ASKED TO LIST IN ORDER FROM MOST IMPORTANT TO LEAST IMPORTANT WHAT THEY BELIEVED WERE THE TOP FIVE COMMUNITY HEALTH NEEDS THAT SHOULD BE ADDRESSED AND/OR CONSIDERED IN THE ASSESSMENT.</p> <p>CONCENTRATING ON SOCIAL SERVICE AGENCIES, SCHOOL DISTRICTS AND CIVIC SERVICES ENSURED THAT THE CHNA IDENTIFIED AND RECEIVED DATA ON THE MOST PRESSING HEALTH NEEDS WITHIN THE COMMUNITY SERVED.</p> <p>THE FOLLOWING IS A LISTING OF THE COMMUNITY PARTICIPANTS:</p> <p>SOCIAL SERVICE AGENCIES: BATESVILLE FOOD PANTRY BRIGHTON CENTER BUTLER FOUNDATION (CORPOREX) CATHOLIC CHARITIES CENTER FOR GREAT NEIGHBORHOODS CHILDREN'S HOME OF NKY CLEARINGHOUSE COMMUNITY FOUNDATION OF SWITZERLAND COUNTY COMMUNITY MENTAL HEALTH CENTER DEARBORN COMMUNITY FOUNDATION FAITH COMMUNITY PHARMACY FRANKLIN COUNTY COMMUNITY FOUNDATION HENRY HOSEA HOUSE HISPANIC COMMUNITY ADVISORY COMMITTEE IDA SPENCE MISSION LIFE LEARNING CENTER LIFETIME RESOURCES NEW HORIZONS REHABILITATION, INC. NKU NACU NKY COMMUNITY ACTION COMMISSION PREGNANCY CARE CENTER ROSEDALE GREEN TRANSITIONS UNITED WAY GREATER CINCINNATI SOUTHEAST INDIANA</p> <p>BUSINESSES: ABSOLUTE WEB DESIGN AFRICAN AMERICAN CHAMBER OF COMMERCE COVINGTON BUSINESS COUNCIL MAXWELL CONSTRUCTION COMPANY NKY CHAMBER OF COMMERCE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT</p> <p>SCHOOLS: BATESVILLE COMMUNITY SCHOOLS BISHOP BROSSART CAMPBELL COUNTY SCHOOLS COMMUNITY CHRISTIAN ACADEMY COVINGTON SCHOOLS ERLANGER-ELSMERE SCHOOLS FRANKLIN COUNTY SCHOOLS GRANT COUNTY SCHOOLS JAC-CEN-DEL COMMUNITY SCHOOLS KENTON COUNTY SCHOOLS LUDLOW SCHOOLS MILAN COMMUNITY SCHOOLS RISING SUN - OHIO COUNTY SCHOOLS SOUTH DEARBORN COMMUNITY SCHOOLS SOUTH RIPLEY COMMUNITY SCHOOLS ST. LAWRENCE CATHOLIC SCHOOL ST. NICHOLAS SCHOOL SUNMAN DEARBORN SCHOOLS SWITZERLAND COUNTY SCHOOLS WALTON VERONA SCHOOLS</p> <p>HEALTH DEPTS:</p>

Return Reference - Identifier	Explanation
	<p>DEARBORN COUNTY HEALTH DEPT NKY HEALTH DEPT RIPLEY COUNTY HEALTH DEPT SWITZERLAND COUNTY HEALTH DEPT THREE RIVERS DISTRICT HEALTH DEPT</p> <p>CIVIC SERVICES: BOONE COUNTY DETENTION CENTER CAMPBELL COUNTY DETENTION CENTER CAMPBELL COUNTY FISCAL COURT DEARBORN CIRCUIT CLERK DEARBORN COUNTY COMMISSIONER KENTON COUNTY DETENTION CENTER NKY AREA DEVELOPMENT DISTRICT PENDLETON COUNTY FISCAL COURT</p> <p>CITIES: BATESVILLE BELLEVUE COVINGTON CRESTVIEW HILLS DILLSBORO EDGEWOOD FORT WRIGHT GREENDALE SOUTHGATE UNION WILLIAMSTOWN</p> <p>FIRST RESPONDERS: ALEXANDRIA BATESVILLE FIRE BELLEVUE/DAYTON FIRE BROOKVILLE FIRE COVINGTON FIRE DILLSBORO POLICE DRY RIDGE FIRE EDGEWOOD ERLANGER FIRE/EMS FLORENCE FLORENCE FIRE FRANKLIN COUNTY SHERIFF GALLATIN FIRE GRANT COUNTY SHERIFF GREENDALE POLICE INDEPENDENCE KENTUCKY STATE POLICE KENTUCKY STATE POLICE KENTUCKY STATE POLICE LAWRENCEBURG POLICE LUDLOW FIRE PENDLETON COUNTY FIRE SWITZERLAND COUNTY SHERIFF VILLA HILLS WALTON FIRE WILDER</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. ELIZABETH HEALTHCARE</p> <p>DESCRIPTION: ST. ELIZABETH - EDGEWOOD ST. ELIZABETH - FLORENCE ST. ELIZABETH - FT. THOMAS ST. ELIZABETH - GRANT COUNTY ST. ELIZABETH - DEARBORN</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p>HTTPS://WWW.STELIZABETH.COM/CARE/COMMUNITY-OUTREACH-MENU/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-IMPLEMENTATION-PLAN/</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. ELIZABETH HEALTHCARE – FLORENCE, EDGEWOOD, GRANT, FT. THOMAS & DEARBORN</p> <p>DESCRIPTION: 2023 ACCOMPLISHMENTS TOWARDS THE 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT PLAN:</p> <p>ADDRESSING SOCIAL DETERMINANTS OF HEALTH: - FOLLOWED UP WITH 281 (100%) OF ST. ELIZABETH PHYSICIAN PATIENTS WHO IDENTIFIED A FOOD SECURITY NEED - COMPLETED AN ADOPT A CLASS PROGRAM IN LUDLOW THAT CONNECTS ASSOCIATES TO BE MENTORS WITH STUDENTS FROM UNDERSERVED COMMUNITIES - FOLLOWED UP WITH 100% OF THE 2,848 REFERRALS RECEIVED FOR TRANSPORTATION ASSISTANCE - ENGAGED WITH SCHOOLS IN OUR REGION TO CONNECT MORE STUDENTS AND STAFF WITH MENTAL HEALTH RESOURCES BY COMPLETING THE REGIONAL YOUTH SUMMIT AND BETTER TOGETHER EVENT - ACHIEVED LIFT-UP REENTRY GOAL OF 350 CLIENTS, BRINGING TOTAL SERVED TO DATE TO 1098</p> <p>PROVIDING EQUITABLE ACCESS TO CARE - OPENED SEP STUDENT HEALTH CENTER AT NKU TO PROVIDE PRIMARY CARE STUDENTS - PROVIDED FIVE ENGLISH AND ONE SPANISH EDUCATION EVENTS TO MINORITY POPULATIONS AROUND LUNG/COLON/BREAST/DIABETES SCREENINGS - CONVERTED 30.4% SELF-PAY PATIENTS TO FEDERAL/STATE COVERAGE</p> <p>ENHANCING/EDUCATING FOR HEALTH BEHAVIORS: - HOSTED 19 EDUCATION EVENTS ON THE IMPORTANCE OF EXERCISE AND NUTRITION TO YOUTH IN SCHOOLS - COMPLETED 21 COMMUNITY EDUCATION EVENTS ON THE DANGERS OF VAPING TO YOUTH IN SCHOOLS - OFFERED EIGHT FREEDOM FROM SMOKING EDUCATION SESSIONS</p> <p>MANAGING/REDUCING CHRONIC DISEASES: - HOSTED 38 HEART-RELATED EDUCATION EVENTS IN THE COMMUNITY - PERFORMED 6,093 LUNG SCREENINGS - PERFORMED 38,282 BREAST SCREENINGS - PERFORMED 89,299 COLON CANCER SCREENINGS (AGES 45-75) - COMPLETED A COMMUNITY MENTAL HEALTH SUMMIT - DECREASED THE PERCENTAGE OF JOURNEY RECOVER CENTER (JRC) PATIENTS WHO REPORTED USING ALCOHOL TO 23% AND ILLICIT DRUGS TO 17% 30 DAYS POST TREATMENT</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>HTTPS://WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>HTTPS://WWW.STELIZABETH.COM/CARE/PAY-MY-BILL/</p>

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 ST. ELIZABETH HEALTHCARE HEART & VASCULAR INSTITUTE 711 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
2 ST. ELIZABETH HEALTHCARE NKU MEDICAL OFFICE 2626 ALEXANDRIA PIKE HIGHLAND HEIGHTS, KY 41076	ORTHOPEDIC
3 ST. ELIZABETH HEALTHCARE ENDOSCOPY BUILDING 7370 TURFWAY ROAD FLORENCE, KY 41042	MEDICAL OFFICE
4 ST. ELIZABETH HEALTHCARE - COVINGTON 1500 JAMES SIMPSON, JR. WAY COVINGTON, KY 41011	AMBULATORY CARE CENTER
5 ST. ELIZABETH HEALTHCARE ORTHOPEDIC BUILDING 560 SOUTH LOOP ROAD EDGEWOOD, KY 41017	ORTHOPEDIC
6 ST. ELIZABETH HEALTHCARE HEBRON IMAGING CENTER 2200 CONNOR ROAD HEBRON, KY 41005	MEDICAL OFFICE / IMAGING
7 ST. ELIZABETH HEALTHCARE HOSPICE 483 SOUTH LOOP ROAD EDGEWOOD, KY 41017	INPATIENT HOSPICE
8 ST. ELIZABETH HEALTHCARE OUTPATIENT SURGERY CENTER 580 SOUTH LOOP ROAD EDGEWOOD, KY 41017	AMBULATORY SURGERY CENTER
9 ST. ELIZABETH HEALTHCARE CHANCELLOR SURGERY CENTER 2845 CHANCELLOR DRIVE CRESTVIEW HILLS, KY 41017	AMBULATORY SURGERY CENTER
10 ST. ELIZABETH HEALTHCARE WOMEN'S CENTER 610 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	HEALTH SCREENING

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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 ST. ELIZABETH HEALTHCARE BUSINESS HEALTH 4123 OLYMPIC BLVD. ERLANGER, KY 41018	BUSINESS HEALTH SERVICES
2 ST. ELIZABETH HEALTHCARE OWENTON MOB 120 PROGRESS WAY OWENTON, KY 40359	AMBULATORY CARE CENTER
3 ST. ELIZABETH HEALTHCARE FAMILY PRACTICE CENTER 900 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	FAMILY MEDICINE
4 ST. ELIZABETH HEALTHCARE PHYSICAL THERAPY 741 CENTRE VIEW BLVD. CRESTVIEW HILLS, KY 41017	PHYSICAL THERAPY
5 ST. ELIZABETH HEALTHCARE EDGEWOOD FAMILY PRACTICE/INTERNAL MEDICINE 830 THOMAS MORE PARKWAY EDGEWOOD, KY 41017	MEDICAL OFFICE
6 ST. ELIZABETH HEALTHCARE ALEXANDRIA PHYSICAL THERAPY AND IMAGING CENTER 7200 ALEXANDRIA PIKE ALEXANDRIA, KY 41001	PHYSICAL THERAPY AND IMAGING CENTER
7 ST. ELIZABETH HEALTHCARE FLORENCE SPORTS MEDICINE 10095 INVESTMENT WAY FLORENCE, KY 41042	SPORTS MEDICINE
8 ST. ELIZABETH HEALTHCARE VEVAY PRIMARY CARE/PHYSICAL THERAPY 1035 W. MAIN STREET VEVAY, IN 47043	HEART & VASCULAR
9 ST. ELIZABETH HEALTHCARE SPECIALTY PHARMACY 850 THOMAS MORE PARKWAY EDGEWOOD, KY 41017	PHARMACY
10 ST. ELIZABETH HEALTHCARE WILDER PHYSICAL THERAPY 106 CROSSING DRIVE WILDER, KY 41076	PHYSICAL THERAPY

Schedule H (Form 990) 2023

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 BLUEGRASS DIALYSIS, LLC 1500 JAMES SIMPSON, JR. WAY, SUITE 302 COVINGTON, KY 41011	RENAL DIALYSIS
2 ST. ELIZABETH HEALTHCARE INDEPENDENCE DIAGNOSTICS 135 COURTHOUSE CROSSING INDEPENDENCE, KY 41051	XRAY/LAB
3 ST. ELIZABETH HEALTHCARE GRANT COUNTY PHYSICAL THERAPY 300 BARNES ROAD WILLIAMSTOWN, KY 41097	PHYSICAL THERAPY
4 ST. ELIZABETH HEALTHCARE VERSAILLES PHYSICAL THERAPY 476 W. US 50 VERSAILLES, IN 47042	PHYSICAL THERAPY
5 ST. ELIZABETH HEALTHCARE NEUROLOGY 2670 CHANCELLOR DRIVE, SUITE 100 CRESTVIEW HILLS, KY 41017	MEDICAL OFFICE
6 ST. ELIZABETH HEALTHCARE FLORENCE PHLEBOTOMY LAB 8724 US 42 FLORENCE, KY 41042	DIAGNOSTICS
7 ST. ELIZABETH HEALTHCARE CRESTVIEW HILLS PHLEBOTOMY LAB 334 THOMAS MORE PARKWAY CRESTVIEW HILLS, KY 41017	DIAGNOSTICS
8 	
9 	
10 	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>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).</p> <p>ST. ELIZABETH HEALTHCARE RECOGNIZES REVENUE WHEN SERVICES ARE RENDERED FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE.</p> <p>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.</p> <p>FOR FINANCIAL STATEMENT PURPOSES, ST. ELIZABETH HEALTHCARE HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ST. ELIZABETH HEALTHCARE'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.</p>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE ESTIMATED AMOUNT OF ST. ELIZABETH HEALTHCARE'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ST. ELIZABETH HEALTHCARE'S FINANCIAL ASSISTANCE POLICY IS \$5,706,319</p> <p>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.</p> <p>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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>FROM 2023 AUDITED FINANCIAL STATEMENTS, 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:</p> <p>PATIENT ACCOUNTS RECEIVABLE:</p> <p>ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND 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 OUR FINANCIAL ASSISTANCE POLICY, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARILY TO SELF-PAY PATIENTS. ESTIMATES FOR EXPLICIT PRICE CONCESSIONS ARE BASED ON PROVIDER CONTRACTS, PAYMENT TERMS FOR RELEVANT PROSPECTIVE PAYMENT SYSTEMS, AND HISTORICAL EXPERIENCE ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING ST. ELIZABETH HEALTHCARE'S ABILITY TO COLLECT OUTSTANDING AMOUNTS.</p> <p>ST. ELIZABETH HEALTHCARE PERFORMS PERIODIC ASSESSMENTS TO DETERMINE IF AN ALLOWANCE FOR EXPECTED CREDIT LOSSES IS NECESSARY. INCURRED LOSS EXPERIENCE IS CONSIDERED AND ADJUSTED FOR KNOWN AND EXPECTED EVENTS AND OTHER CIRCUMSTANCES. IN ESTIMATING 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, AND NOTICES OF PAYOR BANKRUPTCIES OR PAYORS ENTERING RECEIVERSHIP. BECAUSE ST. ELIZABETH HEALTHCARE'S ACCOUNTS RECEIVABLE IS TYPICALLY PAID FOR BY HIGHLY-SOLVENT, CREDITWORTHY PAYORS, SUCH AS MEDICARE, OTHER GOVERNMENTAL PROGRAMS, AND HIGHLY REGULATED COMMERCIAL INSURERS ON BEHALF OF THE PATIENT, ST. ELIZABETH HEALTHCARE'S CREDIT LOSSES HAVE BEEN INFREQUENT AND INSIGNIFICANT IN NATURE. AMOUNTS RECOGNIZED FOR ALLOWANCES FOR EXPECTED CREDIT LOSSES ARE IMMATERIAL TO THE FINANCIAL STATEMENTS.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT 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 TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.</p> <p>PATIENT SERVICE REVENUE:</p> <p>ST. ELIZABETH HEALTHCARE RECOGNIZES PATIENT SERVICE REVENUE AT THE TIME IN WHICH PERFORMANCE OBLIGATIONS ARE SATISFIED. THE AMOUNTS FROM PATIENT, THIRD-PARTY PAYORS, (INCLUDING MANAGED CARE AND GOVERNMENTAL PROGRAMS), AND OTHERS ARE SUBJECT TO CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS AND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVESTIGATIONS. PATIENTS ARE GENERALLY BILLED WHEN DISCHARGED, THOUGH THEY MAY BE BILLED ON AN INTERIM BASIS FOR LONGER STAYS.</p> <p>ST. ELIZABETH HEALTHCARE DETERMINES THE TRANSACTION PRICE BASED ON GROSS CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARILY TO UNINSURED PATIENTS. ST. ELIZABETH HEALTHCARE DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON THE HISTORICAL COLLECTION EXPERIENCE, ADJUSTED FOR CURRENT ENVIRONMENTAL RISKS AND TRENDS FOR EACH MAJOR PAYOR SOURCE.</p> <p>ST. ELIZABETH HEALTHCARE PROVIDES CARE, WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS PATIENT SERVICE REVENUE.</p> <p>GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. ST. ELIZABETH HEALTHCARE ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS 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 CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE.</p> <p>SELF-PAY REVENUES ARE DERIVED FROM PATIENTS WHO DO NOT HAVE ANY FORM OF HEALTHCARE COVERAGE AS WELL AS FROM PATIENTS WITH THIRD-PARTY HEALTHCARE COVERAGE RELATED TO THE PATIENT RESPONSIBILITY PORTION, INCLUDING DEDUCTIBLES 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 PROVIDES 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 HEALTHCARE 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</p> <p>RECORDED TO CREDIT LOSS EXPENSE:</p> <p>PATIENTS WHO MEET ST. ELIZABETH HEALTHCARE'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS 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 COLLECTION OF AMOUNTS RELATED TO THESE PATIENTS, AND THEREFORE, CONTRACTS WITH THESE PATIENTS DO NOT EXIST.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>ST. ELIZABETH HEALTHCARE USES THE STEP DOWN METHODOLOGY TO DETERMINE COSTS FOR MEDICARE. THE REPORTS WERE THEN COMPLETED BY FOLLOWING THE GUIDANCE PROVIDED IN THE INSTRUCTIONS FOR PART III.</p> <p>ST. ELIZABETH HEALTHCARE BELIEVES MEDICARE LOSSES SHOULD BE AN ALLOWABLE COMMUNITY BENEFIT. ST. ELIZABETH HEALTHCARE PROVIDES NEEDED SERVICES TO THE ELDERLY AND DISABLED MEDICARE POPULATION AT A FINANCIAL LOSS TO ST. ELIZABETH HEALTHCARE TO HELP THOSE INDIVIDUALS GET THE CARE THEY NEED IN THE COMMUNITY WE SERVE. THE AMERICAN HOSPITAL ASSOCIATION'S POSITION IS ALSO THAT MEDICARE LOSSES SHOULD BE COUNTED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>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.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>IN 2023, 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.</p> <p>IN 2023, ST. ELIZABETH CONTINUED ITS SUPPORT OF FAITH COMMUNITY PHARMACY'S PRESCRIPTION MEDICATION PROGRAMS. THESE PROGRAMS PROVIDE LIFE-SUSTAINING PRESCRIPTIONS MEDICATIONS, FREE OF CHARGE, TO THOSE UNABLE TO PAY, ENSURING OUR NORTHERN KENTUCKY COMMUNITY DOES NOT GO WITHOUT NEEDED MEDICATIONS DUE TO AFFORDABILITY.</p> <p>IN 2023, ST. ELIZABETH HEALTHCARE SUPPORTED COMMUNITY PARTNER'S EFFORTS TO ADDRESS COMMUNITY HEALTH AND SOCIAL DETERMINANTS OF HEALTH FACTORS, INCLUDING:</p> <ul style="list-style-type: none"> •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 •LIVWELL COALITIONS •AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>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.</p> <p>PATIENTS ARE NOTIFIED OF THEIR FINANCIAL RESPONSIBILITY, THE PATIENT RIGHTS AND RESPONSIBILITIES DOCUMENT GIVEN TO ALL PATIENTS STATES THEY HAVE A RESPONSIBILITY TO "PROVIDE NECESSARY FINANCIAL INFORMATION TO ASSURE ACCURATE BILLING AND MEET FINANCIAL COMMITMENTS." THE FINANCIAL ASSISTANCE PLAN DOCUMENT THEY ARE GIVEN PROVIDES DETAILED INFORMATION ON ELIGIBLE FINANCIAL AID SERVICES, AND ALSO STATES THAT "FINANCIAL ASSISTANCE IS NOT CONSIDERED AN ALTERNATIVE OPTION TO PAYMENT, AND PATIENTS MAY BE ASSISTED IN FINDING OTHER MEANS OF PAYMENT FOR FINANCIAL ASSISTANCE BEFORE APPROVAL FOR ST. ELIZABETH FINANCIAL ASSISTANCE PROGRAM."</p> <p>THE FINANCIAL ASSISTANCE POLICY IS PUBLISHED ON ST. ELIZABETH HEALTHCARE'S WEB SITE. A WRITTEN COPY IS ALSO INCLUDED IN THE PATIENT HANDBOOK PROVIDED TO INPATIENT ADMISSIONS. A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING INDIVIDUALS 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>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 636,000.</p> <p>ST. ELIZABETH HEALTHCARE'S SERVICE AREAS DURING 2023 WAS DETERMINED BY IDENTIFYING WHERE 90% OF ITS PATIENT POPULATION ORIGINATES. THIS APPROACH ENSURES THAT THE ASSESSMENT WAS NOT LIMITED TO CERTAIN GEOGRAPHIC AREAS BUT INCLUDED THE MAJORITY OF THE POPULATION SERVED. THE DATA REVEALED THAT 83% OF THE PATIENT POPULATION RESIDES IN THE COUNTIES THAT MAKE UP THE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT (NKADD). THE NKADD ENCOMPASSES THE COUNTIES OF BOONE, CAMPBELL, CARROLL, GALLATIN, GRANT, KENTON, OWEN, AND PENDLETON, AND REPRESENTS OVER 472,000 RESIDENTS. WITH THE EXCEPTION OF ST. ELIZABETH DEARBORN, ALL OTHER HOSPITALS IN THE ST. ELIZABETH HEALTHCARE SYSTEM ARE LOCATED IN THIS REGION.</p> <p>THE PRIMARY SERVICE AREAS ARE PREDOMINANTLY NORTHERN KENTUCKY AND SOUTHEAST INDIANA. POPULATION BY ORIGIN: 87.60% WHITE, 3.21% BLACK, 3.32% HISPANIC, 1.20% ASIAN, 0.10% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER, 0.26% AMERICAN INDIAN AND ALASKA NATIVE, 1.81 % OTHER. POPULATION BY AGE: UNDER 5; 6.17%; UNDER 18; 22.95%; 18-64; 59.53 %; 65+; 17.52%. PERSONS BELOW POVERTY LEVEL IN NKY, ALL AGES: 9.54 %. DUE TO THE ENACTMENT OF THE AFFORDABLE CARE ACT, IT IS ESTIMATED THAT APPROXIMATELY 6% OF THE NORTHERN KENTUCKY AND SOUTHEASTERN INDIANA POPULATION UNDER AGE 65 REMAINS UNINSURED.</p> <p>THE MEDIAN HOUSEHOLD INCOME OF THE REGION IS AS FOLLOWS: CARROLL COUNTY - \$50,625, OWEN COUNTY - \$56,485, GRANT COUNTY - \$65,461, CAMPBELL COUNTY - \$71,979, KENTON COUNTY - \$76,016, BOONE COUNTY - \$91,697, GALLATIN COUNTY - \$58,641, PENDLETON COUNTY - \$58,723, DEARBORN COUNTY - \$80,352, FRANKLIN COUNTY - \$75,985, RIPLEY COUNTY - \$70,285, SWITZERLAND COUNTY - \$66,525, OHIO COUNTY - \$66,333.</p> <p>THE POVERTY LEVEL OF THE REGION IS AS FOLLOWS: CARROLL COUNTY - 16.3%, OWEN COUNTY - 14.6%, GRANT COUNTY - 13.0%, CAMPBELL COUNTY - 9.5%, KENTON COUNTY - 10.8%, BOONE COUNTY 7.4%, GALLATIN COUNTY - 13.3%, PENDLETON COUNTY - 14.4%, DEARBORN COUNTY - 10.6%, FRANKLIN COUNTY - 14.1%, RIPLEY COUNTY - 12.0%, SWITZERLAND COUNTY - 13.6%, OHIO COUNTY - 9.1%.</p> <p>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 REHABILITATION HOSPITAL IN KENTON COUNTY, 5. MEADOWVIEW REGIONAL MEDICAL CENTER IN MASON COUNTY, AND 6. SUN BEHAVIORIAL HEALTH IN KENTON COUNTY. THERE IS ONE (1) OTHER HOSPITAL THAT SERVES THE SOUTHERN INDIANA COMMUNITY - MARGARET MARY HEALTH HOSPITAL 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>ST. ELIZABETH HEALTHCARE FURTHERS ITS EXEMPT PURPOSES IN IMPROVING COMMUNITY HEALTH STATUS BY:</p> <ol style="list-style-type: none"> 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) ENCOURAGING AND SUPPORTING STAFF TO PARTICIPATE ON VARIOUS COMMUNITY BOARDS/ACTIVITIES THAT SUPPORT AND/OR DEVELOP PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS AND WORKFORCE DEVELOPMENT. 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) ST. 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 2023 ARE AS FOLLOWS: <ul style="list-style-type: none"> 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 THE 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.THE 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 CO-MORBIDITIES.
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>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 1,191 LICENSED BEDS, OVER 10,780 EMPLOYEES, 1,215 PHYSICIAN PROVIDERS WITH FULL ADMITTING PRIVILEGES AND A WHOLLY OWNED PHYSICIAN ORGANIZATION (SEP) WHICH INCLUDES OVER 168 PRIMARY CARE AND SPECIALTY OFFICE LOCATIONS. ST. ELIZABETH HEALTHCARE IS SPONSORED BY THE DIOCESE OF COVINGTON.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>KY</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	47-4230979	501(C)(3)	10,000				PROGRAM SUPPORT
(2) A-L TIER II LLC 505 HOBBS RD, JEFFERSON CITY, MO 65109	47-4230979	FOR-PROFIT	45,000				PROGRAM SUPPORT
(3) (SEE STATEMENT)	13-3039601	501(C)(3)	7,000				PROGRAM SUPPORT
(4) AMERICAN CANCER SOCIETY INC 402 COOMER ST, SOMERSET, KY 42503	13-1788491	501(C)(3)	25,000				PROGRAM SUPPORT
(5) AMERICAN HEART ASSOCIATION INC 5211 MADISON AVE, CINCINNATI, OH 45227	13-5613797	501(C)(3)	226,559				PROGRAM SUPPORT
(6) ARTHRITIS FOUNDATION INC 2209 HEATHER LANE, LOUISVILLE, KY 40218	58-1341679	501(C)(3)	40,000				PROGRAM SUPPORT
(7) BECKFIELD COLLEGE LLC 16 SPIRAL DRIVE, FLORENCE, KY 41042	20-4881637	FOR-PROFIT	84,050				PROGRAM SUPPORT
(8) BEECHWOOD BOARD OF EDUCATION 50 BEECHWOOD RD, FT MITCHELL, KY 41017	61-6001268	BEECHWOOD	18,000				PROGRAM SUPPORT
(9) BOONE COUNTY BOARD OF EDUCATION 99 CENTER STREET, FLORENCE, KY 41042	61-6001252	BOONE COUNTY	54,894				PROGRAM SUPPORT
(10) BOONE COUNTY FISCAL COURT PO BOX 960, BURLINGTON, KY 41005	61-6000718	BOONE COUNTY	25,898				PROGRAM SUPPORT
(11) BOY SCOUTS OF AMERICA-COUNCIL 438 10078 READING ROAD, CINCINNATI, OH 45241	31-0536651	501(C)(3)	7,300				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72
- 3** Enter total number of other organizations listed in the line 1 table 27

