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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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) 4220 Harding Rd | Room/suite

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
(314) 733-8000

G Gross receipts $ 464,916,403

F Name and address of principal officer
Tim Adams
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: ▶ https //www sthealth com/locations/saint-thomas-west-hospital

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
To improve the health and well-being of all people in the communities we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,297
6	Total number of volunteers (estimate if necessary)	**6**	225
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)	366,250	232,138
9	Program service revenue (Part VIII, line 2g)	422,925,590	460,866,575
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-103,922	2,360
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,200,109	3,595,090
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,388,027	464,696,163
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,331,023	2,635,576
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	111,469,949	118,871,614
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)	291,030,723	296,801,729
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	403,831,695	418,308,919
19	Revenue less expenses Subtract line 18 from line 12	39,556,332	46,387,244

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	315,474,205	310,811,151
21	Total liabilities (Part X, line 26)	174,583,118	175,824,435
22	Net assets or fund balances Subtract line 21 from line 20	140,891,087	134,986,716

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

****** 2019-05-13
Signature of officer Date

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SAMANTHA BOKORI	SAMANTHA BOKORI			P01057347

Firm's name ▶ DELOITTE TAX LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200
INDIANAPOLIS, IN 462045108 | Phone no (317) 464-8600

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

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 330,252,881 including grants of $ 2,635,576) (Revenue $ 460,866,575)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 330,252,881

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		
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	182		
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**		Yes	
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**	2,297		
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**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			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**		Yes	
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	13		
	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	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		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		No
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
▶SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,701,467	8,307,164	541,359

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 ▶ 87

			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
CARDIOVASCULAR ANESTHESIOLOGISTS PC 4230 HARDING PIKE SUITE 435 NASHVILLE, TN 372054900	MEDICAL SERVICES	3,240,580
TENNESSEE PERFUSION ASSOCIATES 649 SPRINGLAKE DR FRANKLIN, TN 37064	MEDICAL SERVICES	2,200,743
ADVANCED DIAGNOSTIC IMAGING PC NASHVILLE-071 DEPT 116 NASHVILLE, TN 37230	DIAGNOSTIC SERVICES	1,220,830
TODD J BERGERON 100 ABBY RD THINODAUX, LA 70301	MEDICAL SERVICES	781,313
SURGICAL INPATIENT MGMT 356 24TH AVE N STE 300 NASHVILLE, TN 37203	MEDICAL SERVICES	541,618

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 ▶ 16

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	232,138			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	232,138			
Program Service Revenue		Business Code			
	2a Net Patient Service Revenue	621990	440,875,950	440,875,950	
	b Provider Tax	900099	16,043,916	16,043,916	
	c Income from Joint Ventures	900099	2,370,246	2,370,246	
	d Pharmacy Revenue	446110	1,427,400	1,427,400	
	e Services to Affiliates	561000	108,732	108,732	
	f All other program service revenue		40,331	40,331	0
	g Total. Add lines 2a–2f . . . . ▶	460,866,575			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,360		2,360
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,460,004			
	b Less rental expenses	220,240			
	c Rental income or (loss)	1,239,764	0		
	d Net rental income or (loss) . . . . . ▶		1,239,764		1,239,764
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	0	0		
	d Net gain or (loss) . . . . . ▶				
	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 . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Cafeteria/Vending Revenue	722514	2,634,319		2,634,319
	b Fitness Club Revenue	713940	236,888		236,888
	c Escheatment Revenue	900099	10,671		10,671
	d All other revenue		-526,552	0	0 -526,552
	e Total. Add lines 11a–11d . . . . . ▶		2,355,326		
	12 Total revenue. See Instructions . . . . . ▶		464,696,163	460,866,575	0 3,597,450

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,635,576	2,635,576		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,486,560	1,441,963	44,597	
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	95,000,275	92,383,504	2,616,771	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,188,547	4,072,970	115,577	
9 Other employee benefits	11,259,326	10,948,480	310,846	
10 Payroll taxes	6,936,906	6,745,307	191,599	
11 Fees for services (non-employees)				
a Management	4,505	4,505		
b Legal	10,050		10,050	
c Accounting	12,018		12,018	
d Lobbying	15,459		15,459	
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)	8,542,306	7,807,068	735,238	0
12 Advertising and promotion	13,019	9,701	3,318	
13 Office expenses	559,426	207,344	352,082	
14 Information technology	385,411	281,704	103,707	
15 Royalties				
16 Occupancy	5,475,469	928,687	4,546,782	
17 Travel	88,044	67,670	20,374	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,446	42,316	2,130	
20 Interest	3,536,764		3,536,764	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,775,076	16,897,568	1,877,508	
23 Insurance	2,447,710		2,447,710	
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	98,184,796	98,371,122	-186,326	
b Purchased Services	91,260,858	22,254,414	69,006,444	
c Provider Tax	20,981,403	20,981,403		
d Management Fee to Affiliate	32,522,141	32,522,141		
e All other expenses	13,942,828	11,649,438	2,293,390	0
25 **Total functional expenses.** Add lines 1 through 24e	418,308,919	330,252,881	88,056,038	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	8,560
	2	Savings and temporary cash investments	10,303,047	2	15,082,487
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,998,639	4	55,168,421
	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	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	10,122,742	8	11,153,039
	9	Prepaid expenses and deferred charges	4,774,001	9	1,499,456
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 501,870,549			
	b	Less accumulated depreciation — 10b: 373,072,041	144,000,738	10c	128,798,508
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	7,260,576	13	7,407,377
	14	Intangible assets	502,000	14	214,580
	15	Other assets See Part IV, line 11	86,512,462	15	91,478,723
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	315,474,205	16	310,811,151
Liabilities	17	Accounts payable and accrued expenses	23,651,457	17	23,095,223
	18	Grants payable		18	
	19	Deferred revenue	307,894	19	263,924
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	150,623,767	25	152,465,288
	26	**Total liabilities.** Add lines 17 through 25	174,583,118	26	175,824,435
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	140,891,087	27	134,986,716
	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	140,891,087	33	134,986,716
	34	Total liabilities and net assets/fund balances	315,474,205	34	310,811,151

