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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

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 West Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4220 Harding Rd

City or town, state or province, country, and ZIP or foreign postal code
Nashville, TN 37205

D Employer identification number
62-0347580

E Telephone number
(615) 222-5030

G Gross receipts $ 434,620,366

F Name and address of principal officer
Karen Springer
4220 Harding Rd
Nashville, TN 37205

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www sths com/west

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

L Year of formation 1898

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provides essential health care services to low-income patients as well as community services

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

Activities & Governance

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**	2,197
6	Total number of volunteers (estimate if necessary)	**6**	286
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	614,714	6,195
9	Program service revenue (Part VIII, line 2g)	405,831,371	410,037,936
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,105,378	172,360
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,465,245	20,806,172
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	434,016,708	431,022,663
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,284,285	1,453,076
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	110,946,169	109,578,260
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	253,964,247	263,792,053
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	366,194,701	374,823,389
19	Revenue less expenses Subtract line 18 from line 12	67,822,007	56,199,274

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	186,290,264	194,960,934
21	Total liabilities (Part X, line 26)	145,166,436	138,713,962
22	Net assets or fund balances Subtract line 21 from line 20	41,123,828	56,246,972

Net Assets or Fund Balances

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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Meghann Ackley	Meghann Ackley			P01399136

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 East Fifth Street Ste 1900, Cincinnati, OH 45202 — Phone no (513) 784-7100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To serve all persons, with special attention to those who are poor and vulnerable, while improving the health of individuals and communities

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 345,367,736 including grants of $ 1,453,076) (Revenue $ 430,836,931)

SAINT THOMAS WEST HOSPITAL PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND POOR DURING THE FISCAL YEAR ENDING JUNE 30, 2015, 59 8% OF THE VALUE OF SERVICES RENDERED WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND APPROXIMATELY 8 5% OF THE VALUE OF THE SERVICES WAS PROVIDED TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR SAINT THOMAS WEST HOSPITAL GUIDELINES SEE SCHEDULE H FOR SUPPLEMENTAL INFORMATION ON COMMUNITY BENEFIT

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** ▶ 345,367,736

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,197		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	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**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

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

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

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

▶Lisa Davis

4220 Harding Rd
Nashville,TN 37205 (615)284-6826

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) . . . . . ▶								2,664,413	6,674,192	360,699

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 ▶ 88

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,195			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,195			
Program Service Revenue			Business Code				
	2a	Net Patient Svcs Rev	621400	405,702,515	405,702,515		
	b	Nutrition & Food Svcs	621400	2,317,072	2,317,072		
	c	Nuclear Pharmacy	621400	1,131,183	1,131,183		
	d	Joint Venture Income	621400	887,166	887,166		
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		410,037,936			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		183,480			183,480
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents	1,295,318					
b	Less rental expenses	1,288,141					
c	Rental income or (loss)	7,177	0				
d	Net rental income or (loss) . . . . . ▶			7,177			7,177

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory		2,298,442				
b	Less cost or other basis and sales expenses		2,309,562				
c	Gain or (loss)	0	-11,120				
d	Net gain or (loss) . . . . . ▶			-11,120			-11,120

8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
b	Less direct expenses . . . b						
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 . . . a						
b	Less direct expenses . . . b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances . a						
b	Less cost of goods sold . . b						
c	Net income or (loss) from sales of inventory . . ▶						

Other Revenue

	Miscellaneous Revenue	Business Code				
11a	Provider Tax Revenue	900099	16,043,916	16,043,916		
b	American Recovery Act	900099	4,297,662	4,297,662		
c	Wellness Center	621990	275,383	275,383		
d	All other revenue		182,034	182,034	0	0
e	**Total.** Add lines 11a–11d . . . . . ▶		20,798,995			
12	**Total revenue.** See Instructions . . . . . ▶		431,022,663	430,836,931	0	179,537

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	1,453,076	1,453,076		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	941,083	752,881	188,202	
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	95,256,468	85,824,915	9,431,553	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-4,111,291	-3,700,162	-411,129	
9 Other employee benefits	11,183,544	10,065,190	1,118,354	
10 Payroll taxes	6,308,456	5,677,610	630,846	
11 Fees for services (non-employees)				
a Management	68,147,606	57,925,465	10,222,141	
b Legal				
c Accounting	9,003		9,003	
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)	43,990,745	39,591,670	4,399,075	0
12 Advertising and promotion	12,839	12,839		
13 Office expenses	6,468,212	5,174,570	1,293,642	
14 Information technology	339,461	322,488	16,973	
15 Royalties				
16 Occupancy	5,629,863	5,066,877	562,986	
17 Travel	48,915	39,132	9,783	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,549	27,639	6,910	
20 Interest	2,676,667	2,542,834	133,833	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,336,882	12,903,194	1,433,688	
23 Insurance	1,267,803	1,204,413	63,390	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	86,835,965	86,835,965		
b Provider Tax	30,808,346	30,808,346		
c Repairs & Maintenance	896,507	806,856	89,651	
d Minor Equipment	628,890	566,001	62,889	
e All other expenses	1,659,800	1,465,937	193,863	0
25 **Total functional expenses.** Add lines 1 through 24e	374,823,389	345,367,736	29,455,653	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,654,293	1	12,303,511
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		44,479,882	4	39,712,305
	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			7	
	8	Inventories for sale or use		8,618,610	8	8,973,951
	9	Prepaid expenses and deferred charges		1,691,129	9	1,735,683
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 436,533,316			
	b	Less accumulated depreciation	10b 350,292,126	75,811,883	10c	86,241,190
	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		4,101,509	13	4,101,509
	14	Intangible assets		1,070,584	14	833,885
	15	Other assets See Part IV, line 11		44,862,374	15	41,058,900
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		186,290,264	16	194,960,934
Liabilities	17	Accounts payable and accrued expenses		21,406,066	17	20,875,510
	18	Grants payable			18	
	19	Deferred revenue		3,250,702	19	265,583
	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		120,509,668	25	117,572,869
	26	**Total liabilities.** Add lines 17 through 25		145,166,436	26	138,713,962
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		41,123,828	27	56,246,972
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,123,828	33	56,246,972
	34	Total liabilities and net assets/fund balances		186,290,264	34	194,960,934

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	431,022,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	374,823,389
3	Revenue less expenses Subtract line 2 from line 1	3	56,199,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,123,828
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	-41,076,130
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,246,972

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 62-0347580
Name: Saint Thomas West 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) MICHAEL SCHATZLEIN MD CHAIRMAN & CEO STHE	1 00 55 50	X		X				0	2,667,403	40,277
(1) CRAIG POLKOW VICE CHAIRMAN & CFO STHE	1 00 46 00	X		X				0	623,498	35,900
(2) KAREN SPRINGER SEC/TREASURER & COO STHE	1 00 44 00	X		X				0	805,412	18,943
(3) CLARK BAKER CHAIRMAN	1 00 8 00	X		X				0	0	0
(4) ANTHONY HEARD VICE CHAIRMAN	1 00 8 00	X		X				0	0	0
(5) LEE MOSS TREASURER	1 00 9 00	X		X				0	0	0
(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) MARK PETERS MD BOARD MEMBER	1 00 8 00	X						0	0	0
(11) STEVE SCHWAB MD BOARD MEMBER	1 00 8 00	X						0	0	0
(12) SCOTT STANDARD MD BOARD MEMBER	1 00 8 00	X						0	0	0
(13) SISTER DINAH WHITE DC BOARD MEMBER	1 00 8 00	X						0	0	0
(14) BRIAN WILCOX MD BOARD MEMBER	1 00 8 00	X						0	0	0
(15) JOHN JAY WILLIAMS MD BOARD MEMBER	1 00 8 00	X						0	0	0
(16) EMIL HASSAN 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) PAMELA HESS CHIEF FINANCIAL OFFICER	20 00 20 00			X				356,154	0	31,004
(19) BERNARD SHERRY PRES/CEO STW/STM	20 00 21 00			X				0	744,322	38,595
(20) JENNIFER ELLIOTT CNO	20 00 20 00				X			0	292,717	25,874
(21) DON KING CHIEF OPERATING OFFICER	20 00 20 00				X			393,151	0	32,874
(22) EUGENE LAFRANCHISE MD PHYSICIAN	40 00 0					X		432,537	0	26,710
(23) TUAN NGUYEN MD PHYSICIAN	40 00 0					X		362,263	0	26,713
(24) MARK MARSDEN MD CHIEF MEDICAL OFFICER	40 00 0					X		475,314	0	27,190

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) KYRIAKOS KYRIAKIDIS MD PHYSICIAN	40 00 0					X		327,023	0	21,993
(1) JAMES FLEMING MD PHYSICIAN	40 00 0					X		317,971	0	15,621
(2) WESLEY LITTRELL FORMER SEC/TREAS	0 00 ..... 0 00						X	0	355,904	0
(3) ALAN STRAUSS FORMER EVP/CFO	..... 85 00						X	0	1,184,936	19,005

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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 West Hospital

Employer identification number
62-0347580

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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 III **Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 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 ▶☐

b **33 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 ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (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.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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	☐ 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Saint Thomas West Hospital	62-0347580

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,353
j	Total Add lines 1c through 1i			10,353
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to state hospital associations that are specifically allocable to lobbying Saint Thomas West Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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 West Hospital

Employer identification number
62-0347580

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? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ _____

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	5,045,861	3,727,093	3,683,758	4,857,388	3,891,084
b	Contributions	15,640	662,526	42,664	857,215	684,281
c	Net investment earnings, gains, and losses	175,024	757,499	430,651	-213,919	686,399
d	Grants or scholarships					
e	Other expenditures for facilities and programs	25,154	101,257	429,980	1,816,926	404,376
f	Administrative expenses					
g	End of year balance	5,211,371	5,045,861	3,727,093	3,683,758	4,857,388

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

- a Board designated or quasi-endowment ▶ 0 86 %
- b Permanent endowment ▶ 50 01 %
- c Temporarily restricted endowment ▶ 49 13 %

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

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

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		1,236,000		1,236,000
b Buildings		261,437,962	203,490,305	57,947,657
c Leasehold improvements		2,022,923	1,861,533	161,390
d Equipment		166,156,911	139,449,247	26,707,664
e Other		5,679,520	5,491,041	188,479
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				86,241,190

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Intercompany Accounts Receivable	437,134
(2) Construction in Progress	17,578,593
(3) Prepaid Pension	14,244,762
(4) Other Receivables	287,534
(5) Receivables from Third Party Payors	7,570,102
(6) Physician Guarantee Asset	418,313
(7) Other Assets	173,257
(8) Security Deposit	349,205
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	41,058,900

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Intercompany Payable	4,739,870
Intercompany Debt to Ascension Health Alliance	100,849,475
Self Insurance Liability	2,681,175
Physician Guarantee	204,000
Other Liabilities	153,749
Valuation Allowance	1,460,000
AH Savings Plan Liability	1,142,764
Payable to Third Party Payors	6,341,836
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	117,572,869

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' 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 V, Line 4 Intended uses of endowment funds	The endowment funds are held by Saint Thomas Health Foundations The endowment funds are specifically designated pools of assets held and invested by the Foundation to provide long-term growth, interest and dividends Only the income from an endowment fund is used
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 West 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

(a) Description	**(b)** Book value
(1) Intercompany Accounts Receivable	437,134
(2) Construction in Progress	17,578,593
(3) Prepaid Pension	14,244,762
(4) Other Receivables	287,534
(5) Receivables from Third Party Payors	7,570,102
(6) Physician Guarantee Asset	418,313
(7) Other Assets	173,257
(8) Security Deposit	349,205

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

1 **(a)** Description of Liability	**(b)** Book Value
Intercompany Payable	4,739,870
Intercompany Debt to Ascension Health Alliance	100,849,475
Self Insurance Liability	2,681,175
Physician Guarantee	204,000
Other Liabilities	153,749
Valuation Allowance	1,460,000
AH Savings Plan Liability	1,142,764
Payable to Third Party Payors	6,341,836

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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 West Hospital

Employer identification number
62-0347580

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			7,655,873		7,655,873	2 04 %
b Medicaid (from Worksheet 3, column a)			48,547,183	43,686,264	4,860,919	1 30 %
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	56,203,056	43,686,264	12,516,792	3 34 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			984,182	319,083	665,099	0 18 %
f Health professions education (from Worksheet 5)			1,973,688	1,614,133	359,555	0 10 %
g Subsidized health services (from Worksheet 6)			2,650,116	2,263,514	386,602	0 10 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,531,643		1,531,643	0 41 %
j **Total.** Other Benefits	0	0	7,139,629	4,196,730	2,942,899	0 79 %
k **Total.** Add lines 7d and 7j	0	0	63,342,685	47,882,994	15,459,691	4 12 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			22,200		22,200	0 01 %
2	Economic development					0	0 %
3	Community support					0	0 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building			40,360		40,360	0 01 %
7	Community health improvement advocacy					0	0 %
8	Workforce development			152,057		152,057	0 04 %
9	Other					0	0 %
10	**Total**	0	0	214,617	0	214,617	0 06 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,039,222		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,639,374		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	129,028,711
6	Enter Medicare allowable costs of care relating to payments on line 5	6	136,680,917
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,652,206
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Saint Thomas West Hospital

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	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ 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	☑ Hospital facility's website (list url) http //www sthealth com/about-us/mission-integration/community/community-health-needs-assessment			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www sthealth com/about-us/mission-integration/community/community-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)*

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 20% and FPG family income limit for eligibility for discounted care of 30%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	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	☑ The FAP was widely available on a website (list url) https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance aspx			
b	☑ The FAP application form was widely available on a website (list url) https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance aspx			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance aspx			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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? **0**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART I	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 West operates an emergency room open to all persons, regardless of ability to pay The hospital participates in Medicaid, Medicare, TennCare, CHAMPUS, Tricare, and other government-sponsored health care programs ST West 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 Funds which assist 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 STH Senior Leaders and associates participate as active board members of non-profit organizations whose mission aligns with community health improvement and addresses social determinates of health Medical Library Medical Libraries are located on the campuses of Saint Thomas Midtown Hospital and Saint Thomas West Hospital Librarians offer assistance in researching health information Assistance is available to the broader community regardless of where medical care is obtained In fiscal year 2015, librarians assisted 205 individuals, researching 212 topics (Community Health Need Health Education) Health Professions Education ST West serves as a clinical site for students attending many of the area nursing and allied health schools An average of 81 students per month had clinical training at the hospital in fiscal year 2015, with more than 31,000 hours of clinical instruction on the hospital campus during the year (Community Health Need Health Education and Access to Care) Faith Community Nursing (FCN) The program provides community health education and improvement through development of professional faith community nurses The program provides training, continued education, support, resources and network to area FCN's Additionally, the program promotes FCN to congregations as a holistic health and spiritual health promotion strategy During fiscal year 2015, 40 nurses received training as a FCN, a total of 9 networking meeting were held, with 3 providing continuing education (Community Health Need Health Education and Wellness) Middle Tennessee Oral Health Coalition A coalition of oral health stakeholders was formed in 2014, with the financial support of STH, to address the current oral health system and work towards a sustainable system of care for vulnerable populations in Middle TN STH advocacy and community health leaders participate in the coalition (Community Health Need Oral Health) Medical Missions at Home A mission-at-home event was held in Davidson County within a low income community on October 26, 2014 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-day event, which included multiple volunteers and community partners, served 787 community members who had a total of 2,507health care encounters (Community Health Need Access to Care) Community Benefit Cash and In-Kind Contributions ST West 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 American Red Cross ST West hosts frequent blood drives in conjunction with the local American Red Cross

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART II	Boys & Girls Club of Middle Tennessee ST West and ST Midtown provide funds to support its work to improve health through the Triple Play program (Community Health Need Obesity, Health Education, and Access to Healthy Food) Catholic Charities Both ST West and ST Midt own Hospitals provide funds to support its work as the lead agency at the United Ways' Sou th Nashville Family Resource Center to provide health education, access to healthy food an d mental health services This center is located next to one of STH safety net clinics (C ommunity Health Need Wellness, Mental Health, Health Education and Access to Care) Christ ian Women's Job Corp of Middle Tennessee ST West and ST Midtown Hospitals provide funds t o support its mission to empower individuals to break harmful cycles caused by poverty by providing education, mentoring and resources Programs offered include GED test preparatio n, Life and Job Skills, and Conversational English Classes (Community Health Need Mental Health) Faith Family Medical Center ST West and ST Midtown Hospitals provide support for its health education program Journey to Health, a comprehensive program aimed to reduce r isk factors for obesity and chronic disease (Community Health Need Health Education) Fan nie Battle Day Home for Children ST West and ST Midtown Hospitals provide support for the implementation of the Sparks physical activity program at the center and to provide more fresh fruits and vegetables during meals and snacks (Community Health Need Health Educat ion and Access to Healthy Food) Hope Clinic for Women ST West and Midtown provides funds to support its mission to equip women, men and families to make healthy choices with unpla nned pregnancies, prevention, pregnancy loss and postpartum depression, through its Prenat al & Parenting Education and their Mentoring and professional counseling programs and heal th care for women (Community Health Need Mental Health, Health Education, and Access to Care) Hope Smiles ST West and ST Midtown Hospitals provide funds to support its mission t o provide a safety net for dental care in the West Nashville area and to support its parti cipation in the health systems three Medical Missions at Home events (Community Health Ne ed Oral Health) Hospital Hospitality House of Nashville ST West and ST Midtown Hospitals provide funds to support families basic needs, lodging, meals and supportive care, during time of extended medical treatment (Community Health Need Access to Care) Interfaith De ntal Clinic ST West, ST Midtown, and ST Rutherford Hospitals provide funds to support its mission to provide oral health care and oral health education for uninsured, low-income w orking people, their families and the elderly (Community Health Need Oral Health and Hea lth Education) Nashville Downtown Partnership ST West sponsors the B-cycle station at the Downtown Farmers Market This shared bike program is implemented to increase active trans portation and is aligned with Healthy People 2020 goals (Community Health Need Physical Activity and Wellness) New Beginnings ST West and ST Midtown provide funds to support its healthy lifestyle program for low-income women The program uses physical fitness trainin g, nutrition and health education, along with life coaching to improve overall health and well-being (Community Health Need Health Education and Wellness) Preston Taylor Ministri es ST West and ST Midtown Hospitals provide funds to support its mission to empower child ren and youth to reach their potential through the Preston Taylor Ministries one-on-one me ntoring programs (Community Health Need Mental Health and Wellness) Room In The Inn Bot h ST West and ST Midtown Hospitals provide funds to support its mission of support for per sons experiencing homelessness The funds are restricted to holistic support of homeless i ndividuals who have experienced a recent hospitalization and who would benefit from a tran sitional supportive living environment, including navigation of the health care system and obtaining necessary mental health services (Community Health Need Access to Care) Sexua l Assault Center ST West, ST Midtown, and ST Rutherford provide funds to support their mi ssion to provide healing for those affected by sexual assault and end sexual violence The funds are restricted to provide treatment and mental health support to low-income clients (Community Health Need Mental Health and Access to Care) Shared Linen services for Rona ld McDonald House and Room In The Inn - Both ST Midtown and ST West Hospitals participate in cost sharing of linen expenses for two area non-profits, one which addresses needs of t he homeless and one addressing temporary housing for families of hospitalized families (C ommunity Health Need Access to Care) Tennessee Justice Center (TJC) ST Midtown, ST Ruthe rford, and ST West work together with TJC to improve access to care through providing enro llment assistance and training The hospitals also

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART II	provide financial support to TJC for this collaborative work (Community Health Need Acc ess to Care) The Little Pantry That Could ST West and ST Midtown Hospitals provide funds to support their mission to provide healthy food and nutrition education to the underserve d in West Nashville Funds are restricted to support for acquiring healthy food items and nutritional education for the poor and vulnerable (Community Health Need Access to Healt hy Food)

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 PROMOTING THE HEALTH OF THE COMMUNITIES SERVED - PART I	Saint Thomas West Hospital (ST West), established in 1898, is a 541-bed hospital in Nashville, Tennessee It provides emergency room services and comprehensive inpatient and outpatient care, including transplantation and oncology services 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 Health, 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) Graduate Medical Education STH and its Affiliates serve 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 healthcare encounters (Community Health Need Access to Care)

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 PROMOTING THE HEALTH OF THE COMMUNITIES SERVED - PART II	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 wh o do not have insurance, fees are based on a sliding scale using federal poverty guideline s In addition, private insurance, Medicare and TennCare are accepted STH operates 5 prim ary 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 communi ties Acute medical care is provided usually on the same day and patients with chronic ill nesses are seen routinely The clinics offer a broad range of women's health care For pat ients struggling with mental health issues, a Psychiatric Nurse Practitioner and licensed social worker provide one-on-one counseling and group therapy sessions The clinics utiliz e 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 medica tions 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 comprehensiv e 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-diabete s utilizing group and individual nutritional counseling, along with cooking and exercise c lasses, combined with medical monitoring ST Midtown, ST Rutherford, and ST West provide f inancial support to the health centers (Community Health Need Access to Care) O ur Missio n in Motion The mobile mammography outreach program is designed to increase access to hig h quality screening mammography for all women with special attention to the poor and vulne rable in Middle Tennessee The program provides screening mammograms in collaboration with local employers, communities, and safety net clinics, reducing the barrier of transportat ion and inability to afford time away from work Screening mammograms are available to the uninsured When indicated, O ur Mission in Motion works with women to connect them to foll ow up care It is the goal of the program to improve the compliance rates for screening ma mmography, 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 t heir first mammography (Community Health Need Access to Care and Wellness) Advocacy for Health STH helped to form the Safety Net Consortium of Middle Tennessee to address the ne eds 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 th e Consortium is comprised of health care providers and local business leaders who serve th e poor and uninsured STH actively advocates for healthcare access and coverage for all pe rsons through ongoing meetings 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 organiza tions 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 Sin ce 2003, Dispensary of Hope has been distributing medication from manufacturers, distribut ors, and healthcare providers to federally-qualified health centers, free and charitable c linics and pharmacies serving the poor and uninsured The Dispensary of Hope currently ser ves 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 a ccess 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 participat ing sites and the Diabetic Supply Program had 42 participating sites The Dispensary of Ho pe 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 suppli es (valued at the price charged to access sites) (Community Health Need Access to Care a nd Wellness) Dispensary of Hope Charitable Pharmacy Since 2006, Dispensary of Hope Pharma cy provides medication assistance for uninsured an

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 PROMOTING THE HEALTH OF THE COMMUNITIES SERVED - PART II	d underinsured individuals who are experiencing financial hardship In fiscal year 2015, 2 5,398 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 prescri ptions 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 fil led, with 2,742 patient encounters (Community Health Need Access to Care and Wellness) C amp Bluebird STH is a founding partner and primary supporter of Camp Bluebird and draws v olunteers from Saint Thomas Health, the community and other community hospitals Camp Blue bird was the first camp in the Middle Tennessee area designed for adult cancer patients F or 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 w ith an average of 100 to 110 cancer patients participating in fiscal year 2015 (Community Health Need Health Education and Wellness)

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	N/A

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 The organization 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 the information in the table, a cost-to-charge ratio was calculated and applied

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	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 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 West 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 Jobs in Healthcare The program provides participants with the necessary training to prepare them to attain the proper skills to care for patients under the direction of a licensed nurse Participants who successfully complete the course are eligible to take the State of Tennessee Certified Nurse Aide Examination The program is open to unemployed and underemployed adults who have a high school diploma or GED The program is provided free of charge During fiscal year 2015, a total of 10 (90%) individuals successfully completed the program (Community Health Need Poverty and Wellness)

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 the 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	Saint Thomas West Hospital follows 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	The organization 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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Saint Thomas West 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 West 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 West 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	Community Health Needs Assessment (CHNA) is conducted every three years, with the most recent conducted in fiscal year 2013 The CHNA was conducted jointly as noted above The objectives of the CHNA and subsequent hospital specific implementation strategies were 1 Provide an unbiased comprehensive assessment of Davidson County's health needs and assets, 2 Use the CHNA to prioritize the Saint Thomas Health Community Benefit Program strategy and 3 Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes For complete description of CHNA methodology, identification of priority needs, and findings, please review the Hospital's CHNA online at https //www sths com/Pages/Community/Community-Health-Needs-Assessment aspx In addition to the reported CHNA, the organization, Saint Thomas Health (STH), assesses the health needs of the communities it serves through representation on local health councils and non-profits addressing the needs of the underserved

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 West Hospital 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 Saint Thomas West Hospital's 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 Saint Thomas West Hospital for alternative coverage including Medicaid, SSI/SSD, Cobra, student coverage, and crime victims' compensation If no alternative is identified then an associate will work with the patient to complete a Financial Assistance Application Also, contact information is listed on Saint Thomas West Hospital billing statements for the patient to use in the event they need assistance with their balances Collections associates have been trained to offer patients a Financial Assistance application if needed by the patient Saint Thomas West Hospital works with third party collection vendors who are required to follow the Hospital's Financial Assistance Policy Third party vendors are also used to perform "charity scoring", a process that screens incomplete Financial Assistance applications to qualify patients for presumptive charity A plain language summary of the Financial Assistance Policy and Application can be found on our website at https //www sths com/Pages/Patients-and-Visitors/Financial-Assistance aspx

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Located in Nashville, Tennessee, Saint Thomas West Hospital (ST West), primarily serves residents of Davidson County and adjacent surrounding counties of Middle Tennessee Most of ST West's emergency visits are from Davidson County In calendar year 2014, ST West served 15,589 inpatients Davidson 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 Davidson County has urban, suburban and rural areas and encompasses 504 square miles, having a population density of 1243 3 persons per square mile United States Census Quick Facts for 2014 indicates a population of 668,347 estimates Community Demographic highlights include 51 7% Female, 65 8% White, 28 1% African American, 7 0% Persons under 5 years, 10 9% Persons 65 years and over, 86 4% High school graduate or higher (% persons age 25+, 2009-2013), 23 3 minutes, mean travel time to work (2009-2013), $28,467 per capita money income in the past 12 months (2009-2013), $47,335 median household income (2009-2013), and 18 5% persons below poverty level (2009-2013) American Fact Finder, American Community Survey (2010-2012, 3 year estimate) notes, 16 7 of residents and 7 4% of children (ages 0-17), 22 1% ages 18-64, 1 3% 65 years and older, and 23 1% ages 19-25 in Davidson County were uninsured According to the Tennessee Department of Health's Joint Annual Report of Hospitals, 2013, Davidson County has 15 hospitals 10 General and Specialty Hospitals with a combined 3,221 staffed beds (3,772 licensed beds), One Mental Health Hospital with 195 staffed beds out of 300 licensed beds, and 4 Long Term hospitals with 202 staffed beds out of 210 licensed beds There are areas designated as medically underserved within Davidson County For a complete description of the community demographics and selection for CHNA purposes, please review the Hospital's CHNA online at https //www sths com/Pages/Community/Community-Health-Needs-Assessment aspx

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 62-0347580
Name: Saint Thomas West 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 Health The 2013 CHNA was conducted jointly with Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, Saint Thomas West Hospital, and Saint Thomas Health system representatives, in consultation with the Metro Nashville Public Health Department
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Metro Nashville Public Health Department The 2013 CHNA was conducted joint ly with Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, Saint Thomas West Hospital, and Saint Thomas Health system representatives, in consultation with the Metro Nashville Public Health Department
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Saint Thomas West Hospital ST West works collaboratively within the commun ity to improve the health of the community ST West provided the following programs and do nations during the tax year to address the CHNA priority needs identified Need Access to Care Programs Medical Mission at Home Donations STH Safety Net Primary Care Clinics, Ho spital Hospitality House, Medical Missions Around the World,Project Cure, Room in the Inn, Linen Svc for Ronald McDonald House, Tennessee Justice Center Need Health Education & Pr actical Application Programs Faith Community Nursing, Health Professions Education, Medic al Library Donations Faith Family Medical Center, New Beginnings Need Mental & Dental He alth Programs Middle TN Oral Health Coalition Donations Hope Smiles, Interfaith Dental C linic, Christian Women's Job Corp, Hope Clinic for Women, Preston Taylor Ministries, Sexua l Assault Center Need Wellness/Obesity/Food Programs Jobs in Health Care, MNPS - Workfor ce Development site Donations Boys & Girls Club of Middle TN, Catholic Charities, The Lit tle Pantry That Could Need Physical Activity Programs none Donations Nashville Downtown Partnership - B-cycle Need Poverty/Social Determinants Programs, Jobs in Healthcare, Map lewood Academies, MNPS-Workforce Development Donations Charity Burials * Saint Thomas Hea lth provided the following programs and donations during the tax year to address the CHNA priority needs identified Need Access to Care Programs Charity Care Post Discharge, Disp ensary of Hope - Distribution Center, Dispensary of Hope Charitable Pharmacies, Medical Mi ssions at Home, Mobile Mammography, Safety Net Primary Care Clinics, Telemedicine - Stroke Evaluation Donations none Need Health Education & Practical Application Programs Healt h Professions Education - CME Conferences, Health Professions Education - GME, Medical Lib rary Donations United Way Need Mental & Dental Health Programs Behavioral Health expans ion in Hickman County, Community Collaboration, project evaluation Donations Hope Smiles Need Wellness/Obesity/Food Programs none Donations The Governor's Foundation for Health and Wellness, Habitat for Humanity Need Physical Activity Programs none Donations The Governor's Foundation for Health and Wellness * All identified needs were addressed during the fiscal year
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Saint Thomas West Hospital Presumptive scoring is used to identify charity accounts
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Saint Thomas West Hospital Signs are posted in waiting rooms and at the ad missions offices to notify patients that the hospital has a financial assistance policy I n addition, every billing statement, the Hospital's website and admission packets include information regarding the financial assistance policy
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Saint Thomas West Hospital The State of Tennessee legislates that billings cannot exceed 175% cost to charge on most recent Joint Annual Report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (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 West Hospital

Employer identification number
62-0347580

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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

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

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Organizations requesting grants are asked to submit a request in writing which identifies the community health need the grant will be addressing, along with goals and objectives Requests are reviewed by the Saint Thomas Health Community Health & Benefit Committee prior to approval Awarded grantees are asked to submit a report of program/event activities It is requested the report include demographic summary of population benefited and achieved objectives and impact on health The reports are reviewed by the Community Health & Benefit Team in a broad manner upon receipt, but will be more thoroughly scrutinized if the grant recipient comes back to ask for a renewal or another grant
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Organizations requesting grants are asked to submit a request in writing which identifies the community health need the grant will be addressing, along with goals and objectives Requests are reviewed by the Saint Thomas Health Community Health & Benefit Committee prior to approval Awarded grantees are asked to submit a report of program/event activities It is requested the report include demographic summary of population benefited and achieved objectives and impact on health The reports are reviewed by the Community Health & Benefit Team in a broad manner upon receipt, but will be more thoroughly scrutinized if the grant recipient comes back to ask for a renewal or another grant

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boys and Girls Clubs of Middle TN1704 Charlotte Pk Nashville, TN 37203	62-0540402	501c3	10,000				Provide support for Triple Play recreational program
Catholic Charities30 White Bridge Rd Nashville, TN 37205	62-0679520	501c3	26,000				Provide support for health education, access to healthy foods and mental healh services
Faith Family Medical Center 326 21st Avenue North Nashville, TN 37203	62-1816811	501c3	10,000				Provide support for the Journey to Health education program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Fannie Battle Day Home for Children108 Chapel Ave Nashville,TN 37206	62-0476290	501c3	10,000				Provide support for implementation of Sparks physical activity program
Hope Smiles115 Penn Warren Dr Brentwood,TN 27027	26-0829468	501c3	35,000				Provide support for dental care safety net
Interfaith Dental Clinic1721 Patterson Street Nashville,TN 37203	62-1567615	501c3	21,666				Provide support for oral health care and education for low-income people

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Room in the Inn705 Drexel Street Nashville,TN 37203	62-0811413	501c3	25,000				Provide support for homeless
Saint Thomas Network4220 Harding Rd Nashville,TN 37205	62-1868848	501c3	1,199,819				Provide support for Saint Thomas Family Health Center's clinic operations
Siloam Family Health Center 820 Gale Rd Nashville,TN 37204	58-1867940	501c3	7,265				Provide support for health cener operations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tennessee Justice Center Inc301 Charlotte Ave Nashville,TN 37201	62-1630417	501c3	20,000				Provide support for enrollment assistance and training for those seeking health coverage
The New Beginnings Center 509 Craighead St Nashville,TN 37204	90-0751722	501c3	12,500				Provide support for healthy lifestyle program for low-income women
Visitaion Hospital FoundationPO Box 210270 Nashville,TN 37221	62-1774851	501c3	6,667				Provide support for nurse midwife program in Haiti

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHARED HOSPITAL SERVICES CORPORATION 641 MAINSTREAM DR NASHVILLE,TN 37228	62-1035855		31,309	0			LAUNDRY SERVICES PAID ON BEHALF OF RONALD MCDONALD HOUSE AND ROOM IN THE INN

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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 West Hospital

Employer identification number
62-0347580

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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	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 II	A portion of the compensation paid to Michael Schatzlein, MD is for services provided to other Ascension Health Alliance related organizations
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of Saint Thomas West 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 Comensation Committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals received severance payments in the amount noted -Wes 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: 62-0347580
Name: Saint Thomas West 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
MICHAEL SCHATZLEIN MD CHAIRMAN & CEO STHE	(I) (II)	0 932,454	0 1,561,904	0 173,045	0 7,800	0 32,477	0 2,707,680	0 0
CRAIG POLKOW VICE CHAIRMAN & CFO STHE	(I) (II)	0 452,362	0 162,978	0 8,158	0 13,000	0 22,900	0 659,398	0 0
KAREN SPRINGER SEC/TREASURER & COO STHE	(I) (II)	0 590,000	0 209,037	0 6,375	0 13,000	0 5,943	0 824,355	0 0
WESLEY LITTRELL FORMER SEC/TREAS	(I) (II)	0 0	0 0	0 355,904	0 0	0 0	0 355,904	0 0
ALAN STRAUSS FORMER EVP/CFO	(I) (II)	0 506,768	0 535,825	0 142,343	0 7,800	0 11,205	0 1,203,941	0 0
PAMELA HESS CHIEF FINANCIAL OFFICER	(I) (II)	278,450 0	76,403 0	1,301 0	15,600 0	15,404 0	387,158 0	0 0
BERNARD SHERRY PRES/CEO STW/STM	(I) (II)	0 516,266	0 185,263	0 42,793	0 16,900	0 21,695	0 782,917	0 0
JENNIFER ELLIOTT CNO	(I) (II)	0 229,575	0 62,181	0 961	0 7,800	0 18,074	0 318,591	0 0
DON KING CHIEF OPERATING OFFICER	(I) (II)	307,659 0	84,044 0	1,448 0	13,000 0	19,874 0	426,025 0	0 0
EUGENE LAFRANCHISE MD PHYSICIAN	(I) (II)	354,046 0	77,340 0	1,151 0	7,800 0	18,910 0	459,247 0	0 0
TUAN NGUYEN MD PHYSICIAN	(I) (II)	302,844 0	58,953 0	466 0	7,800 0	18,913 0	388,976 0	0 0
MARK MARSDEN MD CHIEF MEDICAL OFFICER	(I) (II)	378,200 0	93,018 0	4,096 0	7,800 0	19,390 0	502,504 0	0 0
KYRIAKOS KYRIAKIDIS MD PHYSICIAN	(I) (II)	261,876 0	64,846 0	301 0	6,831 0	15,162 0	349,016 0	0 0
JAMES FLEMING MD PHYSICIAN	(I) (II)	317,797 0	0 0	174 0	7,191 0	8,430 0	333,592 0	0 0

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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	Employer identification number
Saint Thomas West Hospital	62-0347580

Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of financial statements	The activity of Saint Thomas West Hospital ("STWH") is reported in the consolidated financial statements of Ascension Health Alliance No individual audit of STWH is completed Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of STWH

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 COMPENSATION DETERMINATION	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF SAINT THOMAS WEST 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 OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS, PERFORMED BY SAINT THOMAS HEALTH, A RELATED ORGANIZATION, 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 COMPARED TO OTHER HOSPITALS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES

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

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Saint Thomas West Hospital has a single corporate member, Saint Thomas Health, who has the ability to elect members to the governing body of the 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 West Hospital's financial information or corporation as a whole are subject to approval by its sole corporate member, 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, 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	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

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	Miscellaneous - Total Revenue 182034, Related or Exempt Function Revenue 182034, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Services - Total Expense 34549216, Program Service Expense 31094294, Management and General Expenses 3454922, Fundraising Expenses , Physician Contracted Services - Total Expense 7550679, Program Service Expense 6795611, Management and General Expenses 755068, Fundraising Expenses , Consulting - Total Expense 182009, Program Service Expense 163808, Management and General Expenses 18201, Fundraising Expenses , Other Professional Fees - Total Expense 1708841, Program Service Expense 1537957, Management and General Expenses 170884, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to/from Ascension for Pension - -12228176, Intracompany Write-Downs - -28847954,

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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 West Hospital

Employer identification number
62-0347580

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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 IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 62-0347580
Name: Saint Thomas West 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? Yes	(g) No
(1) ASCENSION HEALTH ALLIANCE 4600 EDMUNDSON ROAD ST LOUIS, MO 631345998 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 NETWORK 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3	9	SAINT THOMAS HEALTH	Yes	
(4) SAINT THOMAS HEALTH FOUNDATIONS PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3	7	SAINT THOMAS NETWORK	Yes	
(5) COVENANT CARE INC 102 WOODMONT BLVD SUITE 800 NASHVILLE, TN 37205 62-1695737	INACTIVE	TN	501(c)(3	Type I	SAINT THOMAS NETWORK	Yes	
(6) SAINT THOMAS RUTHERFORD HOSPITAL 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3	3	SAINT THOMAS HEALTH	Yes	
(7) SAINT THOMAS RUTHERFORD FOUNDATION 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219	FOUNDATION	TN	501(c)(3	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
(8) SAINT THOMAS MIDTOWN HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3	3	SAINT THOMAS HEALTH	Yes	
(9) 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	Yes	
(10) BAPTIST HEALTH CARE AFFILIATES INC 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3	Type I	SAINT THOMAS NETWORK	Yes	
(11) BAPTIST HEALTH CARE GROUP 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3	3	SAINT THOMAS NETWORK	Yes	
(12) SAINT THOMAS HICKMAN HOSPITAL 135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
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								

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Saint Thomas Health Foundations	A	38,260	Actual Amount Paid
Saint Thomas Network	B	1,199,819	Actual Amount Paid
Baptist Health Care Affiliates	S	10,175,857	ACTUAL AMOUNT PAID
Saint Thomas Medical Partners	S	75,692,012	ACTUAL AMOUNT PAID
Saint Thomas Hickman Hospital	S	12,619,926	ACTUAL AMOUNT PAID
Saint Thomas Midtown Hospital	S	442,980,611	ACTUAL AMOUNT PAID
Saint Thomas Rutherford Hospital	S	262,128,838	ACTUAL AMOUNT PAID
Saint Thomas Network	S	2,284,996	ACTUAL AMOUNT PAID
Sova Inc	S	273,220	ACTUAL AMOUNT PAID
Saint Thomas Health	R	841,959,696	ACTUAL AMOUNT PAID
Ascension Health	S	3,738,700	ACTUAL AMOUNT PAID