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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.

[\(SEE STATEMENT\)](#)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) BOYS AND GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	10,750				PROGRAM SUPPORT
(13) BRIGHTON CENTER INC PO BOX 325, NEWPORT, KY 41072	61-0673886	501(C)(3)	510,750				PROGRAM SUPPORT
(14) CANCER FAMILY CARE INC 4790 RED BANK EXPRESSWAY, SUITE 128, CINCINNATI, OH 45227	31-0805286	501(C)(3)	47,250				PROGRAM SUPPORT
(15) CANCER SUPPORT COMMUNITY GREATER CINCINNATI/NKY 4918 COOPER RD, CINCINNATI, OH 45242	31-1287785	501(C)(3)	31,000				PROGRAM SUPPORT
(16) CATALYTIC DEVELOPMENT FUND 50 E RIVERCENTER BLVD, COVINGTON, KY 41011	26-3389252	501(C)(3)	25,000				PROGRAM SUPPORT
(17) CATHOLIC CHARITIES DIOCESE OF COVINGTON 3629 CHURCH ST, COVINGTON, KY 41015	61-0461728	501(C)(3)	15,300				PROGRAM SUPPORT
(18) CB ORANGE ATHLETIC SOLUTIONS INC 10 OLD CLAIRTON RD STE 324, PITTSBURGH, PA 15236	88-1674122	FOR-PROFIT	21,917				3RD PARTY PAYMENT TO PROVIDE SPORTS EQUIPMENT
(19) CHILDREN'S HOME OF NORTHERN KENTUCKY INC 200 HOME RD, COVINGTON, KY 41011	23-7068704	501(C)(3)	500,000				PROGRAM SUPPORT
(20) CINCINNATI INSTITUTE OF FINE ARTS PO BOX 630561, CINCINNATI, OH 45263-0561	31-0537138	501(C)(3)	22,500				PROGRAM SUPPORT
(21) CINCINNATI REDS COMMUNITY FUND 100 JOE NUXHALL WAY, CINCINNATI, OH 45202-4109	31-1790195	501(C)(3)	128,659				PROGRAM SUPPORT
(22) CITY OF LAWRENCEBURG PO BOX 4166, LAWRENCEBURG, IN 47025	35-6001085	LAWRENCEBURG	10,000				PROGRAM SUPPORT
(23) COMMONWEALTH FUND FOR KET INC 2355 DIXIE HWY, FT MITCHELL, KY 41017	61-6001915	FT. MITCHELL	10,000				PROGRAM SUPPORT
(24) COVINGTON BUSINESS COUNCIL 50 E RIVERCENTER BLVD SUITE 160, COVINGTON, KY 41011	31-0963057	501(C)(6)	15,500				PROGRAM SUPPORT
(25) COVINGTON PARTNER INC PO BOX 426, COVINGTON, KY 41012	20-1515753	501(C)(3)	30,000				PROGRAM SUPPORT
(26) COVINGTON ROTARY CLUB FOUNDATION INC 1885 DIXIE HIGHWAY STE 330, FORT WRIGHT, KY 41011	83-3039844	501(C)(3)	10,000				PROGRAM SUPPORT
(27) CYNOSURE INC 5 CARLISLE RD, WESTFORD, MA 01886	04-3125110	FOR-PROFIT	14,269				3RD PARTY PAYMENT TO PROVIDE GOODS AND LABOR
(28) DAYTON INDEPENDENT SCHOOLS 200 CLAY STREET, DAYTON, KY 41074	61-6001401	DAYTON	85,000				PROGRAM SUPPORT

(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
(29) DEARBORN COUNTY CHAMBER OF COMMERCE 320 WALNUT ST, LAWRENCEBURG, IN 47025	35-1092955	501(C)(6)	11,000				PROGRAM SUPPORT
(30) DENTAL ASSISTING ACADEMY 1575 WINCHESTER ROAD STE 110, LEXINGTON, KY 40505	83-0437571	FOR-PROFIT	7,876				PROGRAM SUPPORT
(31) DIOCESAN CATHOLIC CHILDRENS HOME INC 75 ORPHANAGE RD, FT MITCHELL, KY 41017	61-0463943	501(C)(3)	525,000				PROGRAM SUPPORT
(32) EXCEL SPORTS MANAGEMENT LLC 1700 BROADWAY, 29TH FLOOR, NEW YORK, NY 10019	45-2780471	FOR-PROFIT	126,875				PROGRAM SUPPORT
(33) FAITH COMMUNITY PHARMACY INC 601 WASHINGTON AVENUE, NEWPORT, KY 41071	61-1378914	501(C)(3)	100,000				PROGRAM SUPPORT
(34) FAMILY NURTURING CENTER OF KENTUCKY INC 5 S SPIRAL DRIVE, SUITE 100, FLORENCE, KY 41042	31-1011326	501(C)(3)	6,500				PROGRAM SUPPORT
(35) FORT THOMAS EDUCATION FOUNDATION PO BOX 75090, FT THOMAS, KY 41075	61-1393646	FT. THOMAS	11,250				PROGRAM SUPPORT
(36) FORT THOMAS INDEPENDENT SCHOOLS PO BOX 75090, FT THOMAS, KY 41075	61-1393646	FT. THOMAS	126,500				PROGRAM SUPPORT
(37) FREESTORE FOODBANK INC 112 E LIBERTY ST, CINCINNATI, OH 45202	23-7122205	501(C)(3)	25,000				PROGRAM SUPPORT
(38) GAMBLE SPORTS PROPERTIES LLC 8549 MONTGOMERY RD, CINCINNATI, OH 45236-2366	27-2508231	FOR-PROFIT	43,615				3RD PARTY PAYMENT TO SUPPORT NKY HIGH SCHOOL SPORTS PROGRAMS
(39) GO PANTRY CORPORATION 7960 KENTUCKY DRIVE, SUITE 1, FLORENCE, KY 41042	46-5637704	501(C)(3)	25,000				PROGRAM SUPPORT
(40) HISPANIC CHAMBER CINCINNATI USA 2637 ERIE AVE STE 206, CINTI, OH 45208	31-1458839	501(C)(6)	10,000				PROGRAM SUPPORT
(41) HOLLAND FOUNDATION FOR SIGHT RESTORATION INC. 1360 DOLWICK DR STE 205, ERLANGER, KY 41018	84-2983479	501(C)(3)	100,000				PROGRAM SUPPORT
(42) HOLY CROSS HIGH SCHOOL 3617 CHURCH ST, COVINGTON, KY 41015	62-1577563	501(C)(3)	11,240				PROGRAM SUPPORT
(43) HONOR RUN FOUNDATION 6297 REMINGTON COVE, BURLINGTON, KY 41005	46-5547770	501(C)(3)	22,500				PROGRAM SUPPORT
(44) HORIZON COMMUNITY FUNDS OF NORTHERN KY 50 E RIVERCENTER BLVD STE 431, COVINGTON, KY 41011	82-1388190	501(C)(3)	273,000				PROGRAM SUPPORT

(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
(45) IMPACT APPLICATIONS INC PO BOX 7410153, CHICAGO, IL 60674-0153	01-0690886	FOR-PROFIT	9,792				3RD PARTY PAYMENT FOR CONCUSSION SOFTWARE FOR LOCAL ATHLETES
(46) JARO OF KY INC 450 E 43RD ST, COVINGTON, KY 41015	61-0932219	FOR-PROFIT	10,000				3RD PARTY PAYMENT
(47) KENTON COUNTY BOARD OF EDUCATION 1055 EATON DR, FT WRIGHT, KY 41017	61-6001301	KENTON COUNTY	77,250				PROGRAM SUPPORT
(48) KENTUCKY CENTER FOR PUBLIC SERVICE 644 BRADDOCK CT, EDGEWOOD, KY 41017	46-3464828	501(C)(3)	15,000				PROGRAM SUPPORT
(49) KENTUCKY REFUGEE MINISTRIES INC 632 RUSSELL STREET, COVINGTON, KY 41011	61-1229842	501(C)(3)	50,000				PROGRAM SUPPORT
(50) LAST MILE FOOD RESCUE INC 1775 MENTOR AVE, #403, CINCINNATI, OH 45212	83-4495745	501(C)(3)	25,000				PROGRAM SUPPORT
(51) LIFE LEARNING CENTER INC 20 W 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	20,500				PROGRAM SUPPORT
(52) LUDLOW BOARD OF EDUCATION 525 ELM ST, LUDLOW, KY 41016	61-6001318	LUDLOW	12,000				PROGRAM SUPPORT
(53) MARCH OF DIMES INC 10806 KENWOOD RD, CINCINNATI, OH 45242	13-1846366	501(C)(3)	7,500				PROGRAM SUPPORT
(54) MASTER PROVISIONS INC 7725 FOUNDATION DRIVE, FLORENCE, KY 41042	61-1262540	501(C)(3)	28,500				PROGRAM SUPPORT
(55) MCCORD SIGNS LLC 1090 W EADS PARKWAY, LAWRENCEBURG, IN 47025	51-0660199	FOR-PROFIT	27,587				3RD PARTY PAYMENT FOR BANNERS AND SIGNS TO SUPPORT LOCAL SCHOOLS
(56) MEMORABLE EXPERIENCES LLC 1379 DONALDSON HWY, ERLANGER, KY 41018	85-4248488	FOR-PROFIT	7,818				3RD PARTY PAYMENT
(57) METROPOLITAN CLUB INC 50 E RIVER CENTER BLVD #1900, COVINGTON, KY 41011	61-1188518	FOR-PROFIT	15,000				3RD PARTY PAYMENT FOR AWARDS DINNER SPONSORSHIP
(58) MILAN COMMUNITY SCHOOL CORPORATION 412 EAST CARR STREET, MILAN, IN 47031	35-6002642	MILAN	10,000				PROGRAM SUPPORT
(59) NATIONAL FOOTBALL LEAGUE ALUMNI INC 3000 MIDATLANTIC DR, MT LAUREL, NJ 08054	27-1288873	501(C)(5)	30,000				PROGRAM SUPPORT
(60) NEVCO SPORTS LLC 301 E HARRIS AVE, GREENVILLE, IL 62246-2193	82-2233879	FOR-PROFIT	19,925				3RD PARTY PAYMENT TO PROVIDE SPORTS EQUIPMENT TO LOCAL SCHOOLS
(61) NEW PERCEPTIONS INC ONE SPERTI DR, EDGEWOOD, KY 41017	61-0705047	501(C)(3)	6,000				PROGRAM SUPPORT
(62) NEWPORT BOARD OF EDUCATION 900 E 6TH ST, NEWPORT, KY 41071	61-3001336	NEWPORT	10,000				PROGRAM SUPPORT