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	464,696,163
2	Total expenses (must equal Part IX, column (A), line 25)	2	418,308,919
3	Revenue less expenses Subtract line 2 from line 1	3	46,387,244
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,891,087
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	-52,291,615
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,986,716

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: 17005876
Software Version: 2017v2.2
EIN: 62-0347580
Name: Saint Thomas West Hospital

Form 990 (2017)

Form 990, Part III, Line 4a:

Saint Thomas West Hospital is a 456-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay During fiscal year 2018, Saint Thomas West Hospital treated 19,780 adults and children for a total of 101,830 patient days of service The hospital also provided services for 109,697 outpatient visits, which included 3,916 outpatient surgeries and 38,800 Emergency Room Visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

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			
KAREN L SPRINGER PRESIDENT & CEO, MINISTRY MARKET (END 12/2017)	0 0 50 0	X		X				0	1,546,333	20,737
ANTHONY HEARD CHAIRMAN	1 0 10 0	X		X				0	0	0
LEE MOSS VICE-CHAIRMAN	1 0 10 0	X		X				0	0	0
PATRICK R SHEPHERD SECRETARY	1 0 10 0	X		X				0	0	0
DELL CROSSLIN TREASURER	1 0 10 0	X		X				0	0	0
TIMOTHY P ADAMS PRESIDENT & CEO, MINISTRY MARKET (START 1/2018)	0 0 50 0	X		X				0	0	0
SISTER HELEN BREWER DC BOARD MEMBER	1 0 10 0	X						0	0	0
MARTHA CROMBIE BOARD MEMBER (START 1/2018)	1 0 9 0	X						0	0	0
EMIL HASSAN BOARD MEMBER	1 0 10 0	X						0	0	0
WANDA LYLE BOARD MEMBER (START 1/2018)	1 0 9 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE SCHWAB MD BOARD MEMBER	1 0 10 0	X						0	0	0
SCOTT STANDARD MD BOARD MEMBER	1 0 10 0	X						0	0	0
SUSAN WEST PhD BOARD MEMBER	1 0 10 0	X						0	0	0
BRIAN WILCOX MD BOARD MEMBER	1 0 10 0	X						0	0	0
LISA DAVIS CFO, MINISTRY MARKET	8 0 42 0			X				0	683,601	29,896
DON E KING CEO & PRESIDENT - SAINT THOMAS WEST & MIDTOWN (END 12/2017)	7 0 43 0			X				0	782,385	41,936
SHALIN SHAH CFO (END 2/2018)	25 0 25 0			X				361,439	0	17,780
FAHAD TAHIR CEO (START 12/2017)	15 0 35 0			X				0	496,937	40,712
MARK MARSDEN MD CMO	50 0 0				X			554,489	0	38,645
JOSEPH PINO COO (START 7/2017 - END 6/2018)	25 0 25 0				X			156,435	122,037	41,713

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			
CARRIE B TEAFORD COO - SAINT THOMAS WEST & MIDTOWN (END 12/2017)	25 0 ..... 25 0				X			309,315	0	28,043
STEVEN EMBRY MD HOSPITALIST	50 0 0					X		314,696	0	48,007
CHRIS HOFFMAN MD HOSPITALIST	50 0 0					X		257,741	0	40,610
ROBERT HARRY LATHAM MD HOSPITALIST	50 0 0					X		242,622	0	28,277
CARMEN LEFFLER DIRECTOR, PHARMACY	50 0 0					X		222,138	0	22,672
STEVEN MAURICE VANHOOK MD HOSPITALIST	50 0 0					X		282,591	0	43,257
JENNIFER ELLIOTT FORMER KEY EMPLOYEE (END 12/2016)	0 0 ..... 0 0						X	0	267,319	6,027
PAMELA M HESS FORMER OFFICER (END 7/2016)	0 0 ..... 55 0						X	0	688,053	35,645
MICHAEL H SCHATZLEIN MD FORMER OFFICER (END 3/2016)	0 0 ..... 0 0						X	0	1,051,835	11,195
BERNARD J SHERRY FORMER OFFICER (END 8/2015)	0 0 ..... 50 0						X	0	2,088,531	45,582

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			
ALAN STRAUSS FORMER OFFICER (END 4/2012)	0 0 ..... 0 0						X	0	580,133	623

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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

2017

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 12, check only one box)

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

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

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

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

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

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

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

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

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

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

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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

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		15,459
j	Total Add lines 1c through 1i			15,459
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
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,587,562	3,162,120	3,819,145	3,730,246	3,185,854
b Contributions	250	2,336	75,343	-74,437	3,109
c Net investment earnings, gains, and losses	322,007	450,949	-264,255	129,591	634,606
d Grants or scholarships					
e Other expenditures for facilities and programs	34,039	27,843	468,113	-33,745	93,323
f Administrative expenses					
g End of year balance	3,875,780	3,587,562	3,162,120	3,819,145	3,730,246

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 45 3 %
- c Temporarily restricted endowment ▶ 54 7 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,458,348		4,458,348
b Buildings		324,133,791	228,597,704	95,536,087
c Leasehold improvements		2,769,430	2,050,917	718,513
d Equipment		163,892,080	136,891,856	27,000,224
e Other		6,616,900	5,531,564	1,085,336
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				128,798,508

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

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

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

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

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

(a) Description	(b) Book value
(1) other assets	
(2) Due from Affiliates	81,718,007
(3) Other Receivables	4,347,772
(4) Deferred Compensation/Retirement/Pension Asset	15,312
(5) Physician Guarantee Asset	1,292,201
(6) Security Deposit	349,205
(7) Estimated 3rd Party Payor Settlements	3,756,226
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	91,478,723

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	34,123
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	152,465,288

