See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SAINT THOMAS HEALTH SERVICES FUND

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 380

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37202

D Employer identification number
58-1663055

E Telephone number
(615) 222-6837

G Gross receipts $ 20,117,221

F Name and address of principal officer
ALAN STRAUSS
4220 HARDING ROAD
NASHVILLE,TN 37205

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW STTHOMAS ORG/SUPPORT

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

L Year of formation 1979

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE THE CARING MINISTRY AND MEDICAL EXCELLENCE OF SAINT THOMAS HEALTH SERVICES AND ITS AFFILIATED HOSPITALS AND OUTREACH PROGRAMS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,102,451	7,480,431
9	Program service revenue (Part VIII, line 2g)	0	546,075
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	538,279	243,783
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,759	43,313
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,704,489	8,313,602

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,535,341	6,275,236
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 711,244		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,462,974	1,424,972
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,998,315	7,700,208
19	Revenue less expenses Subtract line 18 from line 12	1,706,174	613,394

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	36,006,395	36,942,130
21	Total liabilities (Part X, line 26)	4,478,617	1,551,622
22	Net assets or fund balances Subtract line 21 from line 20	31,527,778	35,390,508

Part II Signature Block

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

Sign Here

****** | 2011-02-17
Signature of officer | Date

ALAN STRAUSS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ RICHARD M WINSTEAD	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROSSLIN & ASSOCIATES PC 2525 WEST END SUITE 1100 NASHVILLE, TN 37203			EIN ▶ Phone no ▶ (615) 320-5500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ADVANCE THE CARING MINISTRY AND MEDICAL EXCELLENCE OF SAINT THOMAS HEALTH SERVICES AND ITS AFFILIATED HOSPITALS AND OUTREACH PROGRAMS BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, CLINICAL ADVANCEMENT, AND CHARITY PROGRAMS IN CARRYING OUT ITS MISSION, THE FUND EMBRACES THE CORE VALUES OF SAINT THOMAS HEALTH SERVICES AND ASCENSION HEALTH, INCLUDING SERVICE OF THE POOR, REVERENCE, INTEGRITY, WISDOM, CREATIVITY, AND DEDICATION

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 6,533,025 including grants of $ 6,275,236) (Revenue $ 546,075)

ST THOMAS HEALTH SERVICES FUND SUPPORTS AND BENEFITS SAINT THOMAS HEALTH SERVICES, SAINT THOMAS NETWORK AND ITS AFFILIATES AS WELL AS THE SURROUNDING COMMUNITY BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, AND CHARITY

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 6,533,025

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	24		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
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**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶ BF , CJ , EI See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	28		
b	Enter the number of voting members that are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ALAN STRAUSS
4220 HARDING ROAD
NASHVILLE,TN 37205
(615) 284-6826

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

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 Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
See add'l data										

1b Total . . . . . ▶	0	5,420,133	157,384

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEGIANT DIRECT 278 FRANKLIN ROAD BRENTWOOD, TN 37207	MARKETING	123,774

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 520,964				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 1,367,708				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,591,759				
	g	Noncash contributions included in lines 1a-1f $ 52,192				
	h	**Total.** Add lines 1a-1f . . . . . ▶	7,480,431			
Program Service Revenue		Business Code				
	2a	GUARANTEE INCOME	546,075	546,075		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	546,075			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	447,305			447,305
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 11,562,655				
	b	Less cost or other basis and sales expenses: 11,766,177				
	c	Gain or (loss): -203,522				
	d	Net gain or (loss) . . . . . ▶	-203,522			-203,522
	8a	Gross income from fundraising events (not including $ 520,964 of contributions reported on line 1c) See Part IV, line 18 . . . a 80,755				
	b	Less direct expenses . . . b 37,442				
	c	Net income or (loss) from fundraising events . . ▶	43,313			43,313
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	8,313,602	546,075		287,096