(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
(63) NIEHAUS CORPORATON 2335 BUTTERMILK CROSSING SUITE 314, CRESCENT SPRINGS, KY 41017	61-1064722	FOR-PROFIT	26,120				PROGRAM SUPPORT
(64) NORTHERN KENTUCKY AREA DEVELOPMENT 22 SPIRAL DR, FLORENCE, KY 41042	61-0719369	501(C)(3)	158,088				PROGRAM SUPPORT
(65) NORTHERN KENTUCKY CHAMBER OF COMMERCE PO BOX 17416, FT MITCHELL, KY 41017	61-0679408	501(C)(6)	47,420				PROGRAM SUPPORT
(66) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION INC. 717 MADISON AVE, COVINGTON, KY 41011	61-0667805	501(C)(3)	6,500				PROGRAM SUPPORT
(67) NORTHERN KENTUCKY EDUCATION COUNCIL 7310 TURFWAY RD STE 115, FLORENCE, KY 41042	20-3105862	501(C)(3)	23,875				PROGRAM SUPPORT
(68) NORTHERN KENTUCKY REGIONAL ALLIANCE INC 50 E RIVERCENTER BLVD, STE 250, COVINGTON, KY 41011	31-1489316	501(C)(3)	100,000				PROGRAM SUPPORT
(69) NORTHERN KENTUCKY SYMPHONY INC PO BOX 72810, NEWPORT, KY 41072	31-1190635	501(C)(3)	10,000				PROGRAM SUPPORT
(70) NORTHERN KENTUCKY UNIVERSITY COLLEGE OF HEALTH 100 NUNN DR HC206, HIGHLAND HEIGHTS, KY 41099	61-1010545	KENTUCKY	1,400,213				PROGRAM SUPPORT
(71) NORTHERN KY BRANCH NAACP/BOWLES CENTER P O BOX 1295, COVINGTON, KY 41012-1295	20-2652162	501(C)(4)	9,000				PROGRAM SUPPORT
(72) NORTHERN KY FOOTBALL COACHES ASSOCIATION 458 GENERAL DR, FT WRIGHT, KY 41011	61-1606788	KENTUCKY	15,000				PROGRAM SUPPORT
(73) NOTRE DAME ACADEMY INC 1699 HILTON DR, PARK HILLS, KY 41011	26-0710957	501(C)(3)	95,000				PROGRAM SUPPORT
(74) ONE DEARBORN INC. 500 INDUSTRIAL DR STE 2110, LAWRENCEBURG, IN 47025	81-5269669	501(C)(6)	15,000				3RD PARTY PAYMENT FOR COMMUNITY INVESTMENT
(75) OVARIAN CANCER ALLIANCE OF GR CINCINNATI P O BOX 42277, CINCINNATI, OH 45242	82-3862604	501(C)(3)	9,000				PROGRAM SUPPORT
(76) PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE INC. 271 W SHORT ST, LEXINGTON, KY 40507	61-1026214	501(C)(3)	10,000				PROGRAM SUPPORT
(77) ROMAN CATHOLIC DIOCESE OF COVINGTON 1125 MADISON AVE, COVINGTON, KY 41011	61-0458380	501(C)(3)	1,113,150				PROGRAM SUPPORT
(78) SIDE EFFECTS INC 259 INDUSTRIAL DR, FRANKLIN, OH 45005	31-1580727	FOR-PROFIT	12,100				PROGRAM SUPPORT
(79) SINCLAIR MEDIA III INC PO BOX 206270, DALLAS, TX 75320-6270	52-1836394	FOR-PROFIT	7,500				3RD PARTY PAYMENT FOR NKY COMMUNITY DAY

(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
(80) SOCIETY OF ST VINCENT DE PAUL COUNCIL OF NORTHERN KY INC. 2655 CRESCENT SPRINGS RD, COVINGTON, KY 41017	32-0350542	501(C)(3)	16,500				PROGRAM SUPPORT
(81) SUPT OF SCHOOLS OF BELLEVUE 219 CENTER ST, BELLEVUE, KY 41073	61-6001387	BELLEVUE	10,340				PROGRAM SUPPORT
(82) SWITZERLAND COUNTY SCHOOL CORPORATION 12085 LAKE GENEVA RD, VEVAY, IN 47043	35-2116640	501(C)(3)	10,000				PROGRAM SUPPORT
(83) THE ABERCRUMBIE GROUP 10301 GIVERNY BLVD, CINCINNATI, OH 45241	30-0520187	FOR-PROFIT	10,000				3RD PARTY PAYMENT - DEI PROGRAM SUPPORT
(84) THE CARNEGIE VISUAL AND PERFORMING ARTS CENTER INC. 1028 SCOTT BLVD, COVINGTON, KY 41017	61-0897319	501(C)(3)	10,000				PROGRAM SUPPORT
(85) THE CINCINNATI REDS LLC 100 JOE NUXHALL WAY, CINCINNATI, OH 45202	31-1002055	FOR-PROFIT	50,605				PROGRAM SUPPORT
(86) THE NORTHERN KENTUCKY ATHLETIC CONFERENCE 1055 EATON DR, FT WRIGHT , KY 41011	61-1038755	FOR-PROFIT	20,000				3RD PARTY PAYMENT - LOCAL HIGH SCHOOL SPORTS SUPPORT
(87) THOMAS MORE UNIVERSITY INC 333 THOMAS MORE PARKWAY, CRESTVIEW HILLS, KY 41017	61-0448560	501(C)(3)	1,703,063				PROGRAM SUPPORT
(88) TRANSITIONS INC 1650 RUSSELL ST, COVINGTON, KY 41011	61-0707125	501(C)(3)	30,000				PROGRAM SUPPORT
(89) TRI-COUNTY ECONOMIC DEVELOPMENT 300 BUTTERMILK PIKE, SUITE 332, LAKESIDE PARK, KY 41017	83-2547630	501(C)(3)	200,000				PROGRAM SUPPORT
(90) UNITED WAY OF GREATER CINCINNATI PO BOX 632711, CINCINNATI, OH 45263-2711	31-0537502	501(C)(3)	7,000				PROGRAM SUPPORT
(91) UNIVERSITY OF CINCINNATI P O BOX 933038, CLEVELAND, OH 44193	31-6000989	OHIO	32,838				PROGRAM SUPPORT
(92) VARSITY BRANDS HOLDING CO INC 14460 VARSITY BRANDS WAY, FARMERS BRANCH, TX 75244	47-2460272	FOR-PROFIT	13,031				PROGRAM SUPPORT
(93) VILLA MADONNA ACADEMY INC 2500 AMSTERDAM RD, VILLA HILLS, KY 41017	61-0541637	501(C)(3)	25,500				PROGRAM SUPPORT
(94) VOLUNTEERS OF AMERICA MID-STATES INC 570 SOUTH FOURTH STREET, SUITE 100, LOUISVILLE, KY 40202	61-0480950	501(C)(3)	200,000				PROGRAM SUPPORT
(95) WELCOME HOUSE OF NORTHERN KY 1132 GREENUP STREET, COVINGTON, KY 41011	61-1020382	501(C)(3)	401,500				PROGRAM SUPPORT
(96) WOMEN'S CRISIS CENTER INC 3580 HARGRAVE DR, HEBRON, KY 41048	61-0908752	501(C)(3)	20,000				PROGRAM SUPPORT

(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
(97) WOOD HUDSON CANCER RESEARCH LAB INC 931 ISABELLA ST, NEWPORT, KY 41071	34-1336975	501(C)(3)	25,000				PROGRAM SUPPORT
(98) YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	31-0537178	501(C)(3)	52,700				PROGRAM SUPPORT
(99) ZOOLOGICAL SOCIETY OF CINCINNATI 3400 VINE ST, CINCINNATI, OH 45220	31-0537171	501(C)(3)	7,500				PROGRAM SUPPORT

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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.</p> <p>AN OFFICIAL NOTIFICATION OF APPROVAL OR DENIAL COMES IN THE FORM OF A LETTER OR EMAIL.</p>
<p>(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>ADVENTURE CREW 2692 MADISON RD STE N1-414, CINCINNATI, OH 45208</p>
<p>(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>ALZHEIMERS DISEASE AND RELATED DISORDERS 225 NORTH MICHIGAN AVENUE, SUITE 1700, CHICAGO, IL 60601</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. ELIZABETH MEDICAL CENTER, INC.

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

2023

Open to Public Inspection

Employer identification number

61-0445850

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	GARREN COLVIN PRESIDENT/CEO	(i)	1,221,751	128,297	28,052	18,300	30,746	1,427,146	0
		(ii)	0	0	0	0	0	0	0
2	MARIO CASTILLO-SANG, MD PHYSICIAN	(i)	1,049,276	128,593	25,770	18,300	5,395	1,227,334	0
		(ii)	0	0	0	0	0	0	0
3	STEPHEN SCHUTZMAN, MD PHYSICIAN	(i)	1,011,386	124,683	24,726	18,300	39,324	1,218,419	0
		(ii)	0	0	0	0	0	0	0
4	THOMAS CARRIGAN, MD PHYSICIAN	(i)	965,320	144,433	25,859	18,300	27,278	1,181,190	0
		(ii)	0	0	0	0	0	0	0
5	SAEB KHOURY, MD PHYSICIAN	(i)	922,212	154,008	36,538	18,300	38,460	1,169,519	0
		(ii)	0	0	0	0	0	0	0
6	MOHAMAD SINNO, MD PHYSICIAN	(i)	893,991	150,263	27,067	18,300	39,060	1,128,681	0
		(ii)	0	0	0	0	0	0	0
7	LORI RITCHEY-BALDWIN EXECUTIVE VICE PRESIDENT/CFO/TREASURER	(i)	620,758	195,146	33,154	18,300	31,346	898,705	0
		(ii)	0	0	0	0	0	0	0
8	GARY BLANK EXECUTIVE VP & COO	(i)	648,753	109,571	32,807	18,300	31,346	840,778	0
		(ii)	0	0	0	0	0	0	0
9	HEIDI MURLEY, MD SEP PRESIDENT/CEO	(i)	524,598	172,125	5,039	18,300	42,558	762,621	0
		(ii)	0	0	0	0	0	0	0
10	LISA FREY EXECUTIVE VP LEGAL SERVICES/GENERAL COUNSEL/CORPORATE SECRETARY	(i)	496,605	108,512	27,473	18,300	16,522	667,412	0
		(ii)	0	0	0	0	0	0	0
11	CURTIS DORSCH, MD TRUSTEE/PHYSICIAN/SEP CHAIR	(i)	0	0	0	0	0	0	0
		(ii)	476,923	57,734	27,706	18,300	36,414	617,077	0
12	JACOB BAST SEP COO/SECRETARY	(i)	436,944	119,757	2,891	18,300	34,459	612,351	0
		(ii)	0	0	0	0	0	0	0
13	SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	(i)	441,452	79,936	23,668	18,300	36,071	599,426	0
		(ii)	0	0	0	0	0	0	0
14	JULIE MCGREGOR SVP HUMAN RESOURCES	(i)	411,419	112,500	1,555	18,300	37,957	581,731	0
		(ii)	0	0	0	0	0	0	0
15	LARROY KENDALL, MD SVP MEDICAL SERVICES, CMO	(i)	419,043	87,042	29,384	18,300	25,674	579,443	0
		(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)							
		(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) JAMES HORN, MD EXECUTIVE VP	(i)	413,625	81,147	25,914	18,300	36,098	575,084	0
	(ii)	0	0	0	0	0	0	0
(17) BRUNO GIACOMUZZI COO FLO FT COV & SVP PROF SVCS	(i)	350,552	121,442	29,354	18,300	38,448	558,096	0
	(ii)	0	0	0	0	0	0	0
(18) LATONYA BROWN-PURYEAR, MD PHYSICIAN/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	369,648	46,711	25,570	18,300	38,523	498,752	0
(19) BRUCE HENLEY SEP CFO/TREASURER	(i)	345,913	8,003	33,847	17,659	30,235	435,658	0
	(ii)	0	0	0	0	0	0	0
(20) VERA HALL EXECUTIVE VP	(i)	363,530	12,305	25,603	18,300	3,536	423,274	0
	(ii)	0	0	0	0	0	0	0
(21) KEVIN GESSNER SVP SITE AMDINISTRATOR FTT COV & HVI	(i)	368,253	0	23,681	0	28,849	420,783	0
	(ii)	0	0	0	0	0	0	0
(22) HARRY WATSON SR. VP FACILITIES	(i)	290,782	62,103	22,458	18,300	4,592	398,236	0
	(ii)	0	0	0	0	0	0	0
(23) KATHY LYNN JENNINGS SVP PATIENT CARE/ONCOLOGY	(i)	225,980	57,457	26,901	18,300	24,105	352,742	0
	(ii)	0	0	0	0	0	0	0
(24) CHRISTOPHER G. CARLE FORMER PRESIDENT/CEO SEPN, COO - DEARBORN	(i)	18,116	142,980	0	18,300	0	179,397	0
	(ii)	0	0	0	0	0	0	0
(25) JAMES PARSONS FORMER SVP HUMAN RESOURCES	(i)	1,292	113,234	6,451	0	0	120,977	0
	(ii)	0	0	0	0	0	0	0

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 - Identifier	Explanation
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 K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2023

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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A KENTUCKY ECONOMIC DEVELOPMENT FINAN	52-1643102		12/09/2009	38,150,000	(SEE STATEMENT)		✓		✓		✓
B KENTUCKY BOND DEVELOPMENT CORPORAT	47-2650498		12/30/2015	50,000,000	RENOVATIONS TO HOSPITAL		✓		✓		✓
C KENTUCKY BOND DEVELOPMENT CORPORAT	47-2650498		12/30/2015	50,000,000	RENOVATIONS TO HOSPITAL		✓		✓		✓
D KENTUCKY BOND DEVELOPMENT CORPORAT	47-2650498	491210AW0	05/12/2016	98,494,028	(SEE STATEMENT)		✓		✓		✓

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	18,550,000	10,250,000	8,125,000	19,385,000				
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				
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓			✓		✓		✓
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓		✓	✓	
16 Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2023

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?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓		✓		✓
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓		✓	
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?	✓		✓		✓		✓	
c Are there any research agreements that may result in private business use of bond-financed property?		✓	✓		✓			✓
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			✓		✓			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.00 %		0.00 %		0.00 %		0.00 %	
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	0.95 %		0.50 %		0.69 %		1.11 %	
6 Total of lines 4 and 5	0.95 %		0.50 %		0.69 %		1.11 %	
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
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?		✓		✓		✓		✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓		✓		✓	

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?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		✓
b Exception to rebate?		✓		✓		✓	✓	
c No rebate due?	✓		✓		✓			✓
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?	✓			✓	✓			✓

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2023

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A KENTUCKY BOND DEVELOPMENT CORPORAT	47-2650498		06/26/2019	75,000,000	RENOVATIONS TO HOSPITAL		✓		✓		✓
B NATIONAL FINANCE AUTHORITY	52-1304598	63609WAP7	10/20/2021	57,508,798	RENOVATIONS TO HOSPITAL		✓		✓		✓
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	7,431,003		300,000					
2 Amount of bonds legally defeased	0		0					
3 Total proceeds of issue	75,414,457		57,953,014					
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		57,430,999					
11 Other spent proceeds	0		0					
12 Other unspent proceeds	0		14,598					
13 Year of substantial completion	2020		2024					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓		✓				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16 Has the final allocation of proceeds been made?	✓		✓					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2023

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?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓					
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?	✓		✓					
c Are there any research agreements that may result in private business use of bond-financed property?	✓		✓					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.00 %		0.00 %		%		%
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?		✓		✓				
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?		✓		✓				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

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?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	✓		✓					
b Exception to rebate?		✓		✓				
c No rebate due?		✓		✓				
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?	✓			✓				

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: KENTUCKY BOND DEVELOPMENT CORPORATION	ADVANCE REFUNDING OF SERIES 2009A BONDS
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY	PARTIAL REFUNDING OF BONDS ISSUED 6/11/03
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.
SCHEDULE K, PART III, LINE 4 - RESEARCH AGREEMENT REVENUE	THE AMOUNT OF REVENUE FROM THE RESEARCH AGREEMENTS IS DE MINIMIS REPRESENTING LESS THAN 0.105% OF THE TOTAL OPERATING REVENUE.
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
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
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
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.
SCHEDULE K, PART IV, LINE 4B - SCHEDULE K, PART IV, COLUMN A, LINE 4B	FIFTH THIRD FINANCIAL RISK SOLUTIONS
SCHEDULE K, PART IV, COLUMN (C) - LINE 4B	PNC BANK, NATIONAL ASSOCIATION
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-REMEDATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS, ST. ELIZABETH HEALTHCARE WOULD CONTACT ITS BOND COUNSEL REGARDING THE IRS'S VOLUNTARY CLOSING AGREEMENT PROGRAM.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

2023

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$	18,153,064					

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Part II

Loans to and/or From Interested Persons (continued)

(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) BRUNO GIACOMUZZI	SVP PROF SVCS & COO FLO GRANT			TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	874,367	923,789	
(2) CHRIS CARLE	FORMER PRESIDENT & CEO SEPN; COO - DEARBORN	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	1,120,410	1,196,669		✓	✓		✓	
(3) GARREN COLVIN	PRESIDENT & CEO	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	6,224,814	6,597,225		✓	✓		✓	
(4) GARY BLANK	EXEC VP COO	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	2,294,546	2,420,742		✓	✓		✓	
(5) HARRY WATSON	SVP FACILITIES	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	545,659	573,366		✓	✓		✓	
(6) JAMES PARSONS	FORMER SVP HUMAN RESOURCES	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	249,381	259,066		✓	✓		✓	
(7) KATHY JENNINGS	SVP PATIENT CARE SVCS/ONCOLOGY	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	396,733	415,851		✓	✓		✓	
(8) LAROY KENDALL	SVP MEDICAL SERVICES/CHIEF MEDICAL OFFICER	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	638,270	671,696		✓	✓		✓	
(9) LISA FREY	EVP LEGAL SVCS/GENERAL COUNSEL/CORPORATE SECRETARY	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL		✓	739,308	774,771		✓	✓		✓	

(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
							LIFE INSURANCE					
(10) LORI RITCHEY-BALDWIN	EVP FINANCE/CFO/TREASURER	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	1,066,112	1,129,383		✓	✓		✓	
(11) SARAH GIOLANDO	SVP CHIEF STRATEGY OFFICER	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	1,236,671	1,306,935		✓	✓		✓	
(12) VERA HALL	EXEC VP	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	860,125	900,894		✓	✓		✓	
(13) JAMES HORN	EXEC VP	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	770,956	807,674		✓	✓		✓	
(14) JULIE MCGREGOR	SVP HUMAN RESOURCES	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	55,200	57,089		✓	✓		✓	
(15) HEIDI MURLEY	SEP PRESIDENT/CEO	TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE		✓	114,424	117,914		✓	✓		✓	

Part IV**Business Transactions Involving Interested Persons** (continued)

(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) CULTURE INDEX LLC/BEHAVIORIAL ANALYTICS	BOARD MEMBER A.J. SCHAEFFER	\$25,000	CONSULTING SERVICES		✓
(2) MPI CONSULTING	BOARD MEMBER JOHN HAWKINS	\$83,956	HUMAN RESOURCE CONSULTING		✓
(3) JOHNSON INVESTMENT COUNSEL	BOARD MEMBER JASON JACKMAN	\$10,000,000	INVESTMENTS		✓

Part V

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

Return Reference - Identifier	Explanation
<p>SCHEDULE L, PART II - TO FUND SPLIT DOLLAR LIFE INSURANCE PREMIUMS FOR SUPPLEMENTAL LIFE INSURANCE</p>	<p>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).</p>
<p>SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS</p>	<p>BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS WERE AT ARM'S LENGTH (FMV) AND APPROVED BY DISINTERESTED MEMBERS OF THE BOARD.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	800	COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		1,590	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	5	202,300	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	2	180	COST
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>FOOD/PRIZES</u>)	✓	68	10,108	COST
26 Other (<u>BANNERS</u>)	✓	2	2,400	COST
27 Other (<u>JEWELRY</u>)	✓	2	275	COST
28 Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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 - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - FOOD/PRIZES - COMBINATION OTHER - BANNERS - NUMBER OF ITEMS RECEIVED CLOTHING AND HOUSEHOLD GOODS - NUMBER OF ITEMS RECEIVED OTHER - JEWELRY NUMBER OF ITEMS RECEIVED COLLECTIBLES - COMBINATION ART - WORKS OF ART - NUMBER OF ITEMS RECEIVED SECURITIES - PUBLICLY TRADED - NUMBER OF ITEMS RECEIVED

**SCHEDULE O
(Form 990)**

Department of 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 the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
ST. ELIZABETH MEDICAL CENTER, INC.