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

1 (a) Description of Liability	(b) Book Value
OTHER LIABILITIES	36,528
Due to Affiliates	47,889,954
Deferred Compensation/Retirement/Pension Liability	15,312
Savings Plan Liability	
Estimated 3rd Party Payor Settlement	1,961,902
Physician Guarantee Liability	279,748
Recovery Tail Liability	5,044,013
Accrued Tax Liability	102,604
Intercompany Debt with Ascension Health Alliance	97,026,735
Lease Liability	74,369

Supplemental 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 s pecifically designated pools of assets held and invested by the Foundation to provide long -term growth, interest and dividends Only the income from the endowment fund is used

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX 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, 2018

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

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	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
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)			13,892,886		13,892,886	3 32 %
b Medicaid (from Worksheet 3, column a)			37,989,302	31,076,570	6,912,732	1 65 %
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	51,882,188	31,076,570	20,805,618	4 97 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2	0	31,689	0	31,689	0 01 %
f Health professions education (from Worksheet 5)	2	1,714	3,792,342	822,524	2,969,818	0 71 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	1	0	10,827	0	10,827	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	36	120	1,527,641	0	1,527,641	0 37 %
j **Total.** Other Benefits	41	1,834	5,362,499	822,524	4,539,975	1 09 %
k **Total.** Add lines 7d and 7j	41	1,834	57,244,687	31,899,094	25,345,593	6 06 %

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	1	0	1,500,000	0	1,500,000	0 36 %
2	Economic development	0	0	0	0	0	0 %
3	Community support	1	0	5,000	0	5,000	0 %
4	Environmental improvements	0	0	0	0	0	0 %
5	Leadership development and training for community members	0	0	0	0	0	0 %
6	Coalition building	0	0	0	0	0	0 %
7	Community health improvement advocacy	1	0	12,500	0	12,500	0 %
8	Workforce development	3	8,111	5,711	0	5,711	0 %
9	Other	0	0	0	0	0	0 %
10	Total	6	8,111	1,523,211	0	1,523,211	0 36 %

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	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	2,222,800		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	218,804,535
6	Enter Medicare allowable costs of care relating to payments on line 5	6	240,375,025
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-21,570,490
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)	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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	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-health/community-health-needs-assessm			
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 15			
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-health/community-health-needs-assessm			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www sthealth com/patients-and-visitors/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www sthealth com/patients-and-visitors/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www sthealth com/patients-and-visitors/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **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 ASPE CTS 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 INDEPEND ENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF MEDICAL STAFF THE ORGANI ZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR S OME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES PATIENT CARE Saint Thomas West Hospital OPE RATES AN EMERGENCY ROOM OPEN TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY THE HOSPITAL PA RTICIPATES IN MEDICAID, MEDICARE, TENNCARE, CHAMPUS, TRICARE, AND OTHER GOVERNMENT-SPONSOR ED HEALTH CARE PROGRAMS ST WEST PROVIDES FINANCIAL ASSISTANCE, BOTH FULL AND PARTIAL ADJU STMENTS, TO THOSE WHO CANNOT AFFORD TO PAY (BOTH INSURED AND UNINSURED) SAINT THOMAS HEAL TH FOUNDATIONS ONE