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	5,705,444	5,705,444		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	569,792	569,792		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	20,975		20,975	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	101,135	101,135		
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	62,960	31,480	15,740	15,740
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,019	509	255	255
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATED SALARIES & BENEFITS	928,841	116,863	374,356	437,622
b SPECIAL PROJECTS	117,753			117,753
c PRINTING	69,504		14	69,490
d OTHER	37,906		16,552	21,354
e SUPPLIES	34,315	6,735	3,645	23,935
f All other expenses	50,564	1,067	24,402	25,095
25 **Total functional expenses.** Add lines 1 through 24f	7,700,208	6,533,025	455,939	711,244
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-97,136	1	-29,605
	2	Savings and temporary cash investments		6,996,068	2	4,795,978
	3	Pledges and grants receivable, net		3,945,576	3	3,039,329
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 115,038			
	b	Less accumulated depreciation	10b 114,529	1,528	10c	509
	11	Investments—publicly traded securities		23,265,739	11	27,344,949
	12	Investments—other securities See Part IV, line 11		157,647	12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,736,973	15	1,790,970
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,006,395	16	36,942,130
Liabilities	17	Accounts payable and accrued expenses		31,988	17	23,398
	18	Grants payable		225,303	18	727,397
	19	Deferred revenue		325,865	19	153,197
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	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 Complete Part X of Schedule D		3,895,461	25	647,630
	26	**Total liabilities.** Add lines 17 through 25		4,478,617	26	1,551,622
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,857,660	27	17,254,691
	28	Temporarily restricted net assets		15,549,541	28	15,998,677
	29	Permanently restricted net assets		2,120,577	29	2,137,140
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,527,778	33	35,390,508
	34	Total liabilities and net assets/fund balances		36,006,395	34	36,942,130

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

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 11, check only one box)

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

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

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

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

_____

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

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

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

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

9 ☐ An 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,188,676	4,705,394	7,198,787	9,102,451	7,480,431	34,675,739
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,188,676	4,705,394	7,198,787	9,102,451	7,480,431	34,675,739
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)						2,592,896
6 **Public Support.** Subtract line 5 from line 4						32,082,843

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,188,676	779,629	7,198,787	9,102,451	7,480,431	34,675,739
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	979,834	779,629	619,879	446,239	447,305	3,272,886
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						37,948,625

12	Gross receipts from related activities, etc (See instructions)	12	2,624,075

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	84 543 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	80 040 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	3,692,592	5,217,749			
b Contributions	42,707	164,237			
c Investment earnings or losses	495,185	-812,035			
d Grants or scholarships					
e Other expenditures for facilities and programs	83,744	877,359			
f Administrative expenses					
g End of year balance	4,146,740	3,692,592			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 543 % %
- b Permanent endowment ▶ 51 538 % %
- c Term endowment ▶ 47 919 % %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		115,038	114,529	509
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				509

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
BENEFICIAL INTEREST IN TRUSTS	1,665,414
INTEREST RECEIVABLE	125,556
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,790,970

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATE	647,630
GUARANTEE LIABILITY	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	647,630

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,313,602
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,700,208
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	613,394
4	Net unrealized gains (losses) on investments	4	2,941,645
5	Donated services and use of facilities	5	262,961
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	44,730
9	Total adjustments (net) Add lines 4 - 8	9	3,249,336
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,862,730

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	11,600,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,941,645		
b	Donated services and use of facilities	2b	262,961		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	44,730		
e	Add lines **2a** through **2d**			2e	3,249,336
3	Subtract line **2e** from line **1**			3	8,351,044
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-37,442		
c	Add lines **4a** and **4b**			4c	-37,442
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,313,602

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,737,650
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	37,442		
e	Add lines **2a** through **2d**			2e	37,442
3	Subtract line **2e** from line **1**			3	7,700,208
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,700,208

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS ON AUDIT NOT ON FORM 990	FORM 990, SCHEDULE D, PART XI, LINE 8	$44,730 CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS
REVENUE INCLUDED ON AUDIT BUT NOT FORM 990	FORM 990, SCHEDULE D, PART XII, LINE 2D	$44,730 CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS
REVENUE INCLUDED ON FORM 990 BUT NOT ON AUDIT	FORM 990, SCHEDULE D, PART XII, LINE 4B	$37,442 DIRECT FUNDRAISING EXPENSES LISTED ON PART VIII LINE 8B NETTED AGAINST GROSS INCOME FROM FUNDRAISING EVENTS
EXPENSES INCLUDED ON AUDIT BUT NOT ON FORM 990	FORM 990, SCHEDULE D, PART XIII, LINE 2D	$37,442 DIRECT FUNDRAISING EXPENSES LISTED ON PART VIII LINE 8B NETTED AGAINST GROSS INCOME FROM FUNDRAISING EVENTS
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	The endowed funds are used to support areas of education, charity-care and clinical excellence within Saint Thomas Health Services Fund

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail 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 activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SETON CELEBRATI (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	302,160	171,225	128,334	601,719
	2 Less Charitable contributions	280,910	134,620	105,434	520,964
	3 Gross income (line 1 minus line 2)	21,250	36,605	22,900	80,755
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	11,422			11,422
	6 Rent/facility costs	17,901			17,901
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,119			8,119
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				37,442
	11 Net income summary Combine lines 3, column d, and line 10 ▶				43,313

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASSUMPTION CHURCHST VINCENT FUND1227 7TH AVENUE NASHVILLE,TN 37208	620476286	501(c)(3)	10,000				FOOD, UTILITIES, TRANSPORTATION, AND MEDICATION FOR NORTH NASHVILLE INDIVIDUALS
BAPTIST HOSPITAL2000 CHURCH STREET NASHVILLE,TN 37236	621869474	501(c)(3)	389,085				HOSPITAL DISASTER PREPAREDNESS, NICU RENOVATION, HOSPITAL LIBRARY RENOVATION, HEALTHY TOMORROWS SALARY REIMBURSEMENT AND OPERATIONS, TUTORIALS FOR PATIENT EDUCATION KIOSK AT UT CLINIC, MINOR EQUIPMENT, AND CONSULTING
HICKMAN COMMUNITY HOSPITAL135 EAST SWAN CENTERVILLE,TN 37033	581737573	501(c)(3)	1,879,991				EXPANSION OF EMERGENCY DEPARTMENT AND RADIOLOGY EQUIPMENT, AND REIMBURSEMENT OF SALARY, EQUIPMENT, AND EXPENSES OF TENNESSEE RURAL HEALTH CHEST PAIN & STROKE NETWORDS, GUARDIAN ANGEL PROGRAM EXPENSES
SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE4220 HARDING ROAD NASHVILLE,TN 37205	581663055	501(c)(3)	199,541				SUPPORT OF BRIDGES TO CARE AND BRIDGES TO CARE PLUS TO ASSIST MEMBERS OF THE COMMUNITY WITHOUT HEALTH INSURANCE AND SAFETY NET'S DIABETES PROGRAM
SAINT THOMAS FAMILY HEALTH CENTERS5201 CHARLOTTE PIKE NASHVILLE,TN 37205	621284994	501(c)(3)	357,051				REIMBURSE OPERATING AND SALARY COSTS RELATED TO SEEING UNINSURED PARIENTS, HEALTHY LIFESTYLES PROGRAM COSTS FOR SALARY OF NUTRITIONIST AND lcsw AND PROGRAM RELATED COSTS, SPANISH PRENATAL COSTS
SAINT THOMAS HEALTH SERVICES102 WOODMONT BLVD NASHVILLE,TN 37205	581716805	501(c)(3)	100,000				PURCHASE OF AEDS
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	581716804	501(c)(3)	2,655,140				EQUIPMENT FOR CATH LAB, ANESTHESIA, ULTRASOUND FOR BREAST CENTER, PFT, OTHER EQUIPMENT, FAMILY WAITING ROOM REFURBISHMENT, NURSING LEARNING LAB EQUIPMENT AND RENOVATION, DISPENSARY OF HOPE DISTRIBUTION CENTER OPERATIONS, HOSPITAL DISASTER PREPAREDNESS, MIDDLE TENNESSEE CAMP BLUEBIRD PROGRAM OPERATIONS, PHARMACY REMODEL RELATED TO DOH SITE, MEDICAL BOOKS FOR LIBRARY, CLINICAL PASTORAL EDUCATION SALARY & BENEFITS OF CPE RESIDENTS AND SUMMER SUPERVISOR, SETON SUPPORT CENTER OPERATIONS, SAINT THOMAS HOSPITAL CHAPEL OPERATIONS, SHOOT FOR THE HEART EVENT
SETON INSTITUTEPO BOX 140182 ST LOUIS,MO 63114	621205990	501(c)(3)	45,749				DONATIONS FOR RELIEF WORK TO HATIAN EARTHQUAKE VICTIMS
VANDERBILT UNIVERSITY MEDICAL CENTERDEPT AT 40303 ATLANTA,GA 31192	620476822	501(c)(3)	40,386				VISION study participants fMRI expenses, and pulmonary research associate stipends
YWCA NASHVILLE AND MIDDLE TENNESSEE1608 WOODMONT BLVD NASHVILLE,TN 37215	620475702	501(c)(3)	13,366				DOMESTIC VIOLENCE EDUCATION LUNCH & LEARDS, EDUCATIONAL MATERIALS, AND CONSULTING FROM STATE GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I	PART I LINE 2	VIRTUALLY ALL GRANTS ARE MADE BY PAYING THE THIRD PARTY FOR GOODS AND SERVICES BASED ON INVOICES OR REIMBURSING THE GRANTEE FOR EXPENSES BASED ON RECEIPTS such as reimbursing for salary and benefits expense, reimbursing for equipment purchases, reimbursing for construction expenses, reimbursing for conference and seminar registration and travel IN INSTANCES WHERE GRANTS ARE MADE TO OUTSIDE ORGANIZATIONS, THE GRANTEE WILL SUBSEQUENTLY PROVIDE A REPORT OF THEIR EXPENDITURES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(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				
DR E DALE	(i)	0	0	0	0	0	0	0
BATCHELOR	(ii)	333,014	59,045	140,400	4,900	15,253	552,612	0
DR JOHN BRIGHT	(i)	0	0	0	0	0	0	0
CAGE	(ii)	411,444	75,021	1,913	0	18,404	506,782	0
LES DONAHUE	(i)	0	0	0	0	0	0	0
	(ii)	435,460	97,098	47,303	4,900	14,545	599,306	0
GREG POPE	(i)	0	0	0	0	0	0	0
	(ii)	201,057	35,783	37,219	4,678	19,716	298,453	0
BERNIE SHERRY	(i)	0	0	0	0	0	0	0
	(ii)	415,451	92,859	71,367	4,900	16,975	601,552	0
ALAN STRAUSS	(i)	0	0	0	0	0	0	0
	(ii)	503,268	118,366	171,711	4,900	18,949	817,194	0
JAMES HOUSER	(i)	0	0	0	0	0	0	0
	(ii)	215,588	364,551	1,477,615	3,259	13,833	2,074,846	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE PAYMENT	FORM 990, SCHEDULE J, PART I, LINE 4A	JAMES HOUSER RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF $564,749
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS	FORM 990, SCHEDULE J, PART I, LINE 4B	ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED DUE TO THE SUBSTANTIAL RISK OF FORFEITURE, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		12,408	DONOR VALUATION
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	18,181	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	385	DONOR VALUATION
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (VARIOUS GIFT CARDS/CERTIFICATES)	X	4	1,954	FAIR MARKET VALUE
26	Other ▶ (JEWELRY)	X	2	120	DONOR VALUATION
27	Other ▶ (COMPUTER HARDWARE AND SOFTWARE)	X	2	2,665	DONOR VALUATION
28	Other ▶ (SUPPLIES)	X	5	552	DONOR VALUATION
	Other ▶ (MEDICAL EQUIPMENT)	X	2	9,700	DONOR VALUATION
	Other ▶ (PAINTING)	X	1	200	DONOR VALUATION
	Other ▶ (GOLF BALL AND TEE HOLDER)	X	1	2,047	DONOR VALUATION
	Other ▶ (AWARDS FOR EVENTS)	X	3	3,979	DONOR VALUATION

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Identifier	Return Reference	Explanation
PART VI 990	SECTION A LINE 2	JAMES CLAYTON III AND E ANTHONY HEARD ARE BOTH EMPLOYEES OF INFOWORKS, INC ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP WITH OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES THROUGH SHARING THE RESPONSIBILITIES OF FULFILLING THE PURPOSE OF SAINT THOMAS HEALTH SERVICES FUND THERE IS A BUSINESS RELATIONSHIP BETWEEN OFFICERS, DIRECTORS, AND KEY EMPLOYEES WHO ARE ALSO OFFICERS, DIRECTORS, OR EMPLOYEES OF ORGANIZATIONS WHICH THE FUND WAS ORGANIZED TO SUPPORT
PART VI 990	SECTION A LINE 11A	Form 990 was made available for Saint Thomas Health Services Fund Board members to review at their quarterly meeting and an electronic copy was provided to those members who did not attend committee meetings prior to filing of the return
PART VI 990	SECTION B LINE 12C	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or 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 committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers signs a statement annually which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose
PART VI 990	SECTION B LINE 15B	IN DETERMINING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT WERE COMPARED TO OTHER ORGANIZATIONS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATIONS, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER ORGANIZATIONS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES
PART VI 990	SECTION C LINE 19	Saint Thomas Health Services Fund's governing documents and conflict of interest policy are available upon request Summarized financial results are published in a printed financial report Detailed financial statements are available to donors and grantors upon request
PART VI 990	LINES 6, 7A, & 7B	SAINT THOMAS NETWORK IS THE SOLE CORPORATE MEMBER OF SAINT THOMAS HEALTH SERVICES FUND SAINT THOMAS NETWORK MAY APPOINT AN OFFICER(S), DIRECTOR(S), OR ANYONE ELSE TO ACT ON ITS BEHALF IN THE CAPACITY OF THE CORPORATE MEMBER OF SAINT THOMAS HEALTH SERVICES FUND THE BUSINESS, PROPERTY, AND AFFAIRS OF SAINT THOMAS HEALTH SERVICES FUND ARE MANAGEMENT AND CONTROLLED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE POLICIES ESTABLISHED BY SAINT THOMAS NETWORK AND BY ASCENSION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053001061

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

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

(a) Name, address, and EIN 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

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

See Additional Data Table

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
BAPTIST WOMENS HEALTH CENTER LLC 2000 CHURCH STREET NASHVILLE, TN37236 62-1772195	HOSPITAL SUPP	TN	BAPTIST HEALTH	related	0	0		No			No
MIDDLE TN AMBULATORY SURGERY CENTER LP 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130	HEALTHCARE SU	TN	MID TN MEDICAL	related	0	0		No			No
MIDDLE TENNESSEE IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 01-0570490	DIAG IMAGING	TN	MID TN MEDICAL	related	0	0		No			No
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 20-0291952	DIAG IMAGING	TN	MID TN MEDICAL	related	0	0		No			No
NASHVILLE DIAGNOSTIC IMAGING LLC 4220 HARDING ROAD NASHVILLE, TN37205	INACTIVE	TN	ST THOMAS NETWO	related	0	0		No			No
ST THOMAS OUTPATIENT CARDIAC CATHETERIZA 4220 HARDING ROAD NASHVILLE, TN37205 62-1775306	HEALTHCARE	TN	ST THOMAS NETWO	related	0	0		No			No
STHS SLEEP CENTER LLC 4220 HARDING ROAD NASHVILLE, TN37205 20-3664894	SLEEP CENTER	TN	ST THOMAS NETWO	RELATED	0	0		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

See Additional Data Table

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-1663055
Name: SAINT THOMAS HEALTH SERVICES FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
ASCENSION HEALTH P O BOX 45998 ST LOUIS, MO 63145 31-1662309	HEALTH SYSTEM	MO	501(c)(3)	11	NA
SAINT THOMAS HEALTH SERVICES 4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	HEALTH SYSTEM	TN	501(c)(3)	11	ASCENSION HE
SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	ST THOMAS HE
SAINT THOMAS NETWORK 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH PGMS	TN	501(c)(3)	9	ST THOMAS HE
SETON CORPORATION 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE	TN	501(c)(3)	3	ST THOMAS HE
BAPTIST HEALTH CARE AFFILIATES INC 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	HEALTH CARE	TN	501(c)(3)	11A	SETON CORPOR
BAPTIST HEALTHCARE GROUP 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE	TN	501(c)(3)	3	SETON CORPOR
BAPTIST SAINT THOMAS HOME CARE 2000 CHURCH STREET NASHVILLE, TN 37236 51-0172298	HOME HEALTH	TN	501(c)(3)	9	SETON CORPO
HICKMAN COMMUNITY HOME CARE INC 135 EAST SWAN CENTERVILLE, TN 37033 62-1836937	HEALTHCARE	TN	501(c)(3)	11	HICKMAN COMM
MIDDLE TN MEDICAL CTR DEVELOPMENT FOUNDA 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN 37130 62-1167917	FOUNDATION	TN	501(c)(3)	11A	MID TN MEDIC
MIDDLE TENNESSEE MEDICAL CENTER INC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN 37130 62-0475842	HOSPITAL	TN	501(c)(3)	3	ST THOMAS HE
HICKMAN COMMUNITY HEALTH CARE SERVICES 135 EAST SWAN CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEAL

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No
BAPTIST WOMENS HEALTH CENTER LLC 2000 CHURCH STREET NASHVILLE, TN37236 62-1772195	HOSPITAL SUPP	TN	BAPTIST HEALTH	related	0	0		No			No
MIDDLE TN AMBULATORY SURGERY CENTER LP 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130	HEALTHCARE SU	TN	MID TN MEDICAL	related	0	0		No			No
MIDDLE TENNESSEE IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 01-0570490	DIAG IMAGING	TN	MID TN MEDICAL	related	0	0		No			No
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 20-0291952	DIAG IMAGING	TN	MID TN MEDICAL	related	0	0		No			No
NASHVILLE DIAGNOSTIC IMAGING LLC 4220 HARDING ROAD NASHVILLE, TN37205	INACTIVE	TN	ST THOMAS NETWO	related	0	0		No			No
ST THOMAS OUTPATIENT CARDIAC CATHETERIZA 4220 HARDING ROAD NASHVILLE, TN37205 62-1775306	HEALTHCARE	TN	ST THOMAS NETWO	related	0	0		No			No
STHS SLEEP CENTER LLC 4220 HARDING ROAD NASHVILLE, TN37205 20-3664894	SLEEP CENTER	TN	ST THOMAS NETWO	RELATED	0	0		No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1232018	PHARMACY	TN	BAPTIST HEALTH	CORPORATION	0	0	0 %
SOVA INC 4220 HARDING ROAD NASHVILLE, TN37205 26-1319638	HEALTH SERVIC	TN	ST THOMAS HEALT	CORPORATION	0	0	0 %
VINCENTIAN VENTURES INC 4220 HARDING ROAD NASHVILLE, TN37205 62-1331896	HEALTH SERVIC	TN	ST THOMAS NETWO	CORPORATION	0	0	0 %
COMP PLUS INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1626010	HEALTHCARE	TN	MIDSTATE PROPER	CORPORATION	0	0	0 %
MANACO MANAGEMENT SERVICES INC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 62-1718479	HEALTH SERVIC	TN	MID TN MEDICAL	CORPORATION	0	0	0 %
ST THOMAS MEDICAL CLINIC 4220 HARDING ROAD NASHVILLE, TN37205 62-1583605	HEALTH SERVIC	TN	ST THOMAS NETWO	CORPORATION	0	0	0 %
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN37236 62-0469214	HOLDING COMPA	TN	SETON CORPORATI	CORPORATION	0	0	0 %
MIDDLE TENNESSEE NETWORK INC 4220 HARDING ROAD NASHVILLE, TN37205 62-1570989	HEALTH SERVIC	TN	ST THOMAS HEALT	CORPORATION	0	0	0 %
HEALTH NET RESERVE INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1540604	HEALTH MANAGE	TN	SETON CORPORATI	CORPORATION	0	0	0 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	SETON CORPORATION DBA BAPTIST HOSPITAL	B	389,085
(2)	HICKMAN COMMUNITY HOSPITAL	B	1,879,991
(3)	SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE	B	199,541
(4)	SAINT THOMAS FAMILY HEALTH CENTERS	B	357,051
(5)	SAINT THOMAS HEALTH SERVICES	B	100,000
(6)	SAINT THOMAS HOSPITAL	B	2,655,140
(7)	SAINT THOMAS HEALTH SERVICES	C	1,062,996
(8)	SAINT THOMAS HEALTH SERVICES	N	4,898,133
(9)	SAINT THOMAS HOSPITAL	N	522,612

Additional Data

Software ID:
Software Version:
EIN: 58-1663055
Name: SAINT THOMAS HEALTH SERVICES FUND

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

(A) Name and Title	(B) Average hours per week	(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			
VIC ALEXANDER MEMBER	1 0	X						0	0	0
J B BAKER MEMBER	1 0	X						0	0	0
DR E DALE BATCHELOR MEMBER	1 0	X						0	532,459	20,153
CONNIE BRADLEY MEMBER	1 0	X						0	0	0
DR JOHN BRIGHT CAGE MEMBER	1 0	X						0	488,378	18,404
JAMES H CLAYTON III SECRETARY AND CHAIR ELECT	1 0	X		X				0	0	0
RON CORBIN MEMBER	1 0	X						0	0	0
LES DONAHUE MEMBER	1 0	X						0	579,861	19,445
MIKE EDWARDS MEMBER	1 0	X						0	0	0
JOHNNIE RUTH ELROD MEMBER	1 0	X						0	0	0
TONY GIARRANTANA MEMBER	1 0	X						0	0	0
LANGLEY GRANBERY MEMBER	1 0	X						0	0	0
DR CONNIE GRAVES MEMBER	1 0	X						0	0	0
CORDIA HARRINGTON CHAIR	1 0	X		X				0	0	0
C ANN HARRIS MEMBER	1 0	X						0	0	0
TONY HEARD PAST CHAIR	1 0	X		X				0	0	0
NANCY PETERSON HEARN MEMBER	1 0	X						0	0	0
SHANNON HINES MEMBER	1 0	X						0	0	0
PATRICIA KYGER MEMBER	1 0	X						0	0	0
DR JIM LANCASTER MEMBER	1 0	X						0	0	0
MARTHA BROWN LARKIN MEMBER	1 0	X						0	0	0
SISTER MARY FRANCES LOFTIN MEMBER	1 0	X						0	0	0
PATRICK MADDEN MEMBER	1 0	X						0	0	0
CHARLES O MANN MEMBER	1 0	X						0	0	0
KEN MCDONALD MEMBER	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
WILLIAM PIPER MEMBER	1 0	X						0	0	0
DALE POLLEY TREASURER	1 0	X		X				0	0	0
GREG POPE PRESIDENT AND COO	40 0	X						0	274,059	24,394
DR RON PRUITT MEMBER	1 0	X						0	0	0
DOYLE RIPPEE MEMBER	1 0	X						0	0	0
BERNIE SHERRY MEMBER	1 0	X						0	579,677	21,875
DOUG SMALL MEMBER	1 0	X						0	0	0
ALAN STRAUSS MEMBER	1 0	X						0	793,345	23,849
FRANCES DOCKINS MEMBER	1 0	X						0	0	0
CLINT HIGHAM MEMBER	1 0	X						0	0	0
JEANETTE RENWICK SENIOR DEVELOPMENT OFFICER	40 0					X		0	114,600	12,172
JAMES HOUSER FORMER CEO							X	0	2,057,754	17,092

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ALLOCATED SALARIES & BENEFITS	928,841	116,863	374,356	437,622
SPECIAL PROJECTS	117,753			117,753
PRINTING	69,504		14	69,490
OTHER	37,906		16,552	21,354
SUPPLIES	34,315	6,735	3,645	23,935

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1663055
Name: SAINT THOMAS HEALTH SERVICES FUND

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TUITION ASSISTANCE AND BOOKS - STHS ASSOCIATES	30	76,328			
CHARITY ASST FOR STHS AND CONTRACTED CO ASSOCIATES	132	83,869			
CHARITY ASST FOR STHS AND CONTRACTED CO ASSOCIATES	52		5,730	FMV	GIFT CARDS
MAMMOGRAMS FOR PATIENTS IN FINANCIAL NEED	142	31,400			
CHARITY ASSISTANCE FOR STHS PATIENTS GOOD/GAS	23		1,000	FMV	GIFT CARDS
CONTINUING EDUCATION FOR STHS ASSOCIATES	441	20,368			
CONTINUING MEDICAL EDUCATION FOR PHYSICIANS	3	3,838			
FLOOD ASSISTANCE TO STHS ASSOCIATES AND VOLUNTEERS	154	257,533			
FLOOD ASSISTANCE TO STHS ASSOCIATES AND VOLUNTEERS	149		68,240	FMV	GIFT CARDS
TUITION ASSIST FOR STUDENT ATTENDING NOTRE DAME	1	1,000			