Employer Identification Number
61-0445850

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>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.</p> <p>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."</p> <p>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.</p> <p>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.</p> <p>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 2023 ST. ELIZABETH HEALTHCARE HAD TOTAL ADMISSIONS OF 123,435, TOTAL PATIENT VISITS OF 220,212, AND TOTAL EMERGENCY ROOM VISITS OF 204,064.</p>
<p>FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE</p>	<p>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.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>MOST REVEREND CATHOLIC BISHOP IFFERT OF COVINGTON KENTUCKY HAS CERTAIN RESERVED POWERS IN REGARD TO MAJOR TRANSACTIONS.</p> <p>THE BOARD OF TRUSTEES OF ST. ELIZABETH HEALTHCARE WILL BE APPOINTED ACCORDING TO THE FOLLOWING SUMMARIZED PROCEDURE:</p> <p>(I) THE BOARD SHALL SUBMIT TO THE BISHOP UP TO THREE NAMES OF CANDIDATES FOR EACH VACANCY;</p> <p>(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;</p> <p>(III) THE BISHOP RESERVES THE RIGHT TO SUBMIT OTHER NAMES TO THE BOARD FOR REVIEW AND COMMENT;</p> <p>(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;</p> <p>(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.</p>
<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>MOST REVEREND CATHOLIC BISHOP IFFERT OF COVINGTON KENTUCKY HAS CERTAIN RESERVED POWERS IN REGARD TO MAJOR TRANSACTIONS.</p> <p>THE FOLLOWING ACTIONS REQUIRE PRIOR APPROVAL OF THE BISHOP:</p> <p>(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;</p> <p>(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;</p> <p>(III) THE DISSOLUTION, CONSOLIDATION, MERGER, OR TERMINATION OF EXISTENCE OF ST. ELIZABETH HEALTHCARE; AND</p> <p>(IV) A BORROWING, LEASE, TRANSFER, OR ENCUMBRANCE OF ANY REAL ESTATE OF ST. ELIZABETH HEALTHCARE EXCEEDING \$5,000,000.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p> <p>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.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>ST. ELIZABETH HEALTHCARE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR A MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEE WITH THE GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.</p> <p>THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXISTS.</p> <p>EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:</p> <p>(I) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;</p> <p>(II) HAS READ AND UNDERSTANDS THE POLICY;</p> <p>(III) HAS AGREED TO COMPLY WITH THE POLICY; AND</p> <p>(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.</p> <p>WHEN BUSINESS MATTERS COME BEFORE THE BOARD IN WHICH A MEMBER IS INVOLVED AND A POTENTIAL CONFLICT OF INTEREST MAY EXIST:</p> <p>(I) THE MEMBER SHOULD AGAIN MAKE A VERBAL DISCLOSURE TO THE MEMBERSHIP PRESENT;</p> <p>(II) THE BOARD SHALL ASK THE INTERESTED MEMBER TO LEAVE THE MEETING DURING DISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT;</p> <p>(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;</p> <p>(IV) THE INTERESTED MEMBER SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT SUCH MEETING; AND</p> <p>(V) THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE TAKEN, AND WHICH MEMBERS WERE PRESENT AND VOTING.</p>
FORM 990, PART VI, LINE 13 - WHISTLEBLOWER POLICY	<p>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.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>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.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>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.</p> <p>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 2023.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>
FORM 990, PART VII, SECTION A - COMPENSATION OF KEY EMPLOYEES	<p>ALL KEY EMPLOYEES HAVE BEEN EVALUATED AND ONLY THOSE MEETING THE DEFINITION OF KEY EMPLOYEES WERE INCLUDED ON PART VII FOR CALENDAR YEAR 2023.</p>

Return Reference - Identifier	Explanation				
	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	CONTRACT LABOR	40,884,799	36,888,559	3,996,240	0
	AMBULANCE SERVICE	1,554,928	1,554,394	534	0
	ANESTHESIOLOGY SERVICE	14,568,971	14,568,971	0	0
	LABORATORY SERVICES	1,192,832	1,185,789	7,043	0
	LAUNDRY EXPENSE	3,289,223	237,297	3,051,926	0
	PERFUSION SERVICE	1,618,069	1,618,069	0	0
	RADIATION SERVICES	1,321,942	1,321,942	0	0
	PHYSICIAN FEES	16,681,422	11,426,757	5,254,665	0
	CONSULTING SERVICE	6,095,635	1,312,673	4,465,061	317,901
	COLLECTION SERVICE	1,157,283	0	1,157,283	0
	OTHER FEES	359	8,202	-7,843	0
	PURCHASED SERVICES	31,387,490	6,931,708	24,455,782	0
	ORGANIZED DEVELOP SERVICES	14,095	0	14,232	-137
	RESEARCH PARTICIPATION	19,531	19,531	0	0
	RECRUITMENT ADVERTISING	33,149	32,649	500	0
	VEHICLE OPERATION MAINT	4,473	4,408	65	0
	CONSUMABLES - HARDWARE	4,189,276	62,739	4,126,537	0
	HRIP-UPL KHREF FEES	1,758,265	0	1,758,265	0
	JANITORIAL SERVICES	1,032,747	295,598	737,149	0
	MAINTENANCE	20,747,083	3,087,258	17,658,867	958
	EPIC RESEARCH CHARGES	82,456	82,456	0	0
	PEST CONTROL	50,505	11,724	38,781	0
	OUTSOURCING SERVICES	17,724	17,724	0	0
	FIRE LIFE SAFETY SECURITY	99,910	14,248	85,662	0
	CAM - COMMON AREA MAINTENANCE	2,469,430	357,929	2,111,501	0
	INTERCOMPANY	193,790,986	22,584,636	171,206,350	0
	MERGER EXPENSE	-2,000	0	-2,000	0
	BUSINESS TRANSPORTATION	236	0	236	0
	NON-PHYSICIAN SERVICES	549	549	0	0
	RADIOLOGY SERVICES	1,466	1,466	0	0
	NETWORK/DATA CONNECTION	531	0	531	0
	PLP LAB SERVICES	14,841,951	21,799,303	-6,957,352	0
	RECRUITMENT EXPENSE	1,360,916	30,359	1,330,557	
	EMPLOYEE RELATIONS	747,012	82,040	663,875	1,097
	BANK FEES	-1,136,516	52,303	-1,202,205	13,386
	SUBSCRIPTIONS	3,547,832	1,207,323	2,316,867	23,642
	RECERTIFICATION CLINICAL LADDER	955	955		
	OCCUPATIONAL LICENSE	40		40	
	Total	363,425,555	126,799,559	236,269,149	356,847

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	CHANGE IN FMV OF INTEREST RATE SWAP	- 959,656
	CONTRIBUTION - WRITE OFF/ADJUST	- 10,044
	NET ASSET RELEASED FROM RESTRICTIONS - PPE	198,078
	MINIMUM PENSION LIABILITY ADJ	49,932,376
	TRANSFERS DUE TO/FROM AFFILIATES	- 18,925,917
	CHANGE TO INVESTMENT IN AMSURG	48,456
	NET ASSET RELEASED FROM RESTRICTIONS - BDF	97,910

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

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 (61-1339639) 334 THOMAS MORE PARKWAY, STE 200, CRESTVIEW HILLS, KY 41017	PHYSICIAN MANAGEMENT SERVICES	KY	0	3,763,828	ST. ELIZABETH MEDICAL CENTER, INC.
(2) SEH HOLDINGS, INC. (83-0817636) 1 MEDICAL VILLAGE DR., EDGEWOOD, KY 41017	HOLDING COMPANY	KY	195,679	(1,849,459)	ST. ELIZABETH MEDICAL CENTER, INC.
(3) NEXT DAYBREAK, INC. (83-2843631) 1 MEDICAL VILLAGE DR., EDGEWOOD, KY 41017	PHYSICIAN MANAGEMENT SERVICES	KY	0	(869,168)	ST. ELIZABETH MEDICAL CENTER, INC.
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SUMMIT MEDICAL GROUP, INC. (61-1300608) 1360 DOLWICK DRIVE, SUITE 200, ERLANGER, KY 41018	PHYSICIAN PRACTICE	KY	501(C)(3)	3	ST. ELIZABETH MEDICAL CENTER, INC.	✓	
(2) HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY (83-2875231) 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY 41017	ADVANCE HEALTHCARE QUALITY AND AVAILABILITY IN NORTHERN KY	KY	501(C)(4)		ST. ELIZABETH MEDICAL CENTER, INC.	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. ELIZABETH PROVIDER NETWORK	L	6,473,586	CASH
(2) SUMMIT MEDICAL GROUP, INC.	R	169,584,870	CASH
(3) SUMMIT MEDICAL GROUP, INC.	O	26,633,746	CASH
(4) SUMMIT MEDICAL GROUP, INC.	J	153,131	CASH
(5) SUMMIT MEDICAL GROUP, INC.	M	527,949	CASH
(6) HEALTHCARE ADVOCATES OF NORTHERN KENTUCKY, INC.	B	233,604	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HEALTH CARE SOLUTIONS NETWORK, LLC (47-2103334) 619 OAK STREET, CINCINNATI, OH 45206	PHO	OH	HSN	RELATED	746,616	6,260,055		✓	N/A	✓		87.12
(2) PREFERRED LAB PARTNERS, LLC (82-4758763) 1 MEDICAL VILLAGE DRIVE, SUITE B, EDGEWOOD, KY 41707	LABORATORY	KY	N/A	RELATED	96,123	7,661,198		✓	N/A	✓		50.00
(3) BIOSKILLS LAB LLC (32-0571870) 4123 OLYMPIC BLVD, ERLANGER, KY 41018	BIOSKILLS LAB	KY	SEMC	RELATED	(128,030)	9,601		✓	N/A	✓		65.00

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ST. ELIZABETH PROVIDER NETWORK, INC. (47-2862438) 1 MEDICAL VILLAGE DR., EDGEWOOD, KY 41017	PHYSICIAN-HOSPITAL ORG.	KY	ST. ELIZABETH MEDICAL CENTER, INC.	C CORPORATION	6,259,742	(6,473,586)	100.00	✓	
(2) CHARITABLE REMAINDER TRUST (3) 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY 41017	TRUST	KY		TRUST					

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Saint Elizabeth Medical Center, Inc.
For the Year Ended December 31, 2023

Saint Elizabeth Medical Center, Inc.

Consolidated Financial Statements
and Supplementary Information

December 31, 2023 and 2022

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Independent Auditor's Report

To the Board of Trustees
Saint Elizabeth Medical Center, Inc.

Opinion

We have audited the consolidated financial statements of Saint Elizabeth Medical Center, Inc. and its subsidiaries (the "Organization"), which comprise the consolidated balance sheets as of December 31, 2023 and 2022 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2023 and 2022 and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Consolidated Financial Statements* section of our report. We are required to be independent of the Organization and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the consolidated financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audits of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

To the Board of Trustees
Saint Elizabeth Medical Center, Inc.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements that collectively comprise Saint Elizabeth Medical Center, Inc. and its subsidiaries' consolidated financial statements. The supplementary information, consisting of the consolidating balance sheets and consolidating statements of operations and changes in net assets, is presented for the purpose of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Plante & Moran, PLLC

April 2, 2024

Saint Elizabeth Medical Center, Inc.

Consolidated Balance Sheets

December 31, 2023 and 2022
(in thousands)

	<u>2023</u>	<u>2022</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 54,081	\$ 62,275
Short-term investments <i>(Note 3)</i>	76,578	10,600
Patient accounts receivable <i>(Note 1)</i>	177,744	165,513
Inventories and supplies	50,790	48,532
Prepaid expenses and other current assets	86,145	52,170
Total current assets	<u>445,338</u>	<u>339,090</u>
Cash and cash equivalents - Restricted <i>(Note 1)</i>	30,890	67,911
Assets limited as to use <i>(Note 3)</i>	1,624,665	1,470,820
Right of use operating lease assets	125,293	131,639
Property, plant and equipment, net <i>(Note 5)</i>	799,344	752,984
Goodwill <i>(Note 6)</i>	17,651	17,651
Intangible assets <i>(Note 6)</i>	5,514	4,450
Foundation pledge receivables	6,098	11,037
Pension asset <i>(Note 11)</i>	47,739	6,402
Fair value of interest rate swap <i>(Note 8)</i>	5,514	6,361
Other assets	206,326	170,986
Total assets	<u>\$ 3,314,372</u>	<u>\$ 2,979,331</u>

See notes to consolidated financial statements

1

Saint Elizabeth Medical Center, Inc.

Consolidated Balance Sheets

December 31, 2023 and 2022
(in thousands)

	<u>2023</u>	<u>2022</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 118,046	\$ 95,649
Accrued employee compensation	185,537	159,932
Accrued interest	1,596	1,688
Accrued third-party settlements (Note 7)	76,585	77,112
Deferred revenue	725	1,824
Other current liabilities	21,119	23,243
Current portion of long-term debt (Note 8)	10,057	9,604
Current portion of lease liabilities - Operating (Note 9)	14,127	14,090
Total current liabilities	<u>427,792</u>	<u>383,142</u>
Long-term debt (Note 8)	332,520	343,802
Long-term lease liabilities - Operating (Note 9)	115,760	122,181
Liability for self-insurance	54,594	66,850
Fair value of interest rate swap (Note 8)	526	483
Other long-term liabilities	77,325	60,959
Total liabilities	<u>1,008,517</u>	<u>977,417</u>
Net assets:		
Net assets without donor restriction	2,267,845	1,965,141
Net assets with donor restriction (Note 1)	38,062	36,783
Total net assets excluding noncontrolling interest	<u>2,305,907</u>	<u>2,001,924</u>
Noncontrolling interest	(52)	(10)
Total net assets	<u>2,305,855</u>	<u>2,001,914</u>
Total liabilities and net assets	<u>\$ 3,314,372</u>	<u>\$ 2,979,331</u>

See notes to consolidated financial statements

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Saint Elizabeth Medical Center, Inc.

Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2023 and 2022
(in thousands)

	2023	2022
Patient service revenue <i>(Note 7)</i>	\$ 1,993,585	\$ 1,786,891
Net assets released from restriction for operations	1,220	711
Other revenue	179,693	166,259
Total revenue	2,174,498	1,953,861
Expenses:		
Salaries and wages	978,375	915,623
Employee benefits	214,451	225,523
Purchased services	138,150	116,335
Interest	10,450	10,517
Depreciation and amortization	91,988	88,294
Supplies	450,817	389,457
Other	185,659	169,200
Total expenses <i>(Note 10)</i>	2,069,890	1,914,949
Operating income	104,608	38,912
Unrestricted contributions	653	375
Other gains (losses), net <i>(Note 3)</i>	147,242	(127,697)
Excess of revenue over expenses (expenses over revenue)	252,503	(88,410)
Excess of expenses over revenue attributable to noncontrolling interest	(42)	(83)
Excess of revenue over expenses (expenses over revenue) attributable to St. Elizabeth Medical Center, Inc.	252,545	(88,327)
Net assets without donor restriction:		
Pension change other than net periodic costs <i>(Note 11)</i>	49,932	(6,666)
Other	(69)	(70)
Net assets released from restriction for capital	296	148
Increase (decrease) in net assets without donor restrictions attributable to St. Elizabeth Medical Center, Inc.	302,704	(94,915)
Net assets with donor restrictions:		
Net increase in cash, cash equivalents, and restricted cash	2,795	947
Net assets released from restriction	(1,516)	(859)
Increase in net assets with donor restrictions attributable to St. Elizabeth Medical Center, Inc.	1,279	88
Increase (decrease) in net assets attributable to St. Elizabeth Medical Center, Inc.	303,983	(94,827)
Non-controlling interest:		
Excess of expenses over revenue attributable to noncontrolling interest	(42)	(83)
Paid in capital by equity owners	-	75
Decrease in net assets attributable to noncontrolling interest	(42)	(8)
Increase (decrease) in net assets	303,941	(94,835)
Net assets at beginning of period	2,001,914	2,096,749
Net assets at end of period	\$ 2,305,855	\$ 2,001,914

See notes to consolidated financial statements

3

Saint Elizabeth Medical Center, Inc.
Consolidated Statement of Cash Flows
Years Ended December 31, 2023 and 2022
(in thousands)

	2023	2022
Operating activities and gains		
Increase (decrease) in net assets	\$ 303,941	\$ (94,835)
Adjustments to reconcile increase (decrease) in net assets to net cash, cash equivalents, and restricted cash provided by operating activities and (gains) losses:		
Depreciation and amortization	91,988	88,294
Amortization of bond premium/discount and issuance costs	(1,225)	(1,335)
Interest and dividends received on long-term investments	(38,270)	(30,715)
Net unrealized and realized (gains) losses on long-term investments	(117,154)	180,956
Change in pension other than net periodic costs	(49,932)	6,666
Change in fair value of interest rate swap	890	(23,446)
Income recognized from joint ventures and limited liability partnerships	(5,124)	(7,631)
Proceeds from contributions restricted for long-term purposes	(5,816)	(4,478)
Changes in operating assets and liabilities:		
Patient accounts receivable	(12,231)	17,061
Inventory, supplies, prepaid expenses, and other current assets	(36,231)	723
Other assets	(17,506)	(6,504)
Accounts payable	22,396	7,553
Medicare advanced funds payable	-	(61,929)
Other liabilities	19,489	(22,524)
Net cash provided by operating activities and gains	155,215	47,856
Investing activities		
Change in short-term investments, net	(65,978)	59,957
Change in assets limited to use, net	62,377	48,699
Expenditures for property, plant, and equipment	(137,667)	(108,598)
Cash received from (invested in) joint ventures and limited liability partnerships, net	7,170	(3,210)
Other	(1,745)	-
Net cash used by investing activities	(135,843)	(3,152)
Financing activities		
Proceeds from contributions restricted for long-term purposes	5,816	4,478
Payments on long-term debt	(9,604)	(8,983)
Net cash used by financing activities	(3,788)	(4,505)
Net increase in cash, cash equivalents, and restricted cash	15,584	40,199
Cash, cash equivalents, and restricted cash at beginning of period	149,428	109,229
Cash, cash equivalents, and restricted cash at end of period	\$ 165,012	\$ 149,428
Consolidated balance sheet classification of cash, cash equivalents, and restricted cash		
Cash and cash equivalents	54,081	62,275
Restricted cash	30,890	67,911
Assets limited as to use - Restricted cash and cash equivalents	80,041	19,242
Total cash, cash equivalents, and restricted cash	\$ 165,012	\$ 149,428

See notes to consolidated financial statements

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Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies

Organization and Mission

Saint Elizabeth Medical Center, Inc. (St. Elizabeth Healthcare or SEH) is a Kentucky Corporation founded by the Franciscan Sisters of the Poor in 1861. Sponsorship of St. Elizabeth Healthcare was transferred in 1973 to the Roman Catholic Diocese of Covington, Kentucky. St. Elizabeth Healthcare is comprised of St. Elizabeth Hospitals and Summit Medical Group, doing business as St. Elizabeth Physicians (SEP). St. Elizabeth Hospitals includes all hospital facilities of St. Elizabeth Healthcare, which are located in Covington, Edgewood, Florence, Fort Thomas, and Williamstown Kentucky, and Dearborn Indiana. St. Elizabeth Healthcare's primary mission is to provide comprehensive and compassionate care that improves the health of the people we serve. All significant intercompany balances and transactions have been eliminated in consolidation.

SEP has approximately 242 full-time equivalent primary care physicians, 176 full-time equivalent specialty physicians, and 232 advanced practice providers operating in 203 offices throughout Northern Kentucky, Ohio, and Indiana. SEP performs most of the physician billings for St. Elizabeth Healthcare's hospital facilities.

The consolidated financial statements reflect all adjustments that are, in the opinion of management, necessary for the fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles (GAAP) as of December 31, 2023 and 2022 and for the years ended December 31, 2023 and 2022. SEH reflects non-controlling interest in net assets on the balance sheet and on the income statement for consolidated entities that are not wholly owned.

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash equivalents include investments with a maturity of three months or less when acquired or purchased, excluding amounts whose use is limited by Board designation or other arrangements under trust agreements. Cash and money market accounts are covered by the FDIC up to \$250,000, mutual funds by the SIPC up to \$500,000, and all treasury securities are automatically backed by the United States Government; however, the majority of St. Elizabeth Healthcare funds are not covered by these.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

Restricted Cash

The bonds issued by St. Elizabeth Healthcare during the year ended December 31, 2021 required amounts to be set aside for the purpose of financing acquisition, construction, installation and equipping of facilities suitable for use by SEH as healthcare and health related facilities. These amounts were classified as restricted cash on the consolidated balance sheet in 2023 and 2022 and represented \$28,000 and \$41,068,000, respectfully, of the restricted cash balance.

The remaining amount in restricted cash for 2023 and 2022 is from restricted contributions.

Accounts Receivable

Accounts receivable for patients, insurance companies, and 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 our financial assistance policy, and implicit price concessions provided primarily to self-pay patients. Estimates for explicit price concessions are based on provider contracts, payment terms for relevant prospective payment systems, and historical experience adjusted for economic conditions and other trends affecting St. Elizabeth Healthcare's ability to collect outstanding amounts.