SIGNIFICANT WAY IN WHICH SAINT THOMAS HEALTH EXTENDS HELP AND SUPPORT INTO THE COMMUNITY TO PROMOTE HEALTH AND WELLBEING IS THROUGH THE WORK OF THE SAINT THOMAS HEALTH FOUNDATIONS THE CORNERSTONE WORK OF THE FOUNDATION IS SUPPORTING THE NEEDS OF PAT IENTS AND FAMILIES OF SAINT THOMAS DEKALB, SAINT THOMAS HICKMAN, SAINT THOMAS HIGHLANDS, S AINT THOMAS MIDTOWN, SAINT THOMAS RIVER PARK, SAINT THOMAS STONES RIVER AND SAINT THOMAS W EST, PARTICULARLY THOSE WHO ARE STRUGGLING FINANCIALLY A VARIETY OF FUNDS INCLUDING THE I RENE AND MELVIN LEWIS, TRANSPLANT FUND, MANDY MOORE FUND, THE FRANCIS GLUCK FUND AND THE W ATSON BENEVOLENT FUND ARE SPECIFICALLY DESIGNED TO PAY FOR MEDICAL RELATED COSTS AS WELL A S HOUSEHOLD EXPENSES TO ENSURE NEEDY PATIENTS LEAVING OUR HOSPITALS CAN PROPERLY HEAL AT H OME OVER $76,000 WAS EXPENDED IN FY2018 TO THE INDIVIDUAL NEEDS OF SUCH PATIENTS FURTHER MORE, ONE OF THE MOST ACTIVE FUNDS IN THE FOUNDATION IS THE COMMUNITY HEALTH OUTREACH FUND WHICH EXPENDED OVER $595,000 IN FY18 TO SUPPORT THE NEEDS OF PATIENTS TREATED AT OUR FAMI LY HEALTH CENTERS AND CLINICS WHICH HELP AN UNDERSERVED SEGMENT OF OUR COMMUNITY POPULATIO N THERE IS ALSO A FUND AVAILABLE TO ALL EMPLOYEES OF SAINT THOMAS HEALTH WHO ARE EXPERIEN CING HARDSHIP THIS FUND, THE SISTER JULIANA BEURLEIN EMPLOYEE FINANCIAL ASSISTANCE FUND, OFFERED SYSTEM-WIDE OVER $84,000 IN ASSISTANCE IN FY18 Saint Thomas Health SENIOR LEADERS AND ASSOCIATES PARTICIPATE AS ACTIVE BOARD MEMBERS OF NON-PROFIT ORGANIZATIONS WHOSE MISS IONS ALIGN WITH COMMUNITY HEALTH IMPROVEMENT AND ADDRESSES SOCIAL DETERMINANTS OF HEALTH HEALTH PROFESSIONS EDUCATION Saint Thomas West Hospital SERVES AS A CLINICAL SITE FOR STU DENTS ATTENDING MANY OF THE AREA NURSING AND ALLIED HEALTH SCHOOLS AN AVERAGE OF 142 STUD ENTS PER MONTH HAD CLINICAL TRAINING AT THE HOSPITAL IN FISCAL YEAR 2018, WITH MORE THAN 6 8,800 HOURS OF CLINICAL INSTRUCTION ON THE HOSPITAL CAMPUS DURING THE YEAR ADDITIONALLY, ST WEST SUPPORTS A CLINICAL PASTORAL EDUCATION PROGRAM, OFFERING CHAPLAINCY TRAINING IN TH E CLINICAL SETTING (COMMUNITY HEALTH NEED HEALTH EDUCATION AND ACCESS TO CARE) MEDICAL M ISSIONS AT HOME A MEDICAL MISSION EVENT WAS HELD IN DAVIDSON COUNTY WITHIN A LOW-INCOME C OMMUNITY ON SEPTEMBER 30, 2017 VOLUNTEERS FROM ALL saint thomas health ENTITIES PARTICIPA TED, AND COMMUNITY VOLUNTEER PROVIDERS OFFERED HEALTH SCREENINGS, REFERRALS, CONSULTATIONS , DENTAL CARE, EYE EXAMS, GLASSES, HEALTH EDUCATION, LAB/PHARMACY SERVICES, RADIOLOGY SERV ICES, AND A HEALTH MINISTRY PRESENCE TO PERSONS WHO OTHERWISE HAVE LIMITED ACCESS TO HEALT H CARE THIS ONE-DAY EVENT, WHICH INCLUDED MULTIPLE VOLUNTEERS AND COMMUNITY PARTNERS, SER VED 776 COMMUNITY MEMBERS IN A TOTAL OF 2354 ENCOUNTERS 129 FOLLOW UP APPOINTMENTS SCHEDU LED (COMMUNITY HEALTH NEED ACCESS TO CARE) SAINT THOMAS HEALTH SCHOLARS IN PARTNERSHIP WITH METRO NASHVILLE PUBLIC SCHOOLS (MNPS), THE PENCIL FOUNDATION, AND THE NASHVILLE AREA CHAMBER OF COMMERCE, ST WEST SUPPORTS THE SAINT THOMAS HEALTH SCHOLARS, A COHORT OF ROUGHL Y 130 MNPS SENIORS ACROSS 9 PUBLIC HIGH SCHOOLS THROUGH THE MENTORSHIP OF A Saint thomas health NURSE EDUCATOR, STUDENTS ARE GIVEN JOB READINESS AND EXAM PREPARATION TRAINING FOR MEDICAL INDUSTRY CERTIFICATION EXAMINATIONS AT THE END OF THEIR SENIOR YEAR THE Saint tho mas health NURSE EDUCATOR TRAVELS TO ALL 9 SCHOOLS WEEKLY TO TEACH AND MENTOR, AND SCHOLAR S ARE BROUGHT TO SAINT THOMAS WEST HOSPITAL AND SAINT THOMAS MIDTOWN HOSPITAL FOR VARIOUS JOB SHADOWING AND SKILLS TESTING EVENTS THROUGHOUT THE SCHOOL YEAR (COMMUNITY HEALTH NEED SOCIAL DETERMINANTS AND YOUTH ISSUES) SHARED LINEN SERVICES FOR RONALD MCDONALD HOUSE AN D ROOM IN THE INN Saint Thomas MIDTOWN AND Saint Thomas WEST HOSPITAL PARTICIPATE IN COST SHARING OF LINEN EXPENSES FOR TWO AREA NON-PROFITS, ONE WHICH ADDRESSES NEEDS OF THE HOME LESS AND ONE ADDRESSING TEMPORARY HOUSING FOR FAMILIES OF HOSPITALIZED FAMILIES (COMMUNIT Y HEALTH NEED ACCESS TO CARE) COMMUNITY BENEFIT CASH AND IN-KIND CONTRIBUTIONS Saint Tho mas WEST HOSPITAL SUPPORTS A VARIETY OF EFFORTS AN

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART I	D CONTINUES TO WORK IN COLLABORATION WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH A ND WELL-BEING OF OUR COMMUNITY, ESPECIALLY THE POOR AND VULNERABLE, INCLUDING THE HOSPITA L HAS PROVIDED ACCESS TO ITS CONFERENCE ROOMS AT NO CHARGE TO SOME COMMUNITY ORGANIZATIONS WHOSE PROGRAMS ALIGN WITH ITS MISSION THE HOSPITAL ALSO GRANTS CERTAIN NONPROFITS WHOSE WORK ALIGNS WITH ITS MISSION THE USE OF SOME CLINIC, OFFICE, AND STORAGE SPACE FREE OF CHA RGE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART II	AGAPE Saint Thomas West Hospital AND SAINT THOMAS MIDTOWN HOSPITAL PROVIDE FUNDS IN SUPPO RT OF AGAPE'S SLIDING-FEE PAYMENT SCALE FOR COUNSELING, INCLUDING SPANISH-LANGUAGE COUNSEL ING (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH) AMERICAN RED CROSS SainT thomas MIDTOWN hospital HOSTS PERIODIC BLOOD DRIVES IN CONJUNCTION WITH THE LOCAL AMERICAN RED C ROSS (COMMUNITY HEALTH NEED ACCESS TO CARE) CATHOLIC CHARITIES Saint Thomas MIDTOWN hos pital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUPPORT ITS WORK AS THE LEAD AGENCY AT THE UNITED WAY'S SOUTH NASHVILLE FAMILY RESOURCE CENTER AND MCGRUDER FAMILY RESOURCE CE NTER TO PROVIDE HEALTH EDUCATION, ACCESS TO HEALTHY FOOD, MENTAL HEALTH SERVICES, JOB READ INESS TRAINING, ESL AND TUTORING OPPORTUNITIES, AND OTHER SOCIAL SERVICES (COMMUNITY HEAL TH NEED WELLNESS, SOCIAL DETERMINANTS, AND YOUTH ISSUES) CATHOLIC MEDIA PRODUCTIONS Sain t Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUPPORT ITS PROG RAMMING INTENDED TO SUPPORT THE MENTAL AND EMOTIONAL HEALTH OF COMMUNITY MEMBERS WHO LISTE N TO THE RADIO PROGRAMMING, WITH A SPECIAL FOCUS ON DEVELOPING SPANISH-LANGUAGE BROADCASTI NG (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH) BEGIN ANEW Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUPPORT ITS MISSION TO EMPOWER IN DIVIDUALS TO BREAK HARMFUL CYCLES CAUSED BY POVERTY BY PROVIDING EDUCATION, MENTORING AND RESOURCES PROGRAMS OFFERED INCLUDE GED TEST PREPARATION, LIFE AND JOB SKILLS, AND CONVERS ATIONAL ENGLISH CLASSES (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH) BUILDING LIV ES FOUNDATION Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital SUPPORT BUILDI NG LIVES, WHICH PROVIDES JOB READINESS TRAINING, HEALTHCARE COORDINATION, VEHICLE, AND HOU SING ASSISTANCE TO HOMELESS VETERANS (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH, CARE COORDINATION) CORNER TO CORNER Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUPPORT ITS LAUNCH PROGRAM, A BUSINESS ENTREPRENEURSHIP ACADEMY FOR UNDERSERVED INDIVIDUALS AND COMMUNITIES THAT EQUIPS COMMUNITY MEMBERS EXPERIENCING A L ACK OF ECONOMIC OPPORTUNITY TO PLAN, START AND GROW SMALL BUSINESSES (COMMUNITY HEALTH NE ED SOCIAL DETERMINANTS) END SLAVERY TENNESSEE Saint Thomas MIDTOWN hospital AND Saint TH OMAS WEST hospital PROVIDED SUPPORT TO END SLAVERY TO PROVIDE SPECIALIZED CASE MANAGEMENT AND COMPREHENSIVE AFTERCARE FOR HUMAN TRAFFICKING SURVIVORS WHICH TACTICALLY ADDRESSING TH E PROBLEM THROUGH ADVOCACY, PREVENTION AND TRAINING FRONT LINE PROFESSIONALS (COMMUNITY H EALTH NEED MENTAL HEALTH) FANNIE BATTLE DAY HOME FOR CHILDREN Saint Thomas MIDTOWN hospi tal AND Saint THOMAS WEST hospital PROVIDE SUPPORT FOR FRESH FRUITS AND VEGETABLES TO BE P ROVIDED DURING MEALS AND SNACKS (COMMUNITY HEALTH NEED HEALTH EDUCATION AND ACCESS TO HE ALTHY FOOD) FIRST STEPS Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROV IDE FUNDS TO SUPPORT ITS PEDIATRIC OUTPATIENT THERAPY PROGRAM, SPECIFICALLY TO ENSURE SERV ICES CAN BE RECEIVED REGARDLESS OF ABILITY TO PAY (COMMUNITY HEALTH NEED ACCESS TO CARE) HOPE CLINIC FOR WOMEN Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVI DE FUNDS TO SUPPORT ITS MISSION TO EQUIP WOMEN, MEN AND FAMILIES TO MAKE HEALTHY CHOICES W ITH UNPLANNED PREGNANCIES, PREVENTION, PREGNANCY LOSS AND POSTPARTUM DEPRESSION, THROUGH I TS PRENATAL & PARENTING EDUCATION AND THEIR MENTORING AND PROFESSIONAL COUNSELING PROGRAMS AND HEALTH CARE FOR WOMEN (COMMUNITY HEALTH NEED MENTAL HEALTH AND ACCESS TO CARE) HOPE SMILES Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUP PORT ITS PARTICIPATION IN THE HEALTH SYSTEM'S FOUR MEDICAL MISSIONS AT HOME EVENTS (COMMU NITY HEALTH NEED ACCESS TO CARE) INSIGHT COUNSELING CENTERS Saint Thomas MIDTOWN hospita l, Saint thomas RUTHERFORD hospital AND Saint Thomas WEST hospital PROVIDE FUNDS TO SUPPOR T ITS COMMUNITY ACCESS PROGRAM, THROUGH WHICH CLIENTS ARE EXTENDED FINANCIAL ASSISTANCE TO REMOVE FINANCIAL BARRIERS TO NEEDED MENTAL HEALTH COUNSELING SUPPORT (COMMUNITY HEALTH N EED MENTAL AND EMOTIONAL HEALTH) INTERFAITH DENTAL CLINIC Saint Thomas MIDTOWN hospital, Saint thomas RUTHERFORD hospital AND Saint Thomas WEST hospital PROVIDE FUNDS TO SUPPORT ITS MISSION TO PROVIDE ORAL HEALTH CARE AND ORAL HEALTH EDUCATION FOR UNINSURED, LOW-INCOM E WORKING PEOPLE, THEIR FAMILIES AND THE ELDERLY (COMMUNITY HEALTH NEED ACCESS TO CARE) LUTHERAN SERVICES IN TENNESSEE Saint Thomas HICKMAN hospital, Saint Thomas MIDTOWN hospit al, Saint Thomas RUTHERFORD hospital AND Saint Thomas WEST hospital PROVIDE FUNDS TO SUPPO RT THE HEALTHY GARDENS INITIATIVE, AN INDIVIDUALIZED RAISED-BED GARDEN PROGRAM BASED IN LO W-INCOME HOUSING COMMUNITIES THAT TEACHES FAMILIES IN POVERTY TO GROW THEIR OWN VEGETABLES , INCREASING THE AMOUNT OF NUTRITIOUS FOOD AVAILABLE AND CONSUMED (COMMUNITY HEALTH NEED WELLNESS, OBESITY, AND DISEASE PREVENTION/MANAGEM

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART II	ENT) NASHVILLE DOWNTOWN PARTNERSHIP Saint Thomas West Hospital SPONSORS THE B-CYCLE STATI ON AT THE DOWNTOWN FARMERS MARKET THIS SHARED BIKE PROGRAM IS IMPLEMENTED TO INCREASE ACT IVE TRANSPORTATION AND IS ALIGNED WITH HEALTHY PEOPLE 2020 GOALS (COMMUNITY HEALTH NEED PHYSICAL ACTIVITY AND WELLNESS) NASHVILLE FOOD PROJECT Saint Thomas West Hospital AND Sai nt Thomas MIDTOWN hospital SUPPORTED THE MISSION OF BRINGING PEOPLE TOGETHER TO GROW, COOK AND SHARE NOURISHING FOOD, WITH THE GOALS OF CULTIVATING COMMUNITY AND ALLEVIATING HUNGER IN OUR CITY (COMMUNITY HEALTH NEED WELLNESS/SOCIAL DETERMINANTS) NEW BEGINNINGS Saint Thomas West Hospital AND Saint Thomas MIDTOWN hospital PROVIDE FUNDS TO SUPPORT ITS HEALTH Y LIFESTYLE PROGRAM FOR LOW-INCOME WOMEN THE PROGRAM USES PHYSICAL FITNESS TRAINING, NUTR ITION AND HEALTH EDUCATION, ALONG WITH LIFE COACHING TO IMPROVE OVERALL HEALTH AND WELL-BE ING (COMMUNITY HEALTH NEED WELLNESS, OBESITY, DISEASE PREVENTION/MANAGEMENT) ONE GENERAT ION AWAY Saint Thomas HICKMAN hospital, Saint Thomas MIDTOWN hospital, Saint Thomas RUTHE RFORD hospital AND Saint Thomas WEST hospital PROVIDE FUNDS TO SUPPORT ITS MISSION OF INCR EASING ACCESS TO HEALTHY FOODS TO THOSE EXPERIENCING FOOD INSECURITY (COMMUNITY HEALTH NE ED WELLNESS, OBESITY, DISEASE PREVENTION/MANAGEMENT) OPEN TABLE NASHVILLE Saint Thomas W est Hospital AND Saint Thomas MIDTOWN hospital SUPPORT OPEN TABLE NASHVILLE'S STREET CHAPL AINCY RESIDENCY PROGRAM, OFFERING CHAPLAINCY SERVICES TO THOSE LIVING ON THE STREET, AS WE LL AS SUPPORT FOR OPEN TABLE'S GENERAL STREET OUTREACH WORKER PROGRAM (COMMUNITY HEALTH N EED MENTAL AND EMOTIONAL HEALTH) PRESTON TAYLOR MINISTRIES Saint Thomas West Hospital AN D Saint Thomas MIDTOWN hospital PROVIDE FUNDS TO SUPPORT ITS MISSION TO EMPOWER CHILDREN A ND YOUTH TO REACH THEIR POTENTIAL THROUGH THE PRESTON TAYLOR MINISTRIES ONE-ON-ONE MENTORI NG PROGRAMS (COMMUNITY HEALTH NEED SOCIAL DETERMINANTS AND YOUTH ISSUES) ROOM IN THE INN Saint Thomas West Hospital AND Saint Thomas MIDTOWN hospital PROVIDE FUNDS TO SUPPORT IT S MISSION OF SUPPORT FOR PERSONS EXPERIENCING HOMELESSNESS THE FUNDS ARE RESTRICTED TO HO LISTIC SUPPORT OF HOMELESS INDIVIDUALS WHO HAVE EXPERIENCED A RECENT HOSPITALIZATION AND W HO WOULD BENEFIT FROM A TRANSITIONAL SUPPORTIVE LIVING ENVIRONMENT, INCLUDING NAVIGATION O F THE HEALTH CARE SYSTEM AND OBTAINING NECESSARY MENTAL HEALTH SERVICES (COMMUNITY HEALTH NEED ACCESS TO CARE/CARE COORDINATION) SEXUAL ASSAULT CENTER Saint Thomas MIDTOWN hospi tal, Saint Thomas RUTHERFORD hospital AND Saint Thomas WEST hospital PROVIDE FUNDS TO SUPP ORT THEIR MISSION TO PROVIDE HEALING FOR THOSE AFFECTED BY SEXUAL ASSAULT AND END SEXUAL V IOLENCE THE FUNDS ARE RESTRICTED TO PROVIDE TREATMENT AND MENTAL HEALTH SUPPORT TO LOW-IN COME CLIENTS (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH) SHARED LINEN SERVICES F OR RONALD MCDONALD HOUSE AND ROOM IN THE INN Saint Thomas West Hospital AND Saint Thomas MIDTOWN hospital PARTICIPATE IN COST SHARING OF LINEN EXPENSES FOR TWO AREA NON-PROFITS, O NE WHICH ADDRESSES NEEDS OF THE HOMELESS AND ONE ADDRESSING TEMPORARY HOUSING FOR FAMILIES OF HOSPITALIZED FAMILIES (COMMUNITY HEALTH NEED ACCESS TO CARE) SILOAM HEALTH Saint Th omas West Hospital AND Saint Thomas MIDTOWN hospital SUPPORTED THE WORK OF THE SILOAM CLIN IC WHICH SERVES THE UNINSURED AND UNDERSERVED IN NASHVILLE WITH A FOCUS ON REFUGEES THEIR PATIENTS COME FROM OVER 80 COUNTIRES AND SPEAK OVER 70 LANGUAGES (COMMUNITY HEALTH NEED ACCESS TO CARE) TENNESSEE JUSTICE CENTER (TJC) Saint Thomas MIDTOWN hospital, Saint Thom as RUTHERFORD hospital AND Saint Thomas WEST hospital WORK TOGETHER WITH TJC TO IMPROVE AC CESS TO CARE THROUGH PROVIDING ENROLLMENT ASSISTANCE AND TRAINING THE HOSPITALS ALSO PROV IDE FINANCIAL SUPPORT TO TJC FOR THIS COLLABORATIVE WORK (COMMUNITY HEALTH NEED ACCESS T O CARE)

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 NASHVI LLE, TENNESSEE IT PROVIDES EMERGENCY ROOM SERVICES AND COMPREHENSIVE INPATIENT AND OUTPAT IENT CARE, INCLUDING TRANSPLANTATION, CARDIAC, AND ONCOLOGY SERVICES THE HOSPITAL IS PART OF SAINT THOMAS HEALTH SYSTEM AND ASCENSION HEALTH SAINT THOMAS HEALTH (STH) IS MIDDLE T ENNESSEE'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 PEOP LE LIVE HEALTHIER LIVES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THE REGIONAL H EALTH SYSTEM INCLUDED, IN FY17, NINE (9) HOSPITALS SAINT THOMAS HOSPITAL FOR SPECIALTY SU RGERY, SAINT THOMAS MIDTOWN HOSPITAL AND SAINT THOMAS WEST HOSPITAL IN NASHVILLE, SAINT TH OMAS RUTHERFORD HOSPITAL IN MURFREESBORO, SAINT THOMAS HICKMAN HOSPITAL IN CENTERVILLE, SA INT THOMAS STONES RIVER HOSPITAL IN WOODBURY, SAINT THOMAS DEKALB HOSPITAL IN SMITHVILLE, SAINT THOMAS HIGHLANDS HOSPITAL IN SPARTA, AND SAINT THOMAS RIVER PARK HOSPITAL IN MCMINNV ILLE A COMPREHENSIVE NETWORK OF AFFILIATED JOINT VENTURES, MEDICAL PRACTICES, CLINICS AND REHABILITATION FACILITIES COMPLEMENTS THE HOSPITAL SERVICES THESE MINISTRIES WORK TOGETH ER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND RESEARCH THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE, AND NATIONAL LEVEL SAINT THOMAS HEALTH IS A MEMBER OF ASCENSION, A CATHOLIC ORGANIZATION THA T IS THE LARGEST NOT-FOR-PROFIT HEALTH SYSTEM IN THE UNITED STATES ASCENSION HEALTH ALLIA NCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEAL TH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 OF THE UN ITED STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A P UBLIC JURIDIC PERSON THE PARTICIPATING OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGAT ION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF TH E IMMACULATE CONCEPTION PROVINCE, INC -AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFU L MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI -US/CARIBBEAN PROVINCE SAINT THOMAS HEALTH IS COMMITTED TO PROVIDING CARE TO THE COMMUNITIES IT SERVES WITH ATTENTION TO THE P OOR AND VULNERABLE STH'S MISSION PROVIDES A STRONG FOUNDATION AND GUIDANCE FOR ITS WORK A S A CARING MINISTRY OF HEALING, INCLUDING ITS COMMITMENT TO COMMUNITY SERVICE AND TO PROVI DE ACCESS TO QUALITY HEALTHCARE FOR ALL THE STH MISSION, VISION AND VALUES ARE THE KEY FA CTORS INFLUENCING THEIR APPROACH AND COMMITMENT TO ADDRESSING COMMUNITY HEALTH NEEDS THROU GH THEIR COMMUNITY BENEFIT ACTIVITY ASCENSION'S SOCIALLY JUST WAGE AND BENEFITS POLICY, E STABLISHED IN 2001, APPLIES TO ALL OF ASCENSION, INCLUDING SUBSIDIARY ENTITIES AND CONTRAC TUAL THIRD-PARTY VENDOR RELATIONSHIPS SAINT THOMAS HEALTH AND ASCENSION ARE COMMITTED TO PROVIDING A LIVABLE WAGE TO ALL ASSOCIATES MINIMUM WAGE WITHIN ASCENSION WAS RAISED TO $1 1/HOUR DURING FY15 CATHOLIC SOCIAL TEACHING RECOGNIZES THAT EACH INDIVIDUAL HAS A FUNDAME NTAL RIGHT TO SHARE IN THE FRUITS OF HER OR HIS LABOR AND TO HAVE BASIC NEEDS MET, INCLUDI NG ACCESS TO HEALTHCARE AN ESSENTIAL COMPONENT OF THE SOCIALLY JUST WAGE POLICY IS THE EM PLOYER SUBSIDIZATION OF THE COST OF HEALTHCARE INSURANCE FOR LOWER-PAID ASSOCIATES THIS E MPLOYER SUBSIDY, COMBINED WITH THE MINIMUM HOURLY WAGE RATE, PROVIDES AFFECTED ASSOCIATES WITH A DECENT STANDARD OF LIVING AND AFFORDABLE ACCESS TO HEALTHCARE (COMMUNITY HEALTH NE ED ACCESS TO CARE AND WELLNESS) SAINT THOMAS HEALTH SUPPORTS A VARIETY OF EFFORTS AND CON TINUES TO WORK IN COLLABORATION WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND WE LL-BEING OF OUR COMMUNITY, ESPECIALLY THE POOR AND VULNERABLE, INCLUDING RESTRICTED CASH D ONATIONS TO OUTSIDE ORGANIZATIONS, IN-KIND DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE O RGANIZATIONS AND REPRESENTATION ON COMMUNITY/NON-PROFIT BOARDS AND COMMITTEES WHICH WORK T O IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITIES WE SERVE AS A SYSTEM, STH SUP PORTS A VARIETY OF EFFORTS SPECIFICALLY AIMED AT PROVIDING SERVICES FOR PERSONS WHO ARE PO OR AND VULNERABLE, AND AT IMPROVING THE HEALTH OF THE COMMUNITY FOR EXAMPLE, IN FISCAL YE AR 2018 CONTINUING MEDICAL EDUCATION STH OFFERS A VARIETY OF ONLINE ACCREDITED CONTINUIN G MEDICAL EDUCATION COURSES ADDITIONALLY, IN-PERSON SEMINARS ON VARIOUS HEALTH TOPICS ARE OFFERED THE COURSES ARE OPEN TO ALL PHYSICIANS A

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 PROMOTING THE HEALTH OF THE COMMUNITIES SERVED - PART I	ND HEALTH PROFESSIONALS DURING FY18, 8 EDUCATIONAL COURSES/SEMINARS WERE OFFERED WITH TOT AL ATTENDANCE OF 337 (COMMUNITY HEALTH NEED HEALTH EDUCATION AND ACCESS TO CARE) GRADUAT E MEDICAL EDUCATION STH AND ITS AFFILIATES SERVES AS TRAINING SITES FOR UNIVERSITY OF TEN NESSEE, MEHARRY MEDICAL COLLEGE AND VANDERBILT UNIVERSITY MEDICAL RESIDENTS IN FISCAL YEA R 2018, 119 MEDICAL RESIDENTS RECEIVED GRADUATE MEDICAL EDUCATION TRAINING AT A SAINT THOM AS HEALTH SITE (COMMUNITY HEALTH NEED HEALTH EDUCATION AND ACCESS TO CARE) MEDICAL MISSI ONS AT HOME SAINT THOMAS HEALTH ORGANIZED THREE MEDICAL MISSION EVENTS, ONE IN DAVIDSON C OUNTY, ONE IN HICKMAN COUNTY, AND ONE IN RUTHERFORD COUNTY, EACH HELD WITHIN A LOW-INCOME COMMUNITY VOLUNTEERS FROM ALL SAINT THOMAS HEALTH ENTITIES PARTICIPATED, AND COMMUNITY VO LUNTEER PROVIDERS OFFERED HEALTH SCREENINGS, REFERRALS, CONSULTATIONS, DENTAL CARE, EYE EX AMS, GLASSES, HEALTH EDUCATION, LAB/PHARMACY SERVICES, AND A HEALTH MINISTRY PRESENCE TO P ERSONS WHO OTHERWISE HAVE LIMITED ACCESS TO HEALTH CARE IN FY18, THESE EVENTS SERVED 1,21 1 COMMUNITY MEMBERS IN OVER OF 3,519 ENCOUNTERS RESULTING IN 205 SCHEDULED FOLLOW-UP APPOI NTMENTS (COMMUNITY HEALTH NEED ACCESS TO CARE) SAINT THOMAS MEDICAL PARTNERS FAMILY HEAL TH CENTERS THE MISSION OF THE SAINT THOMAS MEDICAL PARTNERS' NETWORK OF FAMILY HEALTH CLI NICS IS TO SERVE THE COMMUNITY BY PROVIDING HEALTH CARE TO ALL AGES REGARDLESS OF INSURANC E STATUS OR FINANCIAL RESOURCES ALL CLINICS ARE STAFFED BY LICENSED MEDICAL PROFESSIONALS FOR THOSE WHO DO NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY PROGRAM IS USED TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR OUR CHARITY PROGRAM FOR THAT DAY OF SERVICE IF THE PATIENT IS NOT ELIGIBLE, CLINIC FEES ARE DISCOUNTED 46% WITH ADDITIONAL DISCOUNTS GIVEN FOR PAYIN G DAY OF SERVICE FOR THOSE WHO QUALIFY FOR FINANCIAL ASSISTANCE, PATIENT BALANCES ARE ADJ USTED IN ADDITION, PRIVATE INSURANCE, MEDICARE AND TENNCARE ARE ACCEPTED SAINT THOMAS HE ALTH OPERATES 8 PRIMARY CARE SAFETY-NET CLINICS (THE NEWEST ONE OPENED IN FY18), WITH ONE SPECIFICALLY FOCUSED ON WOMEN'S HEALTH CARE THESE SITES PROVIDED 82,999 PATIENT ENCOUNTER S FOR 28,041 PATIENTS IN FISCAL YEAR 2018 THE CLINICS ARE COMMITTED TO PROVIDING HIGH-QUA LITY PRIMARY CARE TO THE UNINSURED AND UNDERINSURED, AND THEY SERVE THE DAVIDSON, HICKMAN, RUTHERFORD AND WARREN COUNTY COMMUNITIES THESE CLINICS SERVE AS A MEDICAL HOME FOR MANY PATIENTS, ACUTE MEDICAL CARE IS PROVIDED TYPICALLY ON THE SAME DAY, AND PATIENTS WITH CHRO NIC ILLNESSES ARE SEEN ROUTINELY THE CLINICS OFFER A BROAD RANGE OF HEALTH CARE FOR PATI ENTS STRUGGLING WITH MENTAL HEALTH ISSUES, A PSYCHIATRIC NURSE PRACTITIONER AND LICENSED S OCIAL WORKER ARE AVAILABLE AT CERTAIN CLINICS, CHAPLAINCY SERVICES ARE ALSO AN AVAILABLE S UPPORT AT CERTAIN CLINICS THE CLINICS UTILIZE THE SERVICES OF THE DISPENSARY OF HOPE TO P ROVIDE CONVENIENT ACCESS TO FREE AND REDUCED-COST MEDICATIONS SOCIAL WORKERS AND TRAINED NURSES ALSO HELP PATIENTS REQUEST FREE MEDICATIONS THROUGH THE PATIENT ASSISTANCE PROGRAM REFERRAL SERVICES THE CLINICS WORK TO ENSURE ACCESS TO SPECIALTY SERVICES BY LINKING PATI ENTS TO OTHER RESOURCES WITHIN THE COMMUNITY THE HOLY FAMILY SOUTH CLINIC, WEST CLINIC, A ND SAINT LOUISE CLINIC ALSO OFFER ADDITIONAL SERVICES EACH CLINIC HAS A NUTRITIONIST AVAI LABLE TO HELP PATIENTS WITH BETTER FOOD CHOICES AND INITIATE WEIGHT LOSS IF NEEDED, AND EA CH HAS A PHARMACIST ON SITE TO ASSIST WITH MEDICATION MANAGEMENT AND MEDICATION EDUCATION WITHIN THEIR PATIENT POPULATION ADDITIONALLY, