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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Saint Thomas Hickman Hospital

Doing business as

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

135 East Swan Street

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

Centerville, TN 370331417

F Name and address of principal officer

Jack Keller

135 East Swan Street

Centerville, TN 370331417

D Employer identification number

58-1737573

E Telephone number

(931) 729-4271

G Gross receipts \$ 14,125,218

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

www.hickmanhospital.com

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1964

M State of legal domicile

TN

Part I	Summary																																
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>High quality acute care hospital, intermediate care nursing home & physician services</div>																																
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>18</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>123</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>16</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	18	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	123	6	Total number of volunteers (estimate if necessary)	6	16	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Part II

Signature Block

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

Sign Here

Signature of officer

2016-05-16

Date

Lisa Davis CFO - Saint Thomas Health

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Meghann Ackely

Preparer's signature

Meghann Ackely

Date

Firm's name

DELOITTE TAX LLP

Firm's EIN

86-1065772

Firm's address

250 EAST FIFTH STREET SUITE 1900

CINCINNATI, OH 45202

Phone no

(513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

Saint Thomas Hickman Hospital provides high quality acute care hospital services, intermediate care nursing home services, and physician services to the residents of Hickman County, Tennessee and the surrounding area Saint Thomas Hickman Hospital provided 661 days of acute inpatient care, 12,860 days of intermediate nursing care, 5,379 emergency room visits, 5,338 outpatient visits, and 15,060 physician clinic visits

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 9,158,542 including grants of \$) (Revenue \$ 14,099,298)

SAINT THOMAS HICKMAN HOSPITAL PRIMARILY SERVES HICKMAN COUNTY AND SECONDARILY PORTIONS OF THE SURROUNDING COUNTIES HICKMAN HOSPITAL IS A 25-BED CRITICAL ACCESS HOSPITAL AND A 40-BED INTERMEDIATE CARE NURSING FACILITY, WITH ONE PROVIDER-BASED RURAL HEALTH CLINIC SAINT THOMAS HICKMAN HOSPITAL PROVIDED THE FOLLOWING BENEFITS TO THE COMMUNITY CHARITY CARE (AT COST) IN THE AMOUNT OF \$228,554 AND COMMUNITY BENEFIT PROGRAMS (NET EXPENSES) \$57,725

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

9,158,542

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	15	
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records Jack Keller

Part VII

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,722,348	5,864,120	245,288

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶10

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0		

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0		
	b	Membership dues	1b	0		
	c	Fundraising events	1c	0		
	d	Related organizations	1d	0		
	e	Government grants (contributions)	1e	0		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0		
	g	Noncash contributions included in lines 1a-1f \$		0		
	h	Total. Add lines 1a-1f		0		
Program Service Revenue	2a	Hospital	Business Code 621990	9,614,475	9,614,475	
	b	Nursing Home	621990	2,337,118	2,337,118	
	c	Rural Health Clinic	621990	1,468,244	1,468,244	
	d					
	e					
	f	All other program service revenue		0	0	0
	g	Total. Add lines 2a-2f		13,419,837		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		503	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real 5,940	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	5,940	0		
d		Net rental income or (loss)		5,940		5,940
7a		Gross amount from sales of assets other than inventory	(i) Securities 437	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)	437	0		
d		Net gain or (loss)		437		437
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18				
		a	0			
b		Less direct expenses	b	0		
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19				
		a	0			
b		Less direct expenses	b	0		
c		Net income or (loss) from gaming activities		0	0	0
10a		Gross sales of inventory, less returns and allowances				
	a	0				
b	Less cost of goods sold	b	0			
c	Net income or (loss) from sales of inventory		0	0	0	
Miscellaneous Revenue		Business Code				
11a	Drug Gvt Program	621990	437,916	437,916		
b	Cafeteria Revenue	722320	19,040		19,040	
c						
d	All other revenue		241,545	241,545	0	
e	Total. Add lines 11a-11d		698,501			
12	Total revenue. See Instructions		14,125,218	14,099,298	0	25,920

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	295,675	221,756	73,919	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	5,091,576	4,040,438	1,051,138	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	234,312	175,734	58,578	
9	Other employee benefits.	740,470	555,340	185,130	
10	Payroll taxes.	366,762	275,072	91,690	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	548,164	411,123	137,041	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,358,458	1,768,843	589,615	0
12	Advertising and promotion.	15,710	15,710		
13	Office expenses.				
14	Information technology.	54,938	54,938		
15	Royalties.				
16	Occupancy.	571,503	571,503		
17	Travel.	16,484	12,363	4,121	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	403,638	403,638		
23	Insurance.	45,057	45,057		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Corporate Allocations	2,158,258		2,158,258	
b	Other Expenses	541,190		541,190	
c	Supplies	553,224	414,918	138,306	
d	Cost of Goods Sold	192,109	192,109		
e	All other expenses	2,500	0	2,500	0
25	Total functional expenses. Add lines 1 through 24e.	14,190,028	9,158,542	5,031,486	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,598,043	1	996,657
	2	Savings and temporary cash investments		62,479	2	62,479
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,673,822	4	3,133,357
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		368,595	7	244,337
	8	Inventories for sale or use		149,254	8	129,007
	9	Prepaid expenses and deferred charges		13,540	9	25,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a10,850,158			
	b	Less accumulated depreciation	10b5,280,650	4,904,306	10c	5,569,508
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		107,524	15	24,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,877,563	16	10,184,774
Liabilities	17	Accounts payable and accrued expenses		1,855,933	17	1,724,976
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		82,882	25	47,379
	26	Total liabilities. Add lines 17 through 25		1,938,815	26	1,772,355
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		7,938,748	27	8,412,419
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		7,938,748	33	8,412,419
	34	Total liabilities and net assets/fund balances		9,877,563	34	10,184,774

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,125,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,190,028
3	Revenue less expenses Subtract line 2 from line 1	3	-64,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,938,748
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	538,481
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,412,419

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 58-1737573
Name: Saint Thomas Hickman Hospital

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG POLKOW CHAIRMAN	1 00 46 00	X		X				0	623,498	35,900
(1) KAREN SPRINGER SECRETARY/TREASURER	1 00 44 00	X		X				0	805,412	18,943
(2) CLARK BAKER CHAIRMAN	1 00 8 00	X		X				0	0	0
(3) ANTHONY HEARD VICE CHAIRMAN	1 00 8 00	X		X				0	0	0
(4) LEE MOSS TREASURER	1 00 9 00	X		X				0	0	0
(5) MICHAEL SCHATZLEIN MD PRESIDENT/CEO	1 00 55 50	X		X				0	2,667,403	40,277
(6) PATRICK R SHEPHERD SECRETARY	1 00 8 00	X		X				0	0	0
(7) SAMAR ALI BOARD MEMBER	1 00 8 00	X						0	0	0
(8) WILLIAM ANDERSON BOARD MEMBER	1 00 8 00	X						0	0	0
(9) DELL CROSSLIN BOARD MEMBER	1 00 8 00	X						0	0	0
(10) EMIL HASSAN BOARD MEMBER	1 00 8 00	X						0	0	0
(11) MARK PETERS MD BOARD MEMBER	1 00 8 00	X						0	0	0
(12) STEVE SCHWAB MD BOARD MEMBER	1 00 8 00	X						0	0	0
(13) SCOTT STANDARD MD BOARD MEMBER	1 00 8 00	X						0	0	0
(14) SISTER DINAH WHITE DC BOARD MEMBER	1 00 8 00	X						0	0	0
(15) BRIAN WILCOX MD BOARD MEMBER	1 00 8 00	X						0	0	0
(16) JOHN JAY WILLIAMS MD BOARD MEMBER	1 00 8 00	X						0	0	0
(17) MARK PEACOCK MD BOARD MEMBER	1 00 8 00	X						0	0	0
(18) JACK KELLER PRES/CEO HICKMAN	40 00 0 00			X				0	226,967	21,321
(19) BAILEY PRATT CHIEF FINANCIAL OFFICER	40 00 0			X				132,762	0	7,616
(20) ROBIN CROWELL CNO	40 00 0				X			145,241	0	27,975
(21) MONAM AWAN MD PHYSICIAN	40 00 0					X		321,315	0	14,082
(22) MAREK DURAKIEWICZ MD PHYSICIAN	40 00 0					X		382,197	0	11,584
(23) ZACHARY HUTCHENS MD PHYSICIAN	40 00 0					X		131,676	0	4,898
(24) MUHAMMAD MIRZA MD PHYSICIAN	40 00 1 00					X		306,311	0	27,810

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KENNETH POAG MD	40 00					X		302,846	0	15,877
PHYSICIAN 0									
(1) WESLEY LITTRELL	0 00						X	0	355,904	0
FORMER EVP/CEO STHE AFFIL 0 00									
(2) ALAN STRAUSS										
FORMER EVP/CFO 85 00						X	0	1,184,936	19,005

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Saint Thomas Hickman Hospital	Employer identification number 58-1737573
---	--

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 described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)						
14First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2014. 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 ▶		
b33 1/3% support tests—2013. 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 ▶		
20Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Saint Thomas Hickman Hospital	Employer identification number 58-1737573
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,327		15,327
b Buildings		5,795,588	2,447,713	3,347,875
c Leasehold improvements		281,416	193,108	88,308
d Equipment		3,979,472	2,577,883	1,401,589
e Other		778,355	61,946	716,409
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,569,508

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of Saint Thomas Hickman Hospital. The System accounts for uncertainty in income tax provisions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2015.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Thomas Hickman Hospital

Employer identification number
58-1737573

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			228,554		228,554	1 61 %
b Medicaid (from Worksheet 3, column a)			3,309,819	3,309,819	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	3,538,373	3,309,819	228,554	1 61 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			34,417	8,516	25,901	0 18 %
f Health professions education (from Worksheet 5)			1,330		1,330	0 01 %
g Subsidized health services (from Worksheet 6)			1,636		1,636	0 01 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,573		8,573	0 06 %
j Total Other Benefits	0	0	45,956	8,516	37,440	0 26 %
k Total. Add lines 7d and 7j	0	0	3,584,329	3,318,335	265,994	1 87 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			600		600	0 %
2Economic development					0	0 %
3Community support					0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building			18,685		18,685	0 13 %
7Community health improvement advocacy					0	0 %
8Workforce development			1,000		1,000	0 01 %
9Other					0	0 %
10Total	0	0	20,285	0	20,285	0 14 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

No

2Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

2

3,135,163

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)

5

7,049,245

6Enter Medicare allowable costs of care relating to payments on line 5

6

4,889,052

7Subtract line 6 from line 5 This is the surplus (or shortfall)

7

2,160,193

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Saint Thomas Hickman Hospital

Name of hospital facility or letter of facility reporting group

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

1

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

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Saint Thomas Hickman Hospital

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance.aspx</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance.aspx</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //www sths com/Pages/Patients-and-Visitors/Finance-Assistance.aspx</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Saint Thomas Hickman Hospital																																																					
Name of hospital facility or letter of facility reporting group																																																					
	<table><tr><td></td><td>Yes</td><td>No</td></tr></table>		Yes	No																																																	
	Yes	No																																																			
19	<table><tr><td>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</td><td>19</td><td></td><td>No</td></tr><tr><td>If "Yes," check all actions in which the hospital facility or a third party engaged</td><td></td><td></td><td></td></tr><tr><td>a <input type="checkbox"/> Reporting to credit agency(ies)</td><td></td><td></td><td></td></tr><tr><td>b <input type="checkbox"/> Selling an individual's debt to another party</td><td></td><td></td><td></td></tr><tr><td>c <input type="checkbox"/> Actions that require a legal or judicial process</td><td></td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Other similar actions (describe in Section C)</td><td></td><td></td><td></td></tr><tr><td>20</td><td colspan="3">Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</td></tr><tr><td>a <input checked="" type="checkbox"/></td><td colspan="3">Notified individuals of the financial assistance policy on admission</td></tr><tr><td>b <input checked="" type="checkbox"/></td><td colspan="3">Notified individuals of the financial assistance policy prior to discharge</td></tr><tr><td>c <input checked="" type="checkbox"/></td><td colspan="3">Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</td></tr><tr><td>d <input checked="" type="checkbox"/></td><td colspan="3">Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</td></tr><tr><td>e <input type="checkbox"/></td><td colspan="3">Other (describe in Section C)</td></tr><tr><td>f <input type="checkbox"/></td><td colspan="3">None of these efforts were made</td></tr></table>	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No	If "Yes," check all actions in which the hospital facility or a third party engaged				a <input type="checkbox"/> Reporting to credit agency(ies)				b <input type="checkbox"/> Selling an individual's debt to another party				c <input type="checkbox"/> Actions that require a legal or judicial process				d <input type="checkbox"/> Other similar actions (describe in Section C)				20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			a <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy on admission			b <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy prior to discharge			c <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			d <input checked="" type="checkbox"/>	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			e <input type="checkbox"/>	Other (describe in Section C)			f <input type="checkbox"/>	None of these efforts were made		
Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No																																																		
If "Yes," check all actions in which the hospital facility or a third party engaged																																																					
a <input type="checkbox"/> Reporting to credit agency(ies)																																																					
b <input type="checkbox"/> Selling an individual's debt to another party																																																					
c <input type="checkbox"/> Actions that require a legal or judicial process																																																					
d <input type="checkbox"/> Other similar actions (describe in Section C)																																																					
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)																																																				
a <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy on admission																																																				
b <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy prior to discharge																																																				
c <input checked="" type="checkbox"/>	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills																																																				
d <input checked="" type="checkbox"/>	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy																																																				
e <input type="checkbox"/>	Other (describe in Section C)																																																				
f <input type="checkbox"/>	None of these efforts were made																																																				
Policy Relating to Emergency Medical Care																																																					
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?																																																				
	21	Yes																																																			
a <input type="checkbox"/>	The hospital facility did not provide care for any emergency medical conditions																																																				
b <input type="checkbox"/>	The hospital facility's policy was not in writing																																																				
c <input type="checkbox"/>	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)																																																				
d <input type="checkbox"/>	Other (describe in Section C)																																																				
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)																																																					
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care																																																				
a <input type="checkbox"/>	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged																																																				
b <input type="checkbox"/>	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged																																																				
c <input type="checkbox"/>	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged																																																				
d <input checked="" type="checkbox"/>	Other (describe in Section C)																																																				
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?																																																				
	23		No																																																		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?																																																				
	24		No																																																		
	If "Yes," explain in Section C																																																				

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **3**

Name and address	Type of Facility (describe)
1 Hickman Community Nursing Home 135 East Swan St Centerville,TN 370331417	Intermediate Care Nursing Home
2 Hickman Medical Clinic Centerville 135 East Swan St Centerville,TN 370331417	Rural Health Clinic
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b Community Benefit Report	Saint Thomas Hickman Hospital is included in the consolidated community benefit report prepared by Saint Thomas Health

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health - Part I</p>	<p>The Saint Thomas Health's governing body is comprised of persons representing diverse aspects and interests of the community. Many members of the Saint Thomas Health governing body reside in the organization's primary service area, who are neither employees nor independent contractors of the organization, nor family members thereof. Medical Staff. The organization extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties. Patient care. ST Hickman is designated as a Critical Access Hospital by the State of Tennessee, also providing a 24-hour emergency room to the community. The hospital participates in Medicaid, Medicare, TennCare, CHAMPUS, Tricare, and other government-sponsored health care programs. ST Hickman provides financial assistance, both full and partial adjustments, to those who cannot afford to pay (both insured and uninsured). Saint Thomas Health Foundation. Patients and families of ST Midtown, ST Hickman, and ST West have access to the Irene and Melvin Lewis, Transplant, Mandy Moore, Francis Gluck and Healing Outreach Fund which assists patients who are financially unable to provide for needed medical-related expenditures. There is also a fund available to all employees of Saint Thomas Health who are experiencing hardship. This fund, the Sister Juliana Beurlein Employee Financial Assistance Fund offered system-wide over \$110,035 in assistance in FY2015. Health Professions Education. ST Hickman serves as a clinical site for allied health students. In fiscal year 2015, 3 students spent more than 145 hours of instructional time in the hospital. (Community Health Need. Health Education and Access to Care) Preventative Food Pantry. ST Hickman in partnership with Second Harvest Food Bank, Centerville Church of Christ Outreach Center, ST Hickman distributes medically-sensitive food boxes to patients impacted by food insecurity, with the health improvement goals of: Alleviate hunger, improve individual/community knowledge regarding proper nutrition and reduce acute episodes of chronic disease. In FY15, 635 boxes were distributed to 385 individuals and total household members of 954. (Community Health Need. Access to Healthy Food and Health Education)</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health - Part II	<p>Alzheimer's caregiver support group ST Hickman offers a monthly support group for those in the role of caring (or supporting those who are caring) for someone with Alzheimer's disease or other chronic medical condition These may be family members, friends, neighbors, clergy, or professional caregivers Monthly sessions provide both relevant health education and support to attendees Program goals include maintain wellness and increase self-care, decrease stress, Increase knowledge of resources In FY15, twelve (12) sessions were held with an average of four (4) attendees, many attended multiple sessions and referrals were made into the program (Community Health Need Mental Health and Health Education) Behavioral Health Screening Day Initiated in, October 2003, as a response to newly formed Hickman Suicide Prevention Taskforce and as first initiative to reduce suicides and increase awareness that depression is the #1 risk factor for suicide The annual screening day event's goal is to reduce the stigma of mental illness/emotional issues in addition to reducing suicide Screening day was held on Thursday, May 21, 2015 (Community Health Need Access to Healthy Food and Mental Health) CPR/First Aid Classes ST Hickman provides training to Hickman County School faculty and staff, with the health goal to increase access to urgent and emergent care In FY15, three (3) classes were conducted and a total of seventy-eight (78) were trained and certified (Community Health Need Health Education and Access to Care) Medical Missions at Home A mission-at-home event was held in Hickman County within a low income community on April 18, 2015 Volunteers from all of STH entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, and a health ministry presence to persons who otherwise have limited access to health care This one event, which included multiple volunteers and community partners, served 137 community members who had a total of 476 health care encounters (Community Health Need Access to Care) Youth Sports Physicals ST Hickman provides free youth sports physicals for local high school and middle school students with the goal to of increasing the number of area youths who participate in organized sports and increase overall participation in physical activity During FY15, two (2) events were held with a total of 314 students receiving necessary sports physicals (Community Health Need Physical Activity and Access to Care) Community Benefit Cash and In-Kind Contributions ST Hickman supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including The hospital has provided access to its conference rooms at no charge to some community organizations whose programs align with its mission ST Hickman participates in local health fairs and community events providing health education Hickman County Education Foundation ST Hickman provides funds to support the education of area post-secondary education of students interested in entering the health field Hope Smiles ST Hickman provides funds to support its participation in the health system's three Medical Missions at Home events (Community Health Need Oral Health and Access to Care)</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Description of Affiliated Group - Part I</p>	<p>Saint Thomas Hickman Hospital, established in 1964, is a 25-bed hospital in Centerville, Tennessee. Its services include emergency care, inpatient care, primary care clinic, and a local home health program. ST Hickman is the first hospital in Tennessee to qualify as a Critical Access Hospital. The Hospital is part of Saint Thomas Health. Saint Thomas Health (STH) is Middle Tennessee's faith-based, not-for-profit health care system united as one healing community. Saint Thomas Health is focused on transforming the healthcare experience and helping people live healthier lives, with special attention to the poor and vulnerable. The regional health system included, in FY15, five (5) hospitals: Saint Thomas Hospital for Spinal Surgery, Saint Thomas Midtown Hospital and Saint Thomas West Hospital in Nashville, Saint Thomas Rutherford Hospital in Murfreesboro, and Saint Thomas Hickman Hospital in Centerville. A comprehensive network of affiliated joint ventures, medical practices, clinics and rehabilitation facilities complements the hospital services. Saint Thomas Health is a member of Ascension, a Catholic organization that is the largest not-for-profit health system in the United States. Saint Thomas Health is committed to providing care to the communities it serves with attention to the poor and vulnerable. STH's mission provides a strong foundation and guidance for its work as a caring ministry of healing, including its commitment to community service and to provide access to quality healthcare for all. The STH Mission, Vision and Values are the key factors influencing their approach and commitment to addressing community health needs through their community benefit activity. Ascension Health's Socially Just Wage and Benefits Policy, established in 2001, applies to all of the Ascension Health Ministry, including subsidiary entities and to contractual third-party vendor relationships. Saint Thomas Health and Ascension are committed to providing a livable wage to employees. Minimum wage was raised to \$11/hour during FY15. Catholic Social Teaching recognizes that each individual has a fundamental right to share in the fruits of her or his labor and to have basic needs met, including access to healthcare. An essential component of the Socially Just Wage Policy is the employer subsidization of the cost of healthcare insurance for lower-paid associates. This employer subsidy, combined with the minimum hourly wage rate, will provide affected associates with a decent standard of living and affordable access to healthcare. (Community Health Need: Access to Care and Wellness) Saint Thomas Health supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including restricted cash donations to outside organizations, in-kind donation of employee time/services to outside organizations and representation on community/non-profit boards and committees which work to improve the health and quality of life of the communities we serve. As a system, STH supports a variety of efforts specifically aimed at providing services for persons who are poor and improving the health of the community. For example, in fiscal year 2015: Continuing Medical Education: STH offers a variety of online accredited continuing medical education courses. Additionally, in-person seminars on various health topics are offered. The courses are open to all physicians and health professionals. During FY15, 16 educational courses/seminars were offered with total attendance of 682. (Community Health Need: Health Education and Access to Care)</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Description of Affiliated Group - Part II</p>	<p>Graduate Medical Education STH and its Affiliates serves as training sites for University of Tennessee, Meharry Medical College and Vanderbilt University medical residents In fiscal year 2015, 93 medical residents received graduate medical education training at a Saint Thomas Health site (Community Health Need Health Education and Access to Care) Medical Missions at Home STH organized three mission-at-home events, one in Davidson County, one in Hickman County, and one in Rutherford County, held within a low income community Volunteers from all of STH entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, and a health ministry presence to persons who otherwise have limited access to health care In FY15, these events served 1,202 community members who had a total of 3,868 health care encounters (Community Health Need Access to Care) Saint Thomas Medical Partners Family Health Centers The mission of STMP network of family health clinics is to serve the community by providing health care to all ages regardless of insurance or financial resources Staffed by licensed medical professions, for those who do not have insurance, fees are based on a sliding scale using federal poverty guidelines In addition, private insurance, Medicare and TennCare are accepted STH operates 5 primary care safety-net clinics that provided 54,955 patient encounters for 16,803 patients in fiscal year 2015 The clinics are committed to providing high-quality primary care to the uninsured and underinsured and serve the Davidson, Hickman, and Rutherford County communities Acute medical care is provided usually on the same day and patients with chronic illnesses are seen routinely The clinics offer a broad range of women's health care For patients struggling with mental health issues, a Psychiatric Nurse Practitioner and licensed social worker provide one-on-one counseling and group therapy sessions The clinics utilize the services of the Dispensary of Hope to provide convenient access to free and reduced-cost medications Social workers and trained nurses also help patients request free medications through the Patient Assistance Program Referral Services The clinics work to ensure access to specialty services by linking patients to other resources within the community The South and West Clinics offer additional services Clinica Nueva Vida - a comprehensive prenatal care program for uninsured, low income Hispanic women in Greater Nashville, and The Healthy Lifestyles Program - a program for adults with type 2 diabetes or pre-diabetes utilizing group and individual nutritional counseling, along with cooking and exercise classes, combined with medical monitoring ST Midtown, ST Rutherford, and ST West provide financial support to the health centers (Community Health Need Access to Care) Our Mission in Motion The mobile mammography outreach program is designed to increase access to high quality screening mammography for all women with special attention to the poor and vulnerable in Middle Tennessee The program provides screening mammograms in collaboration with local employers, communities, and safety net clinics, reducing the barrier of transportation and inability to afford time away from work Screening mammograms are available to the uninsured When indicated, Our Mission in Motion works with women to connect them to follow up care It is the goal of the program to improve the compliance rates for screening mammography, thus decreasing the late stage detections of Breast Cancer for women in Middle Tennessee In fiscal year 2015, 2,983 screening were performed, with 405 women receiving their first mammography (Community Health Need Access to Care and Wellness)</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Description of Affiliated Group - Part III	<p>Advocacy for Health STH helped to form the Safety Net Consortium of Middle Tennessee to address the needs of the uninsured residents of Middle Tennessee Saint Thomas Health Foundation serves as the legal and fiduciary agent to the Consortium The Board of Directors that governs the Consortium is comprised of health care providers and local business leaders who serve the poor and uninsured STH actively advocates for healthcare access and coverage for all persons through ongoing meeting with elected officials and sponsorship of community events and presentations to increase awareness and educate the public regarding healthcare reform and access STH Senior Leaders participate as active board members of non-profit organizations whose mission is aligned with community health improvement Additionally, STH has a local county health council representative member on each of the three counties Davidson, Hickman, and Rutherford (Community Health Needs Access to Care) Dispensary of Hope Since 2003, Dispensary of Hope has been distributing medication from manufacturers, distributors, and healthcare providers to federally-qualified health centers, free and charitable clinics and pharmacies serving the poor and uninsured The Dispensary of Hope currently serves over 65 communities nationwide All access sites are not-for-profit facilities legally authorized to dispense medications The Dispensary of Hope offers two programs in which access sites can participate In fiscal year 2015, there were approximately 96,700 patient encounters with 245,240 prescriptions filled The Instant Access Program had 58 participating sites and the Diabetic Supply Program had 42 participating sites The Dispensary of Hope distributed \$29,926,672 worth of medications through the Instant Access program (valued at the industry standard "average wholesale price") and \$123,201 worth of diabetic supplies (valued at the price charged to access sites) (Community Health Need Access to Care and Wellness) Dispensary of Hope Pharmacy Since 2006, Dispensary of Hope Pharmacy provides medication assistance for uninsured and underinsured individuals who are experiencing financial hardship In fiscal year 2015, 25,398 prescriptions were filled, with 13,301 total patient encounters at the Saint Thomas West Hospital location The pharmacy located in Rutherford County dispensed 29,413 prescriptions with a total of 9,876 patient encounters A third pharmacy was opened on the Saint Thomas Midtown Hospital campus in October 2014 During FY 15, 6,064 prescriptions were filled, with 2,742 patient encounters (Community Health Need Access to Care and Wellness) Camp Bluebird STH is a founding partner and primary supporter of Camp Bluebird and draws volunteers from Saint Thomas Health, the community and other community hospitals Camp Bluebird was the first camp in the Middle Tennessee area designed for adult cancer patients For three days and two nights volunteers provide adult campers with education, support and encouragement in living life after a cancer diagnosis Camp is held each Spring and Fall with an average of 100 to 110 cancer patients participating in fiscal year 2015 (Community Health Need Health Education and Wellness)</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 g Subsidized Health Services	Saint Thomas Hickman Hospital employs its physicians in its emergency room and at physician clinics, thus the associated costs and charges relating to the physician services are included in all relevant categories in Part I

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. Saint Thomas Hickman Hospital uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For certain categories in the table, this was a cost accounting system, in other categories, a specific cost-to-charge ratio was applied.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>Social determinates are the conditions of communities within which people live that affect their health and well-being and include, housing, crime, poverty, education, discrimination, and others</p> <p>Addressing the social determinates of health through community building is an important component in improving the contributing factors that determine the health of the community ST Hickman supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of the community, especially the poor and vulnerable, including representation on community/non-profit boards and committees which work to improve the health and address its social determinates</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Ascension Health and related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Saint Thomas Hickman Hospital ("Hickman") has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply. Hickman is a licensed hospital in the state of Tennessee which serves as a general medical and surgical hospital. It is also a Critical Access Hospital for the purposes of Medicare and TennCare reimbursement which operates a 24-hour emergency room.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Saint Thomas Hickman Hospital Line 16a URL https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance.aspx ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Saint Thomas Hickman Hospital Line 16b URL https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance.aspx ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Saint Thomas Hickman Hospital Line 16c URL https://www.sths.com/Pages/Patients-and-Visitors/Financial-Assistance.aspx ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Community Health Needs Assessment (CHNA) is conducted every three years, with the most recent conducted in fiscal year 2013 ST Hickman and Saint Thomas Health conducted the CHNA collaboratively in FY2013 The objectives of the CHNA and subsequent hospital specific implementation strategies, were</p> <ol style="list-style-type: none"> 1 Provide an unbiased comprehensive assessment of Hickman County's health needs and assets 2 Use the CHNA to prioritize the Saint Thomas Health Community Health and Benefit Program strategy 3 Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes <p>For complete description of CHNA methodology, identification of priority needs, and findings, please review the Hospital's CHNA online at https://www.sths.com/SiteAssets/Pages/Community-Health-Needs-Assessment/2013_Hickman_CHNA.pdf</p> <p>In addition to the reported CHNA, the organization, Saint Thomas Health, assesses the health needs of the communities it serves through representation on local health councils and non-profits addressing the needs of the underserved</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Education of eligibility for assistance at Saint Thomas Hickman Hospital ("Hickman") begins at registration with signage displayed at all registration points notifying patients that we have a Financial Assistance Program, as well as contact information for the patient to use should they need assistance. Brochures containing this information are also available for patients at all registration points. Hickman registration associates discuss the estimated balance that will be due with both insured and self-pay patients. Should the associate identify that the patient may need assistance with that balance, he/she will provide the patient with a Financial Assistance Application and help them complete it, if needed. All self-pay and underinsured patients are screened by Hickman for alternative coverage including Medicaid, SSI/SSD, Cobra, student coverage, and crime victims' compensation. If no alternative is identified, an associate will work with the patient to complete a Financial Assistance Application. Also, contact information is listed on Hickman billing statements for the patient to use in the event they need assistance with their balances, and collections associates have been trained to offer patients a Financial Assistance Application if needed by the patient. Hickman works with third party collection vendors who are required to follow the hospital's Financial Assistance Policy.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Located in Centerville, Tennessee, Saint Thomas Hickman Hospital primarily serves Hickman County and secondarily portions of the surrounding counties. ST Hickman Hospital is a 25-bed Critical Access Hospital and a 40-bed Intermediate Care Nursing Facility, with one provider-based Rural Health Clinic. In calendar year 2014, over 92% of inpatient stays and 93% of emergency department cases originated within the county. Hickman County is one of 95 counties within the state of Tennessee and is located in the Middle Tennessee region. Tennessee is located in the Southeastern region of the United States. Hickman County is a rural county which encompasses 613 square miles, having a population density of 40.3 persons per square mile. United States Census Quick Facts for 2013 indicates a population of 24,267 estimate. Community Demographic highlights include: 47.4% Female, 92.9% White, 5.5% Persons under 5 years, 15.5% Persons 65 years and over, 76.5% High school graduate or higher (% persons age 25+, 2008-2012), 37.2 minutes, mean travel time to work (2008-2012), \$18,588 per capita money income in the past 12 months (2008-2012), \$42,330 median household income (2008-2012), and 16.3% persons below poverty level (2008-2012). American Fact Finder, American Community Survey (2010-2012, 3 year estimate) notes, 18.4% of residents and 7.9% of children (ages 0-17), 26.7% ages 18-64, 1.4% 65 years and older, and 43% ages 19-25 in Hickman County were uninsured. There is one hospital in Hickman County. Much of Hickman County is considered an underserved healthcare area for primary care, dental and mental health. For complete description of the community demographics and selection for CHNA purposes please review the Hospital's CHNA online at: https://www.sths.com/SiteAssets/Pages/Community-Health-Needs-Assessment/2013_Hickman_CHNA.pdf</p>

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 58-1737573
Name: Saint Thomas Hickman Hospital

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Saint Thomas Hickman Hospital The 2013 CHNA was conducted jointly with Saint Thomas Hickman Hospital and Saint Thomas Health system representatives, in consultation with the Hickman County Health Department and the Hickman County Health Council
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Saint Thomas Hickman Hospital The 2013 CHNA was conducted jointly with Saint Thomas Hickman Hospital and Saint Thomas Health system representatives, in consultation with the Hickman County Health Department and the Hickman County Health Council
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Saint Thomas Hickman Hospital ST Hickman participates in the local Hickman County Health Council to work collaboratively to improve the health of the community ST Hickman provided the following programs and donations during the tax year to address the CHNA priority needs identified Need Access to Care Programs Medical Mission at Home, Rural Health Clinics Telemedicine - Stroke Evaluation Donations Hope Smiles Need Health Education & Education Attainment Programs CPR classes, Health Professions Education Donations Hickman Education Scholarship Need Behavioral Health Programs Alzheimer's caregiver support group,Behavioral Health Screening Day Need Obesity, Chronic Disease , Access to Healthy Food Programs Preventative Food Pantry Need Physical Activity Programs Youth sports physicals for high school and middle school students Need Tobacco Programs Offered Tobacco cessation class SAINT THOMAS HEALTH PROVIDED THE FOLLOWING PROGRAMS AND DONATIONS DURING THE TAX YEAR TO ADDRESS THE CHNA PRIORITY NEEDS IDENTIFIED NEED ACCESS TO CARE DONATION THE GOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESS PROGRAMS CHARITY CARE POST DISCHARGE DISPENSARY OF HOPE - DISTRIBUTION CENTER, DISPENSARY OF HOPE CHARITABLE PHARMACIES, MEDICAL MISSIONS AT HOME, MOBILE MAMMOGRAPHY, SAFETY NET PRIMARY CARE CLINICS, TELEMEDICINE - STROKE EVALUATION NEED HEALTH EDUCATION & PRACTICAL APPLICATION PROGRAMS HEALTH PROFESSIONS EDUCATION - CME CONFERENCES, HEALTH PROFESSIONS EDUCATION - GME, MEDICAL LIBRARY DONATION UNITED WAY NEED MENTAL & DENTAL HEALTH PROGRAMS BEHAVIORAL HEALTH EXPANSION IN HICKMAN COUNTY, COMMUNITY COLLABORATION, PROJECT EVALUATION DONATION HOPE SMILES NEED WELLNESS/OBESITY/FOOD DONATION THE GOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESS, HABITAT FOR HUMANITY NEED EXERCISE & SAFETY DONATION THE GOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESS Needs not being addressed and why Poverty - Hickman County Economic & Community Development Association, Inc is currently working to support local businesses and attract additional business to the county - Currently, the Hickman County Chamber of Commerce is addressing economic development within the county, through its "Shop Local" campaign, and promote tourism - Saint Thomas Hickman Hospital (ST Hickman), supported by Ascension and Saint Thomas Health, is committed to providing Socially Just Wages to its employees This was also extended to the outsourced dietary & housekeeping associates - ST Hickman is committed to Health Care for All, including those challenged by poverty
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Saint Thomas Hickman Hospital We use presumptive scoring to identify charity accounts
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Saint Thomas Hickman Hospital The State of Tennessee legislates that billings cannot exceed 175% cost to charge on most recent Joint Annual Report

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, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Thomas Hickman Hospital

Employer identification number
58-1737573

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II EXPLANATION	A portion of the compensation paid to Michael Schatzlein, MD is for services provided to other Ascension Health Alliance related organizations
Schedule J, Part II EXPLANATION	THE 2014 COMPENSATION AMOUNTS SHOWN FOR ALAN STRAUSS WERE PAID BY A RELATED ORGANIZATION FOR HIS SERVICES AS THE CFO OF THE RELATED ORGANIZATION
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of Saint Thomas Hickman Hospital, uses the following to establish the compensation of the organization's CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or study - Approval by the Board or Compensation committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT NOTED WESLEY LITTRELL \$355,904
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 PROVISION, 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. THERE WERE NO PAYMENTS MADE FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 58-1737573
Name: Saint Thomas Hickman Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG POLKOW CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	452,362	162,978	8,158	13,000	22,900	659,398	0
KAREN SPRINGER SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	590,000	209,037	6,375	13,000	5,943	824,355	0
MICHAEL SCHATZLEIN MD PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	932,454	1,561,904	173,045	7,800	32,477	2,707,680	0
WESLEY LITRELL FORMER EVP/CEO STHE AFFIL	(i)	0	0	0	0	0	0	0
	(ii)	0	0	355,904	0	0	355,904	0
ALAN STRAUSS FORMER EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	506,768	535,825	142,343	7,800	11,205	1,203,941	0
JACK KELLER PRES/CEO HICKMAN	(i)	0	0	0	0	0	0	0
	(ii)	163,747	58,389	4,831	11,160	10,161	248,288	0
ROBIN CROWELL CNO	(i)	114,696	30,349	196	9,801	18,174	173,216	0
	(ii)	0	0	0	0	0	0	0
MONAM AWAN MD PHYSICIAN	(i)	321,089	0	226	7,800	6,282	335,397	0
	(ii)	0	0	0	0	0	0	0
MAREK DURAKIEWICZ MD PHYSICIAN	(i)	381,519	0	678	7,800	3,784	393,781	0
	(ii)	0	0	0	0	0	0	0
MUHAMMAD MIRZA MD PHYSICIAN	(i)	306,134	0	177	7,800	20,010	334,121	0
	(ii)	0	0	0	0	0	0	0
KENNETH POAG MD PHYSICIAN	(i)	301,573	0	1,273	7,800	8,077	318,723	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization Saint Thomas Hickman Hospital	Employer identification number 58-1737573
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Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of Financial Statements	The activity of Saint Thomas Hickman Hospital ("STHH") is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of STHH is completed. Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of STHH.

Return Reference	Explanation
Form 990, Part VI, Line 2 RELATIONSHIPS	MANY OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED SAINT THOMAS HEALTH ENTITY BOARDS

Return Reference	Explanation
Form 990, Part VI, Line 15 PART VI, LINE 15	<p>IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF SAINT THOMAS HICKMAN HOSPITAL, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER HOSPITALS IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN COMPENSATION WAS DECIDED. IN DETERMINING THE COMPENSATION OF OTHER OFFICERS OF THE ORGANIZATION, THE PROCESS, PERFORMED BY SAINT THOMAS HEALTH, 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 OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE INDIVIDUALS AT OTHER HEALTH SYSTEMS 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 COMPENSATION WAS DECIDED.</p>

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Saint Thomas Hickman Hospital has a single corporate member, Baptist Health Care Affiliates, Inc

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Saint Thomas Hickman Hospital has a single corporate member, Baptist Health Care Affiliates, Inc , w ho has the ability to elect members to the governing body of Saint Thomas Hickman Hospital

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Saint Thomas Hickman Hospital's financial information or corporation as a whole are subject to approval by its sole corporate member, Baptist Health Care Affiliates, Inc (a member of Saint Thomas Health) Ascension Health, the sole corporate member of Saint Thomas Health, has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the System Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, and system policies & procedures These areas are subject to certain levels of approval by Ascension per the system authority matrix

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>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 will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict 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.</p>

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 Independent Contractor Reporting	Compensation of independent contractors is paid by and reported on the Form 1096, Annual Summary and Transmittal of U S Information Returns, of Ascension Health EIN 31-1662309 Expenses are allocated to and reimbursed by the filing organization to Ascension Health As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER - Total Revenue 241545, Related or Exempt Function Revenue 241545, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Dietary - Total Expense 459291, Program Service Expense 344468, Management and General Expenses 114823, Fundraising Expenses , Environmental - Total Expense 403524, Program Service Expense 302643, Management and General Expenses 100881, Fundraising Expenses , Medical Services - Total Expense 572388, Program Service Expense 429291, Management and General Expenses 143097, Fundraising Expenses , Repairs/Maintenance - Total Expense 337843, Program Service Expense 253382, Management and General Expenses 84461, Fundraising Expenses , Other - Total Expense 41400, Program Service Expense 31050, Management and General Expenses 10350, Fundraising Expenses , Professional Fees - Total Expense 544012, Program Service Expense 408009, Management and General Expenses 136003, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Deferred Pension Cost - -156239, Transfers from Affiliates - 694720,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Saint Thomas Hickman Hospital	Employer identification number 58-1737573
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part IIIdentification 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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(2) MIDDLE TENNESSEE AMBULATORY SURGERY CENTER LP 500 N HIGHLAND AVE MURFREESBORO, TN 37130	OPERATES OUTPATIENT SURGERY CENTER	TN	NA	N/A								
(3) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(4) BAPTIST SURGERY CENTER LP 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203	OPERATES OUTPATIENT SURGERY CENTER	TN	NA	N/A								
(5) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(6) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(7) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								

Part IVIdentification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation					No
(2) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation					No
(3) MISSIONPOINT HEALTH PARTNERS 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUTABLE CARE ORGANIZATION	TN	NA	C Corporation					No

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Saint Thomas Health	R	12,000,000	Actual cash total wired from Community First Bank

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 58-1737573

Name: Saint Thomas Hickman Hospital

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? <div>YesNo</div>	
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) SAINT THOMAS HEALTH 4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(3) SAINT THOMAS WEST HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH		No
(4) SAINT THOMAS NETWORK 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	9	SAINT THOMAS HEALTH		No
(5) SAINT THOMAS HEALTH FOUNDATIONS PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK		No
(6) COVENANT CARE INC 102 WOODMONT BLVD SUITE 800 NASHVILLE, TN 37205 62-1695737	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK		No
(7) SAINT THOMAS RUTHERFORD HOSPITAL 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH		No
(8) SAINT THOMAS RUTHERFORD FOUNDATION 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL		No
(9) SAINT THOMAS MIDTOWN HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH		No
(10) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE INC 2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL		No
(11) BAPTIST HEALTH CARE AFFILIATES 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK		No
(12) SAINT THOMAS MEDICAL PARTNERS 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	3	SAINT THOMAS NETWORK		No
(13) SAINT THOMAS HOME CARE 135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	9	SAINT THOMAS HICKMAN HOSPITAL	Yes	
(14) SAINT THOMAS REGIONAL HOSPITALS 4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HEALTHCARE PROVIDER	TN	501(c)(3)	3	SAINT THOMAS HEALTH		No

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) Dispropotionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA		N/A								
MIDDLE TENNESSEE AMBULATORY SURGERY CENTER LP 500 N HIGHLAND AVE MURFREESBORO, TN 37130	OPERATES OUTPATIENT SURGERY CENTER	TN	NA		N/A								
STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA		N/A								
BAPTIST SURGERY CENTER LP 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203	OPERATES OUTPATIENT SURGERY CENTER	TN	NA		N/A								
MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA		N/A								
RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249	AMBULATORY SURGERY CENTER	TN	NA		N/A								
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	NA		N/A								