St. Elizabeth Healthcare performs periodic assessments to determine if an allowance for expected credit losses is necessary. Incurred loss experience is considered and adjusted for known and expected events and other circumstances. In estimating 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, and notices of payor bankruptcies or payors entering receivership. Because St. Elizabeth Healthcare's accounts receivable is typically paid for by highly-solvent, creditworthy payors, such as Medicare, other governmental programs, and highly regulated commercial insurers on behalf of the patient, the Company's credit losses have been infrequent and insignificant in nature. Amounts recognized for allowances for expected credit losses are immaterial to the financial statements.

For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment 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 to pay the portion of their bill for which they are financially responsible.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

The composition of receivables from patients and third-party payors at December 31 is as follows:

	<u>2023</u>	<u>2022</u>
Medicare	31%	30%
Medicaid	11	13
Anthem Blue Cross	25	19
Humana	1	2
United Healthcare	6	6
Other insurance and workers' compensation	10	14
Self-pay and residual self-pay	16	16
Total	<u>100%</u>	<u>100%</u>

Patient accounts receivables were approximately \$177,744,000, \$165,513,000, and \$182,574,000 at December 31, 2023, 2022, and 2021, respectively.

Short-term Investments

Short term investments primarily include U.S. government obligations, corporate bonds, and asset-backed securities with weighted average maturities of one year or less.

Inventories

Inventories, which consist of medical, pharmaceutical, and other supplies, are stated at the lower of cost or net realizable value, on a first-in, first-out basis. Quantities are determined by physical count.

Assets Limited as to Use and Investments

Assets limited as to use include assets designated by the Board for future capital improvement, over which the Board retains control, and may, as its discretion, subsequently use for other purposes. Assets limited as to use also include amounts designated for operating needs and amounts designated for self-insurance needs.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheet. The fair value of the hedge fund of funds, real estate funds, defensive equity funds, emerging markets funds, infrastructure funds, private equity funds, commingled funds, and venture capital funds has been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers or general partners. Investment income or loss (including unrealized and realized gains and losses on investments, interest, and dividends) is

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

included within excess of revenue over expenses unless the income or loss is restricted by donor or law.

Fair Value Measurements

St. Elizabeth Healthcare follows the provisions of Accounting Standard Codification (ASC) 820, *Fair Value Measurement and Disclosure*, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. ASC 820 emphasizes that fair value is a market-based measurement, not an entity-specific measurement; therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumptions in fair value measurements, ASC 820 defines a three-level fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity and the reporting entity's own assumptions about market participants. The fair value hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – Inputs utilize quoted market prices in active markets for identical assets or liabilities that St. Elizabeth Healthcare has the ability to access.

Level 2 – Inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals.

- Level 3 – Inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances whereby the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. St. Elizabeth Healthcare's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

In order to meet the requirements of ASC 820, St. Elizabeth Healthcare utilized two basic valuation approaches to determine fair value of its assets and liabilities required to be recorded at fair value. The first approach is the market approach. The market approach looks at what a market participant would consider an exact or similar asset or liability to that of St. Elizabeth Healthcare, including

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

those traded on exchanges, to determine value. The second approach is the income approach. The income approach uses estimation techniques to determine the estimated future cash flows of St. Elizabeth Healthcare's respective asset or liability expected by a market participant and discounts those cash flows back to present value (more typically referred to as the cash flow approach).

Derivative Instruments

St. Elizabeth Healthcare has entered into certain interest rate swap arrangements in connection with its debt. Under ASC 815, *Derivatives and Hedging*, St. Elizabeth Healthcare records its derivative instruments as either assets or liabilities in the accompanying consolidated balance sheets at fair value. The change in the fair market value of interest rate swaps is included within other gains (losses) within excess of revenue over expenses.

Property, Plant, and Equipment and Depreciation

Property, plant, and equipment is recorded at historical cost, or if donated, impaired, or acquired under a business combination, at fair market value at the date of receipt or determination. The assets are depreciated over their estimated useful lives using the straight-line method. Buildings, building services, and land improvements are depreciated over 3 to 40 years and equipment is depreciated over 3 to 20 years. Useful lives of assets are estimated by management in conjunction with the American Hospital Association's *Estimated Useful Lives of Depreciable Hospital Assets*.

Goodwill and Intangible Assets

Identifiable intangible assets subject to amortization consist primarily of exclusivity and non-competition agreements. Amortization of the intangible assets is calculated using the straight-line method over estimated lives of the exclusivity and non-competition agreements ranging from one to twenty years.

St. Elizabeth Healthcare annually performs an evaluation of goodwill for impairment considering qualitative and/or quantitative factors.

Foundation Pledges Receivables

Pledges received for unconditional promises to give are recorded as revenue in the year made by the donor. Pledges to give cash, marketable securities, and other assets are reported at fair value and discounted to present value at the date the pledge is made to the extent estimated to be collectible. Conditional donor promises to give and indications of intentions to give are not recognized until the condition is satisfied. Pledges received with donor restrictions that limit the use of the donated assets are reported as net assets with donor restrictions until the donor restriction expires.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

Other Assets

Other assets include investments in joint ventures and limited liability partnerships, which are accounted for using the equity method of accounting. These investments were \$30,645,000 and \$32,691,000 as of December 31, 2023 and 2022, respectively. The following reflects total unaudited financial information for these joint ventures and limited liability partnerships as of and for the years ended December 31 (in thousands):

	<u>2023</u>	<u>2022</u>
Total assets	158,732	155,191
Total net assets	118,652	98,483
Total net income	13,042	11,371

Other assets also include the plan assets of a 457(b) plan, as well as a non-qualified welfare benefit plan, both available to certain employees of St. Elizabeth Healthcare. Each of these balances are included in other assets on the consolidated balance sheet. The 457(b) plan assets were approximately \$59,356,000 and \$45,894,000 at December 31, 2023 and 2022, respectively, and included in the fair value hierarchy table in Note 4.

Unamortized Bond Issue Costs

Debt issuance costs are recorded as a reduction in the recorded balance of outstanding debt. The costs are amortized over the term of the related debt and reported as a component of interest expense.

Malpractice and General Liability Contingencies

St. Elizabeth Healthcare maintains a policy of self-insuring its professional liability risks for individual losses up to specified amounts per claim. In addition, the self-insurance plan has specified annual aggregate limits. St. Elizabeth Healthcare carries insurance coverage for incidents that would exceed coverages specified by the self-insurance program.

Because of the nature of its operations, St. Elizabeth Healthcare is, at all times, subject to pending and threatened legal actions, which arise in the normal course of its activities.

Malpractice and general liability claims for incidents that may give rise to litigation have been asserted against St. Elizabeth Healthcare by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. There are also known incidents that have occurred through December 31, 2023 that may result in the assertion of additional claims. There may be other claims from unreported incidents arising from services provided to patients; however,

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

because the annual excess insurance policy covers only claims that have been asserted and incidents reported to the insurance carrier, these unknown incidents are not yet covered by excess insurance. The liability for medical malpractice at December 31, 2023 and 2022 includes estimated amounts for claims and related legal expenses for these unreported incidents.

At December 31, 2023 and 2022, St. Elizabeth Healthcare's management recorded its best estimate of these contingent losses based upon recommendations of professional actuaries. Recorded malpractice and general liability self-insurance liabilities, discounted at 2.18 percent and 1.88 percent at December 31, 2023 and 2022, respectively, are adequate in management's opinion. As the actuarially determined accrual for professional and general liability is an estimate, the possibility exists that the estimate could be revised by a material amount.

St. Elizabeth Healthcare established a trust for the purpose of malpractice and general liability self-insurance liability, setting aside assets based on actuarial funding recommendations; this amount is included in assets limited as to use.

St. Elizabeth Healthcare is also self-insured for workers' compensation, unemployment compensation, and employee medical insurance coverage. At December 31, 2023 and 2022, St. Elizabeth Healthcare's management recorded its best estimates of known and incurred, but not reported claims for losses. Recorded self-insured liabilities are adequate in management's opinion.

Net Assets with Donor Restrictions

Net assets with donor restrictions are those whose use by St. Elizabeth Healthcare has been limited by donors to a specific time period or purpose. Some of the larger restricted assets are for cancer care, the Clinical Research Institute, heart & vascular, hospice, and Vision (an associate led campaign to give back to their community and fellow associates in crisis). These funds are to cover facilities, equipment, research, education, supplies, and other specified expense.

At December 31, 2023 and 2022, net assets with donor restrictions of \$38,062,000 and \$36,783,000, respectively, were subject to expenditure for specified purpose for various healthcare services and programs.

Revenue Recognition – Patient Service Revenue

St. Elizabeth Healthcare recognizes patient service revenue at the time in which performance obligations are satisfied. The amounts from patient, third-party payors, (including managed care and governmental programs), and others are subject to contractual adjustments, discounts, and implicit price concessions and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Patients are generally billed when discharged, though they may be billed on an interim basis for longer stays.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

St. Elizabeth Healthcare determines performance obligations based on the nature of the services provided in both outpatient and inpatient settings. Revenue is recognized for performance obligations satisfied over time based on actual charges incurred in relation to total expected charges. This method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients in our hospital receiving inpatient acute care services or patients receiving services in our outpatient centers or other clinical settings. St. Elizabeth Healthcare measures the performance obligation from admission into the hospital, or the commencement of an outpatient services or other visit, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services or other visit.

Accordingly, because all of the St. Elizabeth Healthcare's performance obligations are part of a contract that is expected to have duration of one year or less, St. Elizabeth Healthcare has elected to apply the exemption provided by ASC 606-10-50-14(a) to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied as of period end.

St. Elizabeth Healthcare determines the transaction price based on gross charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided, and implicit price concessions provided primarily to uninsured patients. St. Elizabeth Healthcare determines its estimates of contractual adjustments and discounts based on the historical collection experience, adjusted for current environmental risks and trends for each major payor source.

In assessing collectability, management elected the portfolio approach as St. Elizabeth Healthcare has a large volume of similar contracts with similar classes of customers. Management reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

Revenue Recognition – Other Operating Revenue

Other operating revenue consists of income (loss) from equity ventures, pharmacy, gift shop, cafeteria sales, grant revenue, and sundry revenues related to the operations of St. Elizabeth Healthcare. For those revenues subject to ASC 606, revenues are recorded at a point-in-time or over time based on the nature of the services provide. For the year ended December 31, 2023 and

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

2022, St. Elizabeth Healthcare recognized \$131,068,000 and \$107,726,000 of other operating revenues at a point-in-time.

Charity Care

St. Elizabeth Healthcare provides care, without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy. Amounts determined to qualify as charity care are not reported as patient service revenue. The cost to St. Elizabeth Healthcare to provide charity care was approximately \$10,942,000 and \$8,356,000 for the years ended December 31, 2023 and 2022, respectively. The cost to St. Elizabeth Healthcare to provide charity care was determined through application of the ratio of patient costs to charges, per Schedule H of Form 990 filed with the Internal Revenue Service, to current-year charity care charges included as a deduction from gross patient revenue.

The Affordable Care Act (ACA) was passed to provide Americans better access to health care coverage. A major component of increasing access to coverage was new federal funding for states to expand their Medicaid eligibility to 138 percent of the Federal Poverty Level. Previously these patients qualified under the Kentucky State Indigent Program and were included in St. Elizabeth Healthcare's charity care program. The percent of Medicaid patient service revenue to total patient service revenue was 20 percent and 16 percent in 2023 and 2022, respectively.

Federal law requires that state Medicaid programs make Disproportionate Share Hospital (DSH) payments to qualifying hospitals that serve a large number of Medicaid and uninsured individuals. Uninsured individuals qualified under the Kentucky DSH/Indigent program are reported under hospital charity. For the years ended December 31, 2023 and 2022, St. Elizabeth Healthcare recognized an increase to revenue of \$21,083,000 and \$10,355,000, respectively, for payments received under the Kentucky DSH program. St. Elizabeth Healthcare has received DSH funds of \$59,592,000 and \$64,823,000 that are believed to be constraint at December 31, 2023 and 2022, respectively, that are included in accrued third-party settlements on the consolidated balance sheets.

St. Elizabeth Healthcare also paid provider tax to the State of Kentucky in the amount of \$12,547,000 and \$12,548,000, respectively, for the years ended December 31, 2023 and 2022 and recorded these amounts to other operating expense. Kentucky uses these taxes to draw matching DSH funds from the federal government.

Hospital Rate Improvement Program

On November 6, 2019, the Centers for Medicare and Medicaid Services (CMS) approved a Hospital Rate Improvement Program (HRIP) to enhance reimbursement for Medicaid patients covered by managed care organizations in Kentucky for year ended June 30, 2020. This approval

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

was retroactive to July 1, 2019. The estimated funding in the first year, known as an Upper Payment Limit (UPL) gap, was based upon the estimated variation between what Kentucky Medicaid reimburses for inpatient hospital care versus what would have been paid at 95% of the Medicare inpatient base rate. The CMS reapproved the program for the year ended June 30, 2021 on May 27, 2020.

In October 2020, the Kentucky Cabinet for Health and Family Services filed an amendment to the plan proposing to change the UPL gap calculation based on the variation between what Kentucky Medicaid reimburses for inpatient hospital care versus what would have been paid at 90% of the statewide Average Commercial Rate (ACR). The CMS approved this on January 14, 2021 retroactive to July 1, 2020. On February 21, 2023, the CMS reapproved the inpatient HRIP program and added outpatient hospital care to the program, both effective January 1, 2023 through December 31, 2023.

The HRIP is largely funded by CMS with a portion funded by participating hospitals through an additional provider tax. The provider tax is allocated based on the ratio of a provider's total discharges to total discharges in Kentucky as reported on the Medicare cost report. For the years ended December 31, 2023 and 2022, St. Elizabeth Healthcare recognized Medicaid UPL provider tax of approximately \$39,737,000 and \$18,766,000, respectively, while recognizing Medicaid reimbursement of approximately \$176,702,000 and \$72,735,000, respectively, in patient service revenue in the consolidated statement of operations.

Tax Status

No provision has been made for income taxes since St. Elizabeth Healthcare is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) and is classified as other than a private foundation by the Internal Revenue Service. Management has analyzed the tax positions taken by St. Elizabeth Healthcare and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. St. Elizabeth Healthcare is not under review by any state or local tax authorities. St. Elizabeth Healthcare's federal tax returns for the year ended prior to December 31, 2019 and prior years are no longer subject to examination as the statute of limitations has expired for those years.

Contributions

Contributions are recorded at fair value in the period received or pledged. Donor-restricted contributions are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

the purpose or time restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets. Donor-restricted contributions whose restrictions are met within the same year as recognized are accounted for as net assets without donor restrictions.

Consolidated Statements of Operations and Changes in Net Assets

For the purpose of reporting, transactions deemed by management to be directly related to the provision of healthcare services are reported as revenue and expenses from operations. Operating revenues include those generated from direct patient care, related support services, income (loss) from equity ventures in core business patient service facilities, gains (losses) on the disposition of assets, grant revenues, and sundry revenues related to the operations of St. Elizabeth Healthcare.

Nonoperating income (expense) includes realized gains (losses) on investments, interest and dividend income, change in net unrealized gains (losses) on investments, change in fair market value of interest rate swaps, other periodic pension cost excluding service cost, contributions, and other nonoperating activity.

The consolidated statements of operations and changes in net assets includes excess of revenue over expenses. Excluded from excess of revenue over expenses, consistent with industry practice, are pension changes other than net periodic costs, net assets released from restrictions used for capital, and amortization of previously hedged interest rate swaps.

Accounting Pronouncements

In March 2020, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2020-04, Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting. The amendments in this ASU provide optional guidance for a limited time to ease the burden in accounting for or recognizing the effects of reference rate reform on financial reporting. The guidance applies to all entities, subject to meeting certain criteria, for contract modifications or hedging relationships that are referencing LIBOR or another reference rate discontinued due to reference rate reform. The amendments in ASU No. 2020-04 were adopted in 2023 and did not have a material effect on the current financial position, results of operations, or financial statement disclosures.

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses: Measurement of Credit Losses on Financial Instruments. The ASU includes changes to the accounting and measurement of financial assets including SEH's accounts receivable and held-to-maturity debt securities by requiring SEH to recognize an allowance for all expected losses over the life of the financial asset at origination. This is different from the current practice where an allowance is not recognized until

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

1. Summary of Significant Accounting Policies (continued)

the losses are considered probable. The ASU also changes the way credit losses are recognized for available-for-sale debt securities. Credit losses are recognized through the recording of an allowance rather than as a write-down of the carrying value. The new guidance was adopted by SEH in 2023 and did not have a material effect on the current financial position, results of operations, or financial statement disclosures.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

2. Availability and Liquidity

The following reflects St. Elizabeth Healthcare's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date (in thousands):

	2023	2022
Cash and cash equivalents	54,081	62,275
Short-term investments	76,578	10,600
Patient accounts receivable	177,744	165,513
Cash and cash equivalents – Restricted	30,890	67,911
Assets limited to use	1,624,665	1,470,820
Foundation pledge receivables	6,098	11,037
Other assets	101,108	94,171
Financial assets at year-end	\$ 2,071,164	\$ 1,882,327

Less amounts not available to be used within one year, due to contractual or donor-imposed restrictions (in thousands):

Contractual or donor-imposed restrictions:		
Patient accounts receivable	\$ (4,673)	\$ (7,321)
Cash and cash equivalents – Restricted	(30,890)	(67,911)
Foundation pledge receivables	(6,098)	(11,037)
Other assets	(71,117)	(61,491)
Board designations:		
Assets limited to use designated for capital needs (<i>Note 3</i>)	(1,573,596)	(1,410,081)
Assets limited to use for self-insurance needs (<i>Note 3</i>)	(51,069)	(60,739)
Total	\$ (1,737,443)	\$ (1,618,580)
Financial assets available to meet general expenditures within one year	\$ 333,721	\$ 263,747

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

2. Availability and Liquidity (continued)

St. Elizabeth Healthcare has certain board designated assets limited to use, which are more fully described in Note 3. These amounts are not available for general expenditure within the next year; however, the board designated amounts could be made available, if necessary.

As part of St. Elizabeth Healthcare's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. St. Elizabeth Healthcare has a goal to maintain financial assets, which consist of cash and cash equivalents, short-term investments, and patient accounts receivable, on hand to meet 30 days of normal operating expenses, which are on average approximately \$162,567,000.

As of December 31, 2023, St. Elizabeth Healthcare was in compliance with required debt covenants outlined in Note 8.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

3. Assets Limited as to Use and Investments

The following is a description of the aggregate carrying amount of assets limited as to use and investments by major type of investment carried at fair value for the different investment groupings at December 31 (in thousands):

	<u>2023</u>	<u>2022</u>
Money market funds	\$ 80,041	\$ 19,242
Certificates of deposit	1,245	-
U.S. government obligations	101,170	98,398
Asset-backed securities	46,808	35,579
Corporate bonds	122,653	114,676
Municipal bonds	8,233	9,958
Foreign bonds	9,646	9,060
Government-backed securities	47,081	24,119
Federal agency bonds	6,052	682
Common stock	167,765	160,309
Mutual funds:		
All cap core	45,781	44,698
International large cap	62,615	53,055
International emerging markets	2,678	2,461
Fixed income	-	627
Hedge fund of funds	82,143	74,270
Real estate funds	189,757	220,029
Infrastructure funds	135,641	122,163
Private debt fund	55,788	43,435
Private equity fund	12,341	-
Defensive equity fund	92,569	81,518
Emerging markets fund	52,636	46,456
Venture capital fund	5,972	3,124
Commingled funds	372,628	317,561
Total assets limited as to use and investments	<u>\$ 1,701,243</u>	<u>\$ 1,481,420</u>
Assets limited as to use and investments:		
Internally designated for operating needs	\$ 76,578	\$ 10,600
Internally and board-designated for capital needs (Note 2)	1,573,596	1,410,081
Designated for self-insurance needs (Note 2)	51,069	60,739
Total assets limited as to use and investments	<u>\$ 1,701,243</u>	<u>\$ 1,481,420</u>

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

3. Assets Limited as to Use and Investments (continued)

Other gains (losses), net is comprised of the following for the years ended December 31 (in thousands):

	2023	2022
Realized gains on sales of investments, net	\$ 1,954	\$ 17,562
Interest and dividend income, net	38,270	30,715
Change in unrealized gains (losses) on investments, net	115,200	(198,518)
Total investment income (loss)	155,424	(150,241)
Change in fair market value of interest rate swap	(890)	23,446
Other periodic pension cost excluding service cost	(8,595)	(1,520)
Other	1,303	618
Total	\$ 147,242	\$ (127,697)

4. Assets and Liabilities Measured at Fair Value

Cash and Cash Equivalents and Assets Limited as to Use

St. Elizabeth Healthcare's cash and cash equivalents and assets limited as to use, except for investments valued at net asset value, which are further defined in this footnote, are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of transparency. The types of instruments based on quoted market prices in active markets include common stock, mutual funds, and money market securities (cash and cash equivalents). Such instruments are generally classified within Level 1 of the fair value hierarchy. St. Elizabeth Healthcare does not adjust the quoted price for such instruments.

The types of instruments valued based on quoted prices that are not active, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency include most U.S. government obligations, preferred stock, investment-grade and high-yield corporate bonds, foreign bonds, and asset-backed securities. Fair values are primarily obtained from third-party pricing services for identical or comparable assets or liabilities. Such instruments are generally classified within Level 2 of the fair value hierarchy. Primarily all of St. Elizabeth Healthcare's marketable debt securities, including asset-backed obligations, are actively traded and the recorded fair value reflects current market conditions; however, due to the volatility in the investment market, there is at least a reasonable possibility that recorded investment values may change by a material amount in the near term.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

The level in the fair value hierarchy within which the fair value measurement in its entirety is determined based on the lowest level of input that is significant to the fair value measurement in its entirety. The following is a summary of the inputs and valuation techniques as of December 31, 2023 and 2022 used for valuing Level 2 financial instruments:

Financial Instrument	Input	Valuation Technique
U.S. government obligations	Broker/dealer	Market
Asset-backed securities	Broker/dealer	Market/income
Corporate and foreign bonds	Broker/dealer	Market
Municipal bonds	Broker/dealer	Market
Government-backed securities	Broker/dealer	Market/income
Federal agency bonds	Broker/dealer	Market

Interest Rate Swap Agreements

St. Elizabeth Healthcare participates in interest rate swap agreements to manage its exposures to fluctuations in interest rates and the overall long-term debt portfolio. The interest rate swap agreements are contracts between St. Elizabeth Healthcare and third parties (counterparties) that provide for economic payments between parties based on changes in notional amounts and defined interest rates. The risk of the interest rate swap agreements is estimated and managed on an ongoing basis by St. Elizabeth Healthcare. St. Elizabeth Healthcare's interest rate swap agreements are not traded on an exchange. The valuation of the interest rate swap agreements is determined using widely accepted valuation techniques, including a discounted cash flow analysis on the expected cash flows of each interest rate swap agreement. The discounted cash flow analysis reflects the contractual terms of the interest rate swap agreements, including the period to maturity and uses observed market-based inputs, including interest rate curves and implied volatilities. Valuation adjustments are required to be considered in the determination of fair value. This includes amounts to reflect counterparty credit quality and liquidity risk. To comply with the provisions of ASC 820, St. Elizabeth Healthcare incorporated a credit valuation adjustment to appropriately reflect nonperformance risk in the fair value measurements. Although St. Elizabeth Healthcare has determined that certain of the inputs used to value its interest rate swap agreements fall within Level 2 of the fair value hierarchy, certain inputs and the credit valuation adjustment associated with the interest rate swap agreements utilize Level 3 inputs, such as estimates of current credit spreads to evaluate the likelihood of default by St. Elizabeth Healthcare or the counterparties. As a result, St. Elizabeth Healthcare has determined that its interest rate swap agreements in their entirety are classified in Level 3 of the fair value hierarchy.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

The following table summarizes St. Elizabeth Healthcare’s assets and liabilities measured at fair value on a recurring basis as of December 31, 2023, aggregated by the level in the fair value hierarchy within which those measurements are measured (in thousands):

	Fair Value Measurements Using			
	Balance at December 31 2023	Quoted Prices in Active Markets for Identical Assets and Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets limited as to use and investments				
Money market funds	\$80,041	\$80,041	\$ –	\$ –
Certificates of deposit	1,245	1,245	–	–
U.S. government obligations	101,170	–	101,170	–
Asset-backed securities	46,808	–	46,808	–
Corporate bonds	122,653	–	122,653	–
Municipal bonds	8,233	–	8,233	–
Foreign bonds	9,646	–	9,646	–
Government-backed securities	47,081	–	47,081	–
Federal agency bonds	6,052	–	6,052	–
Common stock	167,765	167,765	–	–
Mutual funds:				
All cap core	45,781	45,781	–	–
International large cap	62,615	62,615	–	–
International emerging markets	2,678	2,678	–	–
Other assets – Mutual funds	59,356	59,356	–	–
Assets measured at fair value levels	<u>\$761,124</u>	<u>\$419,481</u>	<u>\$341,643</u>	<u>\$ –</u>
Hedge fund of funds	82,143	–	–	–
Real estate funds	189,757	–	–	–
Infrastructure funds	135,641	–	–	–
Private debt fund	55,788	–	–	–
Private equity fund	12,341	–	–	–
Defensive equity fund	92,569	–	–	–
Emerging markets fund	52,636	–	–	–
Venture capital funds	5,972	–	–	–
Commingled funds	372,628	–	–	–
Total assets limited as to use, investments, and other assets	<u>\$1,760,599</u>	<u>\$419,481</u>	<u>\$341,643</u>	<u>\$ –</u>
Assets – Fair value of interest rate swaps	<u>\$5,514</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$5,514</u>
Liabilities – Fair value of interest rate swaps	<u>\$(526)</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$(526)</u>

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

The following table summarizes St. Elizabeth Healthcare's assets and liabilities measured at fair value on a recurring basis as of December 31, 2022, aggregated by the level in the fair value hierarchy within which those measurements are measured (in thousands):

	Fair Value Measurements Using			
	Balance at December 31 2022	Quoted Prices in Active Markets for Identical Assets and Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets limited as to use and investments				
Money market funds	\$19,242	\$19,242	\$ –	\$ –
U.S. government obligations	98,398	–	98,398	–
Asset-backed securities	35,579	–	35,579	–
Corporate bonds	114,676	–	114,676	–
Municipal bonds	9,958	–	9,958	–
Foreign bonds	9,060	–	9,060	–
Government-backed securities	24,119	–	24,119	–
Federal agency bonds	682	–	682	–
Common stock	160,309	160,309	–	–
All cap core	44,698	44,698	–	–
International large cap	53,055	53,055	–	–
International emerging markets	2,461	2,461	–	–
Fixed income	627	627	–	–
Other assets – Mutual funds	45,894	45,894	–	–
Assets measured at fair value levels	<u>\$618,758</u>	<u>\$326,286</u>	<u>\$292,472</u>	<u>\$ –</u>
Hedge fund of funds	74,270	–	–	–
Real estate funds	220,029	–	–	–
Infrastructure funds	122,163	–	–	–
Private debt fund	43,435	–	–	–
Defensive equity fund	81,518	–	–	–
Emerging markets fund	46,456	–	–	–
Venture capital funds	3,124	–	–	–
Commingled funds	317,561	–	–	–
Total assets limited as to use, investments, and other assets	<u>\$1,527,314</u>	<u>\$326,286</u>	<u>\$292,472</u>	<u>\$ –</u>
Assets – Fair value of interest rate swaps	<u>\$6,361</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$6,361</u>
Liabilities – Fair value of interest rate swaps	<u>\$(483)</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$(483)</u>

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while St. Elizabeth Healthcare believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the consolidated balance sheets date.

The following table is a roll forward of the consolidated balance sheets amounts for financial instrument assets classified by St. Elizabeth Healthcare within Level 3 of the fair value hierarchy defined above for years ended December 31 (in thousands):

	Interest Rate Swaps	
	2023	2022
Balance at January 1	\$ 6,361	\$ (14,683)
Change in fair market value of interest rate swaps	(847)	21,044
Balance at December 31	\$ 5,514	\$ 6,361

The following table is a roll forward of the consolidated balance sheets amounts for financial instrument liabilities classified by St. Elizabeth Healthcare within Level 3 of the fair value hierarchy defined above for years ended December 31 (in thousands):

	Interest Rate Swaps	
	2023	2022
Balance at January 1	\$ (483)	\$ (2,884)
Change in fair market value of interest rate swaps	(43)	2,401
Balance at December 31	\$ (526)	\$ (483)

Investments in Entities that Calculate Net Asset Value per Share

The following description of funds is applicable to funds included in the assets limited as to use and/or the funds included in the defined benefit pension plan assets in Note 11. They include hedge fund of funds, real estate funds, infrastructure funds, private debt fund, private equity funds, defensive equity fund, emerging markets fund, venture capital funds, and commingled funds. The fair value of these investments in this class has been estimated using the net asset value per share of the investment company. The change in the fair value of the investments valued at net asset value is included in the other gains (losses), net within excess of revenue over expenses.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Hedge Fund of Funds

Magnitude International

Magnitude fund is a global, multi-strategy “fund-of-funds” managed by Magnitude Capital, LLC. Magnitude’s investment strategies can involve the purchase and sale of various financial instruments, including but not limited to stocks, bonds, options, futures contracts, derivative instruments, insurance and reinsurance-related products, and cash and cash equivalents. St. Elizabeth Healthcare has subscribed to Magnitude’s Class A shares. There were no unfunded commitments at December 31, 2023 or 2022.

Partial or complete redemptions can be made as of the last day of any calendar quarter with at least 65 days written notice prior to the applicable redemption date.

Real Estate Funds

The real estate investments are comprised of Morgan Stanley Prime Property Fund (PRIME) and Principal Enhanced Property Fund, L.P. (Principal Property).

Morgan Stanley Prime Property Fund

PRIME is a core open-end commingled equity real estate investment fund diversified by property type and geographic location across the United States. The focus is on high-quality office buildings, Class A multifamily communities, warehouse distribution and storage facilities, and top tier super regional malls and shopping centers in targeted primary markets. There were no unfunded commitments at December 31, 2023 or 2022.

PRIME does not have a lockout period for invested funds. The agreement may be terminated by either party without penalty upon 90 days’ written notice. There is no withholding if a partial redemption is requested; however, a full redemption request only allows a 90 percent payout of the previous month-end balance. The remaining 10 percent will be paid out on the fifth business day following the quarter end to ensure the correct PRIME share price.

Principal Enhanced Property Fund, L.P.

Principal Property is an open-end, commingled fund which invests in U.S. real estate properties and portfolios. Principal Property invests only in office, retail, industrial and multifamily properties in U.S. markets with metropolitan statistical area populations greater than one million. There were no unfunded commitments at December 31, 2023 or 2022.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

After the first anniversary of an investor's initial contribution (and earlier in limited circumstances), withdrawals will be permitted on a quarterly basis with at least 90 days' notice, subject to available capital.

Infrastructure Funds

The infrastructure investments are comprised of J.P. Morgan Infrastructure Investments Fund (IIF) and IFM Global Infrastructure (IFM).

J.P. Morgan Infrastructure Investments Fund

IIF is managed by J.P. Morgan Asset Management. The purpose of IIF is to invest in a broad range of infrastructure and infrastructure-related assets located in member countries of the Organization for Economic Co-Operation and Development with a primary focus on the US, Canada, Western Europe, and Australia. These assets may include toll roads, bridges, tunnels, oil and gas pipelines, electricity transmission and distribution facilities, contracted power generation assets, communication assets, water distribution and wastewater collection and processing assets, railway lines and rapid transit links, seaports and airports. St. Elizabeth Healthcare had no unfunded commitments at December 31, 2023 or 2022.

IIF is subject to a 4-year soft lock period. Redemptions are possible prior to the expiration of the 4-year term but are subject to a 4 percent penalty. After the initial term has expired, funds may be redeemed with 60 days written notice.

IFM Global Infrastructure

IFM makes investments into infrastructure assets and companies located principally in Europe and the Americas. IFM invests in a diversified portfolio of global infrastructure assets. Infrastructure consists of physical facilities for the delivery, generation and transportation of energy, information, people, products and real property from which services to the community or government are delivered. The target investment sub-sectors are: electricity generation, transmission and distribution including renewable energy, gas transmission, distribution, processing and storage, toll roads, rail infrastructure, seaports, airports, marine terminals, steam and hot air supply, water and waste water, pipelines and related infrastructure, telecommunications infrastructure, social infrastructure with principally government backed cash flow (e.g. hospitals, schools, aged care, courthouses, community housing, etc.) and infrastructure assets. St. Elizabeth Healthcare had no unfunded commitments at December 31, 2023 and 2022.

Partial or complete redemptions can be made as of the end of each calendar quarter with at least 90 days written notice prior to the applicable redemption date.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Private Debt Funds

The private debt investments are comprised of H.I.G. WhiteHorse Principal Lending Fund, L.P (HIG PL) and H.I.G. WhiteHorse Direct Lending Fund - 2020, L.P. (HIG DL)

H.I.G. WhiteHorse Principal Lending Fund, L.P.

HIG PL is a private equity fund that originates tailored, senior secured financing solutions for U.S. companies. The fund originates investments in senior secured loans to lower to middle market companies that are primarily secured by the borrower's assets and current and future cash flows. At December 31, 2023 and 2022, St. Elizabeth Healthcare had unfunded commitments of \$2,883,000 and \$4,090,000, respectively.

Investors are subject to a three-year initial commitment period with the option to stay in the fund at the end of the commitment period. Redemption can be requested during June of the third year of the commitment period. Once the investor elects to exit the fund, the funds are transferred to a special purpose vehicle (SPV) fund with a term of three years, with an option by HIG PL to extend the term for up to two one-year periods.

H.I.G. WhiteHorse Direct Lending Fund - 2020, L.P.

HIG DL is a private equity fund that invests principally in privately originated first lien, senior secured loans. The fund acquires loans to lower to middle market companies at moderate loan-to-value ratios to maintain strong free cash flow and interest coverage. In March 2021 St. Elizabeth Healthcare made a \$30,000,000 commitment to HIG DL. At December 31, 2023 and 2022, St. Elizabeth Healthcare had unfunded commitments of \$9,806,000 and \$20,625,000, respectively.

Investors are subject to a three-year initial commitment period with the option to stay in the fund at the end of the commitment period. Redemption can be requested during June of the third year of the commitment period. Once the investor elects to exit the fund, the funds are transferred to a special purpose vehicle (SPV) fund with a term of three years, with an option by HIG DL to extend the term for up to two one-year periods.

Private Equity Funds

The private equity investments are comprised of Fort Washington Fund VIII (Fund VIII) and Fort Washington Fund IX (Fund IX). In 2023, these investments were purchased from the defined benefit pension assets portfolio by the long-term operating assets portfolio. The defined benefit pension plan achieved a funded status that triggered an asset allocation change on the Liability Driven Investing (LDI) glide path which necessitated the Private Equity assets to be reallocated to more liquid assets.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Fort Washington Fund VIII

Fund VIII is a private equity fund of funds formed by Fort Washington Capital Partners Group. Fund VIII endeavors to realize capital appreciation primarily by investing in a diversified portfolio of leading private equity funds including buyout, venture capital, growth equity, and special situations funds (primarily distressed, credit, and real assets), among others; up to 20 percent of capital in secondary investments, structured transactions, and direct investments; and up to 30 percent of the private equity fund investments in international funds. Fund VIII has a maximum limitation of 10 percent of its capital in any one investment. At December 31, 2023 and 2022, St. Elizabeth had unfunded commitments of \$2,700,000.

Fund VIII does not have a redemption period or redemption frequency. An assignment of interest may be granted at the General Partner's discretion. The investment period is four years from the final closing date (October 2014). The commitment term is 10 years after the expiration of the investment period, subject to three one-year extensions with the consent of the advisory committee.

Fort Washington Fund IX

Fund IX is a private equity fund of funds that was formed by Fort Washington Capital Partners Group in 2016. Similar to Fund VIII, Fund IX seeks to realize capital appreciation primarily by investing in a diversified portfolio of leading private equity funds including buyout, venture capital, growth equity, real assets and special situations; up to 20 percent of capital in secondary investments, structured transactions, and direct investments; and up to 30 percent of the private equity fund investments in international funds. Fund IX has a maximum limitation of 10 percent of its capital in any one investment. At December 31, 2023 and 2022, St. Elizabeth Healthcare had unfunded commitments of \$1,275,000.

Fund IX does not have a redemption period or redemption frequency. Limited Partners can request an assignment of interest at the General Partner's discretion. The investment period is four years from the final closing date (May 2017). The commitment term is 12 years after the expiration of the investment period, subject to two one-year extensions with the consent of the advisory committee.

Defensive Equity Fund

Neuberger Berman U.S. Equity Index PutWrite Fund LLC

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Neuberger Berman U.S. Equity Index PutWrite Fund LLC (Neuberger) seeks long-term growth of capital through a strategy of writing collateralized put options on the S&P 500 Index. Neuberger attempts to generate returns through the receipt of option premiums from selling puts, as well as through investments in fixed income instruments, which collectively are intended to reduce volatility relative to holding the underlying equity index on which the options are written due to the receipt of income from options and fixed income instruments. There were no unfunded commitments at December 31, 2023 or 2022.

Partial or complete redemptions can be made monthly with at least 7 days written notice prior to the applicable redemption date.

Emerging Markets Fund

Logan Circle Partners Emerging Markets Debt, L.P.

The Logan Circle Partners Emerging Markets Debt, L.P. (Logan Circle) invests primarily in debt securities of issuers located in emerging market countries. Emerging market countries are countries that major international financial institutions, such as the World Bank, generally consider to be less economically mature than developed nations. Emerging market countries can include every nation in the world except the United States, Canada, Japan, Australia, New Zealand and most countries located in Western Europe. Logan Circle normally will hold fixed-income securities of government and government-related issuers and corporate issuers in emerging market countries. The investment adviser may invest in capital securities, which are hybrid securities that combine the characteristics of bonds and preferred stocks, in order to take advantage of the mispricing of subordinated risk within the marketplace. There were no unfunded commitments at December 31, 2023 or 2022.

Amounts invested in Logan Circle may only be redeemed as of the last business day of a calendar month and with at least 10 business days' prior written notice, unless otherwise consented to by the General Partner in its sole discretion.

Venture Capital Funds

The venture capital funds are comprised of Cintrifuse Syndicate Fund II, LLC (Cintrifuse) and CFSPV5, LLC dba Connetic Ventures (Connetic), eGateway Capital Partners II, L.P. (eGateway) and SeedFund SPV LLC (SeedFund).

Cintrifuse Syndicate Fund II, LLC

Cintrifuse venture capital focuses on early-stage venture capital funds that are currently, or have a plan for being, engaged in the Cincinnati region and that are likely to generate high rates of return.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Cintrifuse seeks to expose mid-size and larger organizations in Greater Cincinnati to disruptive innovation to solve technological challenges and to increase the amount of venture capital activity in the Cincinnati region, thereby enhancing the region's innovation ecosystem and overall economic competitiveness. While Cintrifuse's focus is on the Cincinnati region, it is not required to invest a specified amount in companies in the Cincinnati region and can invest in companies outside of the region. St. Elizabeth Healthcare had unfunded commitments of \$119,727 and \$207,000 at December 31, 2023 and 2022, respectively.

Cintrifuse does not have a redemption period or redemption frequency. Voluntary withdrawal from the Fund is not permitted. The fund is in its active investment phase. The investment term is thirteen years from the final closing date, subject to three one-year extensions with the consent of the advisory committee.

CFSPV5, LLC dba Connetic Ventures

Connetic is a venture capital fund that uses proprietary technology to identify early stage, post minimum viable product startup companies in core states that include but are not limited to Kentucky, Indiana, Illinois, Ohio, Pennsylvania and North Carolina. At December 31, 2023 and 2022, St. Elizabeth Healthcare had unfunded commitments of \$0 and \$400,000, respectively.

Connetic does not have a redemption period or redemption frequency. Voluntary withdrawal from the fund is not permitted. Capital contributions to the fund are irrevocable. The investment term is five years. The term of the fund is ten years, subject to two one-year extensions. It is not expected or reasonable to expect any distributions during the investment period. If any distributions are made, they are anticipated to begin at the end of the 6th year.

eGateway Capital Partners II, L.P.

eGateway is a venture capital fund that makes capital investments in private companies engaged in various businesses in the e-commerce ecosystem. The Fund invests in growth stage businesses, helping to scale proven business models. St. Elizabeth Healthcare had unfunded commitments of \$1,038,000 at December 31, 2023.

eGateway does not have a redemption period or redemption frequency. Voluntary withdrawal from the Fund is not permitted. The investment period is ten years, expiring in February 2032, subject to two additional one-year periods at the sole discretion of the general partner and for one additional one-year period at the sole discretion of the advisory committee.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

SeedFund SPV LLC

SeedFund was established to raise capital to launch a SEC registered ‘40 Act Mutual Fund Regulated Investment Company (RIC) with a targeted start date of January 1, 2024. The Mutual Fund will be advised by Connetic Venture Capital. The primary purposes of the fund are to serve as a bridge fund to support the launch of the SEC registered ‘40 Act Mutual Fund RIC. Once launched, the purpose of the Company is to identify potential investment opportunities, to invest in portfolio companies by acquiring, holding, and selling securities, and to manage portfolio companies and investments. At December 31, 2023, St. Elizabeth Healthcare had no unfunded commitments.

The SeedFund investment lockup period is three years. Voluntary withdrawal from the fund is not permitted.

Commingled Funds

Northern Trust Global Investments Common Funds Trust

The Northern Trust Global Investments Common Funds Trust is a commingled trust comprised of common trust funds which seek to provide investment results that approximate the overall performance of assets contained in standard market index funds. Common trust funds are private funds that are valued based on the value of underlying assets, which may include U.S. and foreign equity funds and short-term investment funds. St. Elizabeth Healthcare invests in two of the common trust funds within the Northern Trust Global Investments Common Funds Trust, which are the (1) Northern Trust Common All Country World Index (ACWI) Ex-US Fund and the (2) Northern Trust Common Russell 3000 Index Fund (funds collectively referred to as “Northern Trust Funds”). The Northern Trust Funds invest predominantly in U.S. and foreign equity securities. There were no unfunded commitments at December 31, 2023 or 2022.

Redemptions of shares can be made daily by providing written notice prior to cut-off times defined by Northern Trust.

Northern Trust Global Investments Collective Funds Trust

The Northern Trust Global Investments Collective Funds Trust is a commingled trust comprised of collective trust funds which seek to provide investment results that approximate the overall performance of assets contained in standard market index funds. Collective trust funds are private funds that are valued based on the value of underlying assets, which may include U.S. and foreign equity funds and short-term investment funds. St. Elizabeth Healthcare invests in the Northern Trust Collective S&P 500 Index Fund, which invests predominantly in U.S. equity securities. There were no unfunded commitments at December 31, 2023 or 2022.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

4. Assets and Liabilities Measured at Fair Value (continued)

Redemptions of shares can be made daily by providing written notice prior to cut-off times defined by Northern Trust. These investments are held in the defined benefit pension asset portfolio only.

5. Property, Plant and Equipment

Property, plant, and equipment consist of the following at December 31 (in thousands):

	<u>2023</u>	<u>2022</u>
Land	24,249	20,874
Buildings, building services, and land improvements	961,615	936,252
Equipment	481,142	463,539
Construction in process	109,808	61,828
Total cost	1,576,814	1,482,493
Less accumulated depreciation and amortization	(777,470)	(729,509)
Net property and equipment	<u>\$ 799,344</u>	<u>\$ 752,984</u>

Depreciation expense totaled \$91,306,000 and \$87,781,000 for the years ended December 31, 2023 and 2022, respectively, and is included in depreciation and amortization expense on the consolidated statement of operations.

St. Elizabeth Healthcare's strategic plan incorporates a multi-phased master facility plan. In 2022, the Ft Thomas surgery suite was completed with a total investment of \$15,229,000. In addition, the Florence surgery suite, scheduled for completion in early 2024, has incurred investment of \$90,330,000 as of the end of 2023, of which \$24,424,000 has been capitalized and placed in service, with a remaining commitment of \$3,187,000. Finally, the Dearborn Cancer Center, scheduled for completion in early 2024, incurred an investment of \$34,270,000 as of the end of 2023, with a remaining commitment of \$10,030,000.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

6. Goodwill and Intangible Assets

Intangible assets of St. Elizabeth Healthcare at December 31 are summarized as follows (in thousands):

	2023		2022	
	Gross Carrying Amount	Accumulated Amortization	Gross Carrying Amount	Accumulated Amortization
Amortized intangible assets	\$ 22,811	\$ 17,297	\$ 20,974	\$ 16,524
Unamortized goodwill intangible assets	\$ 17,651	\$ -	\$ 17,651	\$ -

Identifiable intangible assets subject to amortization consist primarily of exclusivity and non-competition agreements. Amortization of the intangible assets is calculated using the straight-line method over estimated lives of the exclusivity and non-competition agreements ranging from one to twenty years. Amortization expense was \$773,000 and \$510,000 for the years ended December 31, 2023 and 2022, respectively, and is included in depreciation and amortization expense.

Estimated amortization expense for the years ended December 31 is as follows (in thousands):

	Amount
2024	\$ 869
2025	869
2026	869
2027	869
2028	592
Thereafter	1,446
Total	\$ 5,514

St. Elizabeth Healthcare annually performs an evaluation of goodwill for impairment considering qualitative or quantitative factors. There are no indicators that an impairment loss should be recognized in 2023 or 2022.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

7. Patient Service Revenue

St. Elizabeth Healthcare is a provider of services under contractual arrangements with the Medicare and Medicaid programs and other payment agreements with certain commercial carriers. Patient service revenue includes amounts estimated by management to be reimbursable by these programs under the provisions of the various payment formulas of such arrangements. Amounts received by St. Elizabeth Healthcare for treatment of patients covered by such programs are recorded at the consideration in which St. Elizabeth Healthcare expects to be entitled.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various healthcare entities have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in entities entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge St. Elizabeth Healthcare's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims, or penalties would have upon St. Elizabeth Healthcare. In addition, the contracts St. Elizabeth Healthcare has with commercial payors also provide for retroactive audit and review of claims.

Cost report settlements under reimbursement agreements with Medicare, Medicaid, and certain other payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the expected value method. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the St. Elizabeth Healthcare's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved.

Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. There is a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments arising from a change in the transaction price were approximately \$2,847,000 and \$2,030,000 for the years ended December 31, 2023 and 2022, respectively.

Cost report settlements due from St. Elizabeth Healthcare and DSH reserves were approximately \$76,585,000 and \$77,112,000 at December 31, 2023 and 2022, respectively.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

7. Patient Service Revenue (continued)

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. St. Elizabeth Healthcare also provides services to uninsured patients, and offers 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 charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2023 and 2022, changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years were not significant.

Self-pay revenues are derived from patients who do not have any form of healthcare coverage as well as from patients with third-party healthcare coverage related to the patient responsibility portion, including deductibles 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 provides 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 Healthcare 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 recorded to credit loss expense.

In some circumstances, after settlement by the responsible third-party, the patient will be billed for the residual amount due to St. Elizabeth Healthcare. St. Elizabeth Healthcare has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less; however, St. Elizabeth Healthcare does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Patients who meet St. Elizabeth Healthcare's criteria for charity care are provided care without charge or at amounts 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 collection of amounts related to these patients, and therefore, contracts with these patients do not exist.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

7. Patient Service Revenue (continued)

St. Elizabeth Healthcare has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected primarily by payor. The composition of patient service revenue by primary payor for the years ended December 31 is as follows (in thousands):

	<u>2023</u>	<u>2022</u>
Medicare	\$ 672,395	\$ 631,191
Medicaid	407,166	282,217
Anthem Blue Cross	476,264	421,744
Humana	45,322	48,018
United Healthcare	184,690	155,667
Other insurance and workers' compensation	179,314	226,967
Self-pay	28,434	21,087
Patient service revenue	<u>\$ 1,993,585</u>	<u>\$ 1,786,891</u>

Revenue from patient's deductibles and coinsurance are included in the categories presented above based on the primary payor.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

8. Long-Term Debt

Long-term debt at December 31 consists of the following (in thousands):

	2023	2022
Kentucky Economic Development Finance Authority Adjustable Rate Hospital Facilities Revenue Refunding Bonds, Series 2009B, maturing in various amounts through 2033 with an adjustable rate set every seven days (3.70 percent and 3.65 percent at December 31, 2023 and 2022, respectively)	\$19,600	\$21,225
Kentucky Bond Development Corporation Hospital Facilities Revenue Bonds, Series 2015A, maturing in various amounts through 2045 with a fixed rate of 2.17 percent through 2027	39,750	41,150
Kentucky Bond Development Corporation Adjustable Rate Hospital Facilities Revenue Bonds, Series 2015B, maturing in various amounts through 2045 with an adjustable rate set every 30 days (4.90 percent and 3.81 percent at December 31, 2023 and 2022, respectively)	41,875	43,300
Kentucky Bond Development Corporation Hospital Facilities Revenue Refunding Bonds, Series 2016, maturing in various amounts through 2039 with various fixed rates ranging from 3.00 percent through 5.00 percent	65,615	68,730
Kentucky Bond Development Corporation Adjustable Rate Hospital Facilities Revenue Bonds, Series 2019A, maturing in various amounts through 2049 with an adjusting rate set every 30 days (4.77 percent and 3.71 percent at December 31, 2023 and 2022, respectively)	67,569	69,308
National Finance Authority Hospital Facilities Revenue Bonds, Series 2021A, maturing in various amounts through 2051 with various fixed rates ranging from 4.00 percent through 5.00 percent	49,180	49,480
National Finance Authority Hospital Facilities Revenue Bonds, Series 2021B Taxable Series, maturing in various amounts through 2051 with various fixed rates ranging from 3.172 percent to 3.272 percent	50,520	50,520
Total debt	334,109	343,713
Less current portion	(10,057)	(9,604)
Less unamortized debt issuance costs	(2,802)	(2,972)
Plus unamortized premium	11,270	12,665
Long-term debt	\$332,520	\$343,802

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

8. Long-Term Debt (continued)

In December 2009, the Kentucky Economic Development Finance Authority, on behalf of St. Elizabeth Healthcare, issued Hospital Facilities Revenue Refunding and Improvement Bonds, Series 2009A of \$101,850,000 and the Adjustable Rate Hospital Facilities Revenue Refunding Bonds, Series 2009B of \$38,150,000. The Series 2009A and 2009B bonds were used to refund the outstanding Series 2003A, Series 2003B, and Series 2003C bonds, pay certain costs related to the issuance of the Series 2009A and 2009B bonds, and finance improvements to St. Elizabeth Healthcare's facilities. The bonds were issued pursuant to a master trust indenture dated June 15, 1991, as supplemented by the seventh supplemental trust indenture dated December 1, 2009. The Series 2009A bonds were legally defeased with the issuance of the Series 2016A bonds. Redemption of the 2009B bonds can occur prior to maturity, in whole or in part, at the option of St. Elizabeth Healthcare, at a redemption price of 100 percent of the principal amount plus interest.

The Series 2009B bonds are secured by an irrevocable transferable letter of credit agreement equal to the aggregate outstanding Series 2009B bonds plus 43 days' interest at a rate of 12 percent annually. The bond trustee is authorized to draw amounts from the letter of credit agreement sufficient to cover principal and interest payments on the Series 2009B bonds. St. Elizabeth Healthcare has an obligation to make payments to the liquidity facility provider in annual principal installments. The letter of credit agreement was effective September 5, 2018 and has a stated expiration date of September 28, 2025.

In December 2015, the Kentucky Bond Development Corporation, on behalf of St. Elizabeth Healthcare, issued Hospital Facilities Revenue Bonds, Series 2015A of \$50,000,000 and Adjustable Rate Hospital Facilities Revenue Bonds, Series 2015B of \$50,000,000. The Series 2015A and 2015B bonds were issued for the purpose of financing acquisition, construction, installation, and equipping of facilities suitable for use by St. Elizabeth Healthcare. The Series 2015A and 2015B bonds were originally issued pursuant to a master trust indenture dated June 15, 1991, as supplemented by the eleventh and twelfth supplemental trust indentures dated December 14, 2015 and December 28, 2015, respectively. The bonds were restated pursuant to the amended and restated master trust indenture dated May 1, 2016, as supplemented by the first supplemental trust indenture dated May 12, 2016. Redemption of the Series 2015A bonds could occur, in whole or in part, on and after January 2, 2018 at a redemption price of 100 percent of the principal plus accrued interest. Redemption could occur prior to January 2, 2018 at a premium. The Series 2015A bonds are subject to a mandatory tender and purchase by St. Elizabeth Healthcare on December 1, 2027. Redemption of the Series 2015B bonds can occur prior to maturity, in whole or in part, at the option of St. Elizabeth Healthcare, at a redemption price of 100 percent of the principal amount plus interest. The holder of the Series 2015B bonds may require St. Elizabeth Healthcare to purchase the bonds on December 1, 2025 at a redemption price of 100 percent of the principal plus accrued interest.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

8. Long-Term Debt (continued)

In May 2016, the Kentucky Bond Development Corporation, on behalf of St. Elizabeth Healthcare, issued Hospital Facilities Revenue Refunding Bonds, Series 2016 of \$85,000,000. The Series 2016 bonds were used to advance refund the outstanding Series 2009A bonds. The bonds were issued pursuant to the amended and restated master trust indenture dated May 1, 2016, as supplemented by the first supplemental trust indenture dated May 12, 2016. Redemption of the Series 2016 bonds can occur, in whole or in part, on and after May 1, 2026 at a redemption price of 100 percent of the principal plus accrued interest.

In June 2019, the Kentucky Bond Development Corporation, on behalf of St. Elizabeth Healthcare, issued Adjustable Rate Hospital Facilities Revenue Bonds, Series 2019A of \$75,000,000. The Series 2019A bonds were issued for the purpose of financing acquisition, construction, installation, and equipping of facilities suitable for use by St. Elizabeth Healthcare. The bonds were issued pursuant to a revised and restated master trust indenture dated May 1, 2016, as supplemented by the fourth supplemental trust indenture dated June 1, 2019. Redemption of the Series 2019A bonds can occur prior to maturity, in whole or in part, at the option of St. Elizabeth Healthcare, at a redemption price of 100 percent of the principal amount plus interest. The Series 2019A bonds are subject to a mandatory tender and purchase by St. Elizabeth Healthcare on June 1, 2029.

In October 2021, the National Finance Authority, on behalf of St. Elizabeth Healthcare, issued Hospital Facilities Revenue Bonds, Series 2021A of \$49,480,000 at a premium of \$8,029,000, and Hospital Facilities Revenue Bonds, Series 2021B of \$50,520,000. The Series 2021A and 2021B bonds were issued for the purpose of financing construction, installation, and equipping of facilities suitable for use by St. Elizabeth Healthcare. The bonds were issued pursuant to the amended and restated master trust indenture dated May 1, 2016, as supplemented by the sixth supplemental trust indenture dated October 1, 2021. Redemption of the Series 2021A and 2021B bonds can occur, in whole or in part, on and after May 1, 2031 at a redemption price of 100 percent of the principal plus accrued interest.

St. Elizabeth Healthcare has unconditionally guaranteed the payment of principal and interest on the Series 2009B, Series 2015A, Series 2015B, Series 2016, Series 2019A, Series 2021A, and Series 2021B bonds that are secured by a first security interest in substantially all of St. Elizabeth Healthcare's pledged revenue. This pledged revenue includes all revenue, rents, receipts, investment income, gains and losses or other monies received by St. Elizabeth Healthcare, excluding restricted donations, proceeds from additional debt as allowed by the master trust indenture, and any other revenue, where the granting of a lien is prohibited by law.

St. Elizabeth Healthcare has covenants, among other things, not to create unpermitted liens under the terms of the bond agreement, to fulfill sinking fund requirements in trustee accounts, to limit additional indebtedness, meet specific financial ratio tests, limit transfer of assets to affiliates, maintain its properties and insurance, and to maintain its corporate existence and operations.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

8. Long-Term Debt (continued)

St. Elizabeth Healthcare's debt agreements require that St. Elizabeth Healthcare report and maintain certain financial covenants under the master trust indenture and the irrevocable transferable letter of credit agreement.

The following is a schedule of future payments for years ending December 31 and in aggregate, required under the debt of St. Elizabeth Healthcare (in thousands):

	<u>Amount</u>
2024	\$ 10,057
2025	10,486
2026	10,918
2027	11,285
2028	11,735
Thereafter	<u>279,628</u>
Total payments	<u>\$ 334,109</u>

Total interest paid was approximately \$11,726,000 and \$11,934,000 for the years ended December 31, 2023 and 2022, respectively.

St. Elizabeth Healthcare has entered into interest rate swap agreements for its variable rate debt. The reference rate used in all original interest rate swap agreements was one-month U.S. dollar London Interbank Offered Rate (USD LIBOR). This reference rate was retired on June 30, 2023. St. Elizabeth Healthcare adhered to the International Swaps and Derivatives Association, Inc. (ISDA) 2020 IBOR Fallbacks Protocol which replaced USD LIBOR with Fallback Rate Secured Overnight Financing Rates (Fallback Rate (SOFR)).

In 2009, St. Elizabeth Healthcare entered into an interest rate swap agreement on the Series 2009B bonds, with a 30-year term and a notional amount of \$19,600,000 and \$21,225,000 at December 31, 2023 and 2022, respectively. From January through July 2023, St. Elizabeth Healthcare paid a fixed rate of 3.07 percent and received a floating rate on the basis of 67 percent of the one-month U.S. dollar London Interbank Offered Rate (USD LIBOR). In August 2023, the floating rate calculation replaced USD LIBOR with Fallback Rate (SOFR) plus 0.11 percent. The interest differential to be paid or received under the interest rate swap agreement is accrued and recognized as an adjustment to interest expense. The scheduled principal repayments of the Series 2009B bonds align with the notional amount remaining each year in the interest rate swap agreement.

In 2015, St. Elizabeth Healthcare entered into an interest rate swap agreement on the Series 2015B bonds, with a 30-year term and a notional amount of \$41,875,000 and \$43,300,000 at December 31, 2023 and 2022, respectively. From January through June, 2023, St. Elizabeth Healthcare paid a fixed rate of 1.735 percent and received a floating rate on the basis of 70 percent of the one-

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

8. Long-Term Debt (continued)

month USD LIBOR plus 0.53 percent multiplied by 1.13 percent. In July 2023, the floating rate calculation replaced USD LIBOR with Fallback Rate (SOFR) plus 0.11 percent. The interest differential to be paid or received under the interest rate swap agreement is accrued and recognized as an adjustment to interest expense. The scheduled principal repayments of the Series 2015B bonds align with the notional amount remaining each year in the interest rate swap agreement.

In 2018, St. Elizabeth Healthcare entered into an interest rate swap agreement on the Series 2019A bonds, with a 30-year term and a notional amount of \$67,569,000 and \$69,308,000 as of December 31, 2023 and 2022, respectively. From January through July, 2023, St. Elizabeth Healthcare paid a fixed rate of 2.455 percent and received a floating rate on the basis of 79 percent of the one-month USD LIBOR. In August 2023, the floating rate calculation replaced USD LIBOR with Fallback Rate (SOFR) plus 0.11 percent. The interest differential to be paid or received under the interest rate swap agreement will be accrued and recognized as an adjustment to interest expense. The scheduled principal repayments of the interest rate swap align with the notional amount remaining each year in the Series 2019A bond issuance.

The fair market value of the interest rate swap agreements at December 31, 2023 and 2022 with an asset balance were \$5,514,000 and \$6,361,000, respectively, and the fair market value of the interest rate swap agreement at December 31, 2023 and 2022 with a liability balance was (\$526,000) and (\$483,000), respectively, and included on the consolidated balance sheets.

Net cash received under the interest rate swap agreements was (\$1,850,000) for the year ended December 31, 2023 and paid was \$1,759,000 for the year ended 2022 and are included in interest expense.

9. Operating Leases

St. Elizabeth Healthcare is obligated under operating leases primarily for facilities and equipment, expiring at various dates through November 2046. Some leases contain renewal options. The weighted average remaining lease term under operating leases at December 31, 2023 and 2022 is 11.95 years and 12.86 years, respectively.

Minimum lease payments include rents for renewal options when it is known to be likely St. Elizabeth Healthcare will exercise those options. The right of use asset and related lease liability have been calculated using discount rates ranging from 0.16 percent to 4.76 percent. The weighted average discount rate under operating leases is 3.10 percent and 1.94 percent at December 31, 2023 and 2022, respectively.

The leases require St. Elizabeth Healthcare to pay taxes, insurance, utilities, and maintenance costs. These costs are typically billed separately under the lease and are variable in nature;

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

9. Operating Leases (continued)

therefore, St. Elizabeth Healthcare determined these costs should be excluded from the measurement of the amounts recorded as right of use assets and lease liabilities.

St. Elizabeth Healthcare assesses whether it is reasonably certain to exercise an option to extend or terminate a lease at the commencement date. In this assessment, St. Elizabeth Healthcare considers all relevant factors that create economic incentive to exercise such options including asset, contract, market and entity-based factors.

When readily determinable, St. Elizabeth Healthcare utilizes the interest rate implicit in a lease to determine the present value of future lease payments. For leases where the implicit rate is not readily determinable, St. Elizabeth Healthcare's incremental borrowing rate is used.

Total expenses recognized under operating leases was \$18,494,000 and \$17,761,000 for the years ended December 31, 2023 and 2022, respectively. Expenses related to leases with a term of 12 months or less was \$1,720,000 and \$2,404,000 for December 31, 2023 and 2022, respectively. Cash paid in 2023 and 2022 for operating leases was \$18,011,000 and \$17,271,000, respectively, which is included in operating cash flows on the consolidated statement of cash flows.

Noncash right of use assets obtained for operating lease obligations for the years ended December 31, 2023 and 2022 were \$15,357,000 and \$4,996,000, respectively. Future minimum rent on noncancelable leases as of December 31, 2023 for each of the next five years, and in aggregate, thereafter, are as follows for years ending December 31 (in thousands):

	Amount
2024	\$ 16,278
2025	16,319
2026	15,605
2027	14,024
2028	11,819
Thereafter	85,257
Total future minimum lease payments	159,302
Less imputed remaining interest	(29,415)
Present value of net minimum lease payments	129,887
Less current obligation portion of lease liabilities	(14,127)
Long term lease liabilities	\$ 115,760

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

10. Functional Expenses

St. Elizabeth Healthcare provides inpatient, outpatient, and other healthcare services in support of its mission in the local market. Expenses related to providing these services for the year ended December 31, 2023 are as follows (in thousands):

	Healthcare Services		Support Services		Total
	Hospital	Physician	Management and General	Fundraising	
Salaries and wages	\$ 492,593	\$ 284,416	\$ 200,230	\$ 1,136	\$ 978,375
Employee benefits	92,601	53,372	68,240	238	214,451
Purchased services	74,890	1,601	60,621	1,038	138,150
Interest	6,364	4	4,066	16	10,450
Depreciation and amortization	53,104	3,224	35,527	133	91,988
Supplies	393,113	25,047	32,420	237	450,817
Other	38,484	17,898	128,755	522	185,659
Total	\$ 1,151,149	\$ 385,562	\$ 529,859	\$ 3,320	\$ 2,069,890

Expenses related to providing these services for the year ended December 31, 2022 are as follows (in thousands):

	Healthcare Services		Support Services		Total
	Hospital	Physician	Management and General	Fundraising	
Salaries and wages	\$ 478,817	\$ 253,382	\$ 182,285	\$ 1,139	\$ 915,623
Employee benefits	85,480	50,987	88,847	209	225,523
Purchased services	68,911	3,354	43,615	455	116,335
Interest	6,140	6	4,357	14	10,517
Depreciation and amortization	49,076	2,785	36,317	116	88,294
Supplies	346,856	21,878	20,404	319	389,457
Other	44,477	16,604	107,649	470	169,200
Total	\$ 1,079,757	\$ 348,996	\$ 483,474	\$ 2,722	\$ 1,914,949

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

10. Functional Expenses (continued)

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function; therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Salaries and wages, employee benefits, purchased services, and supplies are allocated based on the related function. Costs not directly attributable to a function, including interest and depreciation and amortization, are allocated based on a square footage basis. Costs classified as other are allocated based on the related function or allocated based a reasonable methodology such as square footage or full-time equivalents. Although methods of allocation used are considered appropriate, other methods could be used that would produce different amounts.

11. Pension and Other Retirement Plans

The St. Elizabeth Healthcare Employees' Pension Plan is a defined benefit plan that covers substantially all St. Elizabeth Healthcare. For hospital employees hired prior to July 1, 2009, benefits were computed based on years of service and a percentage of the employee's compensation (final average pay formula). For hospital employees hired on or after July 1, 2009, benefits accumulated through a cash balance formula whereby an accumulation account was credited each year with 3 percent of the participant's eligible compensation. Effective January 1, 2012, SEP employees also accumulated benefits through this cash balance formula unless they were employed by St. Elizabeth Hospital prior to January 1, 2011 and were participants in the defined benefit plan prior to July 1, 2009, in which case their pension benefits continue to be based on years of service and a percentage of their compensation.

In 2017, St. Elizabeth Healthcare approved a hard freeze of the pension plan effective December 31, 2017, with participants' accrued benefits frozen as of that date.

As a result of the pension plan freeze, the St. Elizabeth Healthcare 403(b) Plan was amended and all future retirement benefits will be provided through this plan. Effective January 1, 2018, all active participants are eligible for nonelective employer 403(b) contributions of 4 percent of eligible compensation or \$1,800 (prorated for part-time employees), whichever is greater. All active participants are also eligible for an employer match of 50 percent of the first 4 percent of eligible compensation that they contribute. Additionally, for plan years 2018, 2019, and 2020, active participants in the 403(b) Plan who were in the final average pay formula of the St. Elizabeth Healthcare Employees' Pension Plan received an additional non-elective employer contribution to their 403(b) plan between 1 percent and 6 percent, depending on their age at December 31, 2017. Eligibility for the employer match and contributions is based on service requirements specified in the plan document.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

In February 2024, St. Elizabeth Healthcare communicated its intent to terminate its defined benefit pension plan, which will be completed by December 31, 2024. No additional funding will be required by the System to terminate the plan.

During the years ended December 31, 2023 and 2022, St. Elizabeth Healthcare recorded contribution expense of \$42,404,000 and \$42,889,000, respectively, to its defined contribution plan.

A summary of components of net periodic costs for St. Elizabeth Healthcare's defined benefit pension plan for the year ended December 31 follows (in thousands):

	2023	2022
Net periodic pension cost		
Interest cost	\$ 23,446	\$ 16,158
Expected return on plan assets	(24,231)	(21,300)
Amortization of net loss	9,380	6,662
Net periodic pension cost	\$ 8,595	\$ 1,520

The following table sets forth the funded status and amounts for St. Elizabeth Healthcare's defined benefit pension plan as of December 31 (in thousands):

	2023	2022
Change in projected benefit obligation		
Benefit obligation at beginning of year	\$ 439,038	\$ 580,932
Interest cost	23,446	16,158
Actuarial gain	(22,674)	(135,961)
Benefits paid	(22,981)	(22,091)
Projected benefit obligation at end of year	416,829	439,038
Change in plan assets		
Fair value of plan assets at beginning of year	445,440	595,520
Actual return on plan assets	42,109	(127,989)
Benefits paid	(22,981)	(22,091)
Fair value of plan assets at end of year	464,568	445,440
Funded status at end of year	\$ 47,739	\$ 6,402
Accrued pension asset	\$ 47,739	\$ 6,402

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

The following weighted-average assumptions were used for the defined benefit pension plan as of December 31:

	2023	2022
Discount rate – Benefit obligation	5.51%	5.50%
Discount rate – Net periodic benefit cost	5.50%	2.84%
Rate of compensation increase	N/A	N/A
Expected return on plan assets	5.59%	3.65%

In selecting the expected long-term return on plan assets, St. Elizabeth Healthcare considered the average rate of earnings on the funds invested, or to be invested, to provide the benefits for these plans. This included considering the asset allocation and expected returns likely to be earned over the life of the plans. This basis is consistent with the prior year.

Prior service cost is amortized over the average remaining service period of the employees expected to receive benefits.

Amounts recognized in the consolidated balance sheets and the consolidated statements of operations and changes in net assets of the defined benefit pension plans for the year ended December 31 are as follows (in thousands):

	2023	2022
Change in net assets without donor restrictions recognized:		
Net actuarial loss	\$ 40,552	\$ (13,328)
Amortization of net actuarial loss	9,380	6,662
Total recognized in the consolidated statements of operations and changes in net assets	\$ 49,932	\$ (6,666)

Included as a reduction in net assets without donor restrictions is the amount of \$71,251,000, that has not yet been recognized in net periodic pension expense as of December 31, 2023.

The net actuarial loss included in net assets without donor restrictions that is expected to be recognized in net periodic pension cost during the year ending December 31, 2024 is \$3,080,000.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

Defined benefit pension assets were invested in the following as of December 31:

	<u>2023</u>	<u>2022</u>
Fixed income securities	87.46%	88.4%
Comingled funds	6.99	0.1
Private equity funds	0.0	0.1
Infrastructure funds	0.0	0.1
Cash and cash equivalents	5.55	11.3
Total	100%	100%

St. Elizabeth Healthcare’s Investment and Pension Committees regularly review the investment allocation and approve changes to the investment policy as needed. In February 2017, the St. Elizabeth Healthcare Investment Committee voted to adopt a Liability Driven Investing (LDI) strategy for the St. Elizabeth Healthcare Employees’ Pension Plan. The goal of this strategy is to reduce the funded status volatility caused by asset/liability duration mismatch, ultimately lessening the need for significant contributions through a more predictable long-term funded status. A glide path was developed to define the Pension asset allocation at trigger points based on funded status. The transition of Pension assets to this strategy began in May 2017, based upon the glide path allocation policy for the Plan’s funded status as of December 31, 2016. Based upon the Plan achieving a funded status of 111.5 percent as of December 31, 2023, the average target allocation policy for the Plans’ investments per the glide path is 90 percent fixed income, 7.5 percent U.S equity, and 2.5 percent cash maintained to cover benefit payments. Future asset allocations are expected to match the Plan’s target allocations based upon the Plan’s funded status, which is evaluated on a quarterly basis.

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

The following table summarizes St. Elizabeth Healthcare's defined benefit pension plans assets measured at fair value on a recurring basis as of December 31, 2023, aggregated by the level in the fair value hierarchy as defined in Note 1 (in thousands):

	Fair Value Measurements Using			
	Balance at December 31, 2023	Quoted Prices in Active Markets for Identical Assets and Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 25,769	\$ 25,769	\$ —	\$ —
U.S. Government Obligations	18,414	—	18,414	—
Asset-backed securities	2,396	—	2,396	—
Corporate bonds	336,334	—	336,334	—
Municipal bonds	5,905	—	5,905	—
Foreign bonds	43,267	—	43,267	—
Assets measured at fair value levels	<u>432,085</u>	<u>25,769</u>	<u>406,316</u>	<u>—</u>
Commingled funds	32,483	—	—	—
Assets measured at net asset value	<u>32,483</u>	—	—	—
Total assets	<u>\$ 464,568</u>	<u>\$ 25,769</u>	<u>\$ 406,316</u>	<u>\$ —</u>

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

The following table summarizes St. Elizabeth Healthcare's defined benefit pension plans assets measured at fair value on a recurring basis as of December 31, 2022, aggregated by the level in the fair value hierarchy as defined in Note 1 (in thousands):

	Fair Value Measurements Using			
	Balance at December 31, 2022	Quoted Prices in Active Markets for Identical Assets and Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 50,513	\$ 50,513	\$ —	\$ —
U.S. Government Obligations	13,258	—	13,258	—
Asset-backed securities	15,775	—	15,775	—
Corporate bonds	310,185	—	310,185	—
Municipal bonds	6,013	—	6,013	—
Foreign bonds	48,485	—	48,485	—
Assets measured at fair value levels	<u>444,229</u>	<u>50,513</u>	<u>393,716</u>	<u>—</u>
Private equity funds	192	—	—	—
Infrastructure funds	505	—	—	—
Commingled funds	514	—	—	—
Assets measured at net asset value	<u>1,211</u>	<u>—</u>	<u>—</u>	<u>—</u>
Total assets	<u>\$ 445,440</u>	<u>\$ 50,513</u>	<u>\$ 393,716</u>	<u>\$ —</u>

Saint Elizabeth Medical Center, Inc.

Notes to Consolidated Financial Statements (continued)

December 31, 2023 and 2022

11. Pension and Other Retirement Plans (continued)

Fair value methodologies for investments in the defined benefit pension plan for Level 1, Level 2, and investments valued at net asset value are consistent with the inputs described in Note 4.

The accumulated benefit obligation for St. Elizabeth Healthcare’s defined benefit pension plan was \$416,829,000 and \$439,038,000 at December 31, 2023 and 2022, respectively.

St. Elizabeth Healthcare did not contribute to its defined benefit pension plan during 2023. Due to the 111.5 percent funded status of the Plan, St. Elizabeth Healthcare is not required to make any contributions in 2024.

The following table sets forth the expected benefit payments to be paid from the defined benefit plans during the next 10 years ended December 31 (in thousands):

	<u>Amount</u>
2024	\$ 167,324
2025	23,294
2026	23,506
2027	23,542
2028	23,199
2029 – 2033	111,070

The Organization sponsors a 457(b) deferred compensation plan for certain employees of the Organization. Although these deferred compensation liabilities are unsecured, assets designated to fund these liabilities are reported in other assets on the consolidated balance sheet. Such assets are subject to the claims of the general creditors of the Organization.

12. Commitments and Contingencies

In order to remain a self-insured employer, St. Elizabeth Healthcare maintains a continuous bond through Travelers Casualty and Surety Company of America in the amount of \$8,539,000. The continuous bond had no outstanding balance as of December 31, 2023 and 2022

13. Subsequent Events

St. Elizabeth Healthcare has evaluated and disclosed any subsequent events through April 2, 2024, which is the date the consolidated financial statements were issued.

Supplementary Information

Saint Elizabeth Medical Center, Inc.

Details of Consolidating Balance Sheets

December 31, 2023 and 2022

(in thousands)

	2023				2022
	Combined Hospitals	Combined Physician Groups	Eliminations	Totals	
Assets					
Current assets:					
Cash and cash equivalents	\$ 56,800	\$ (2,719)	\$ —	\$ 54,081	\$ 62,275
Short-term investments	76,578	—	—	76,578	10,600
Patient accounts receivable	155,273	22,471	—	177,744	165,513
Inventories and supplies	50,736	54	—	50,790	48,532
Prepaid expenses and other assets	77,621	8,524	—	86,145	52,170
Total current assets	417,008	28,330	—	445,338	339,090
Cash and cash equivalents - Restricted	30,890	—	—	30,890	67,911
Assets limited as to use	1,624,665	—	—	1,624,665	1,470,820
Right of use operating lease assets	75,106	115,134	(64,947)	125,293	131,639
Property, plant and equipment, net	785,919	13,425	—	799,344	752,984
Goodwill	4,489	13,162	—	17,651	17,651
Intangible assets	4,022	1,492	—	5,514	4,450
Foundation pledge receivables	6,098	—	—	6,098	11,037
Pension Asset	47,739	—	—	47,739	6,402
Fair value of interest rate swap receivable	5,514	—	—	5,514	6,361
Other assets	168,208	40,181	(2,063)	206,326	170,986
Total assets	<u>\$ 3,169,658</u>	<u>\$ 211,724</u>	<u>\$ (67,010)</u>	<u>\$ 3,314,372</u>	<u>\$ 2,979,331</u>
Liabilities and net assets					
Current liabilities:					
Accounts payable	\$ 111,098	\$ 6,948	\$ —	\$ 118,046	\$ 95,649
Accrued employee compensation	112,858	72,679	—	185,537	159,932
Accrued interest	1,596	—	—	1,596	1,688
Accrued third-party settlements	76,585	—	—	76,585	77,112
Deferred revenue	725	—	—	725	1,824
Other current liabilities	14,737	6,382	—	21,119	23,243
Current portion of long-term debt	10,057	—	—	10,057	9,604
Current portion of lease liabilities - Operating	7,374	12,347	(5,594)	14,127	14,090
Total current liabilities	335,030	98,356	(5,594)	427,792	383,142
Long-term debt	332,520	—	—	332,520	343,802
Long-term lease liabilities - Operating	71,465	105,711	(61,416)	115,760	122,181
Liability for self-insurance	50,359	4,235	—	54,594	66,850
Fair value of interest rate swap	526	—	—	526	483
Other long-term liabilities	77,241	84	—	77,325	60,959
Total liabilities	867,141	208,386	(67,010)	1,008,517	977,417
Net assets:					
Net assets without donor restriction	2,264,507	3,338	—	2,267,845	1,965,141
Net assets with donor restriction	38,062	—	—	38,062	36,783
Total net assets	2,302,569	3,338	—	2,305,907	2,001,924
Noncontrolling interest	(52)	—	—	(52)	(10)
Total net assets	2,302,517	3,338	—	2,305,855	2,001,914
Total liabilities and net assets	<u>\$ 3,169,658</u>	<u>\$ 211,724</u>	<u>\$ (67,010)</u>	<u>\$ 3,314,372</u>	<u>\$ 2,979,331</u>

Saint Elizabeth Medical Center, Inc.

Details of Consolidating Statements of Operations and Changes in Net Assets

December 31, 2023 and 2022

(in thousands)

	2023				December 2022
	Combined Hospitals	Combined Physician Groups	Eliminations	Total	
Patient service revenue	\$ 1,716,761	\$ 276,824	\$ -	\$ 1,993,585	\$ 1,786,891
Net assets released from restriction for operations	1,220	-	-	1,220	711
Other revenue	214,845	211,458	(246,610)	179,693	166,259
Total revenue	1,932,826	488,282	(246,610)	2,174,498	1,953,861
Expenses:					
Salaries and wages	646,657	331,718	-	978,375	915,623
Employee benefits	147,092	67,359	-	214,451	225,523
Purchased services	324,927	49,290	(236,067)	138,150	116,335
Interest	10,446	4	-	10,450	10,517
Depreciation and amortization	87,722	4,266	-	91,988	88,294
Supplies	423,789	27,176	(148)	450,817	389,457
Other	162,827	33,227	(10,395)	185,659	169,200
Total expenses	1,803,460	513,040	(246,610)	2,069,890	1,914,949
Operating income (loss)	129,366	(24,758)	-	104,608	38,912
Unrestricted contributions	653	-	-	653	375
Other gains, (losses) net	147,916	(674)	-	147,242	(127,697)
Excess of revenue over expenses (expenses over revenue)	277,935	(25,432)	-	252,503	(88,410)
Excess of expenses over revenue attributable to noncontrolling interest	(42)	-	-	(42)	(83)
Excess of revenue over expenses (expenses over revenue) attributable to St. Elizabeth Medical Center, Inc.	277,977	(25,432)	-	252,545	(88,327)
Net assets without donor restriction:					
Transfer between entities	(18,926)	18,926	-	-	-
Pension change other than net periodic costs	49,932	-	-	49,932	(6,666)
Other	(69)	-	-	(69)	(70)
Net assets released from restriction for capital	296	-	-	296	148
Increase (decrease) in net assets without donor restrictions attributable to St. Elizabeth Medical Center, Inc.	309,210	(6,506)	-	302,704	(94,915)
Net assets with donor restrictions:					
Net increase in cash, cash equivalents, and restricted cash	2,795	-	-	2,795	947
Net assets released from restriction	(1,516)	-	-	(1,516)	(859)
Increase in net assets with donor restrictions attributable to St. Elizabeth Medical Center, Inc.	1,279	-	-	1,279	88
Increase (decrease) in net assets attributable to St. Elizabeth Medical Center, Inc.	310,489	(6,506)	-	303,983	(94,827)
Noncontrolling interest:					
Excess of expenses over revenue attributable to noncontrolling interest	(42)	-	-	(42)	(83)
Paid in capital by equity owners	-	-	-	-	75
Decrease in net assets attributable to noncontrolling interest	(42)	-	-	(42)	(8)
Increase (decrease) in net assets	310,447	(6,506)	-	303,941	(94,835)
Net assets at beginning of period	1,992,070	9,844	-	2,001,914	2,096,749
Net assets at end of period	\$ 2,302,517	\$ 3,338	\$ -	\$ 2,305,855	\$ 2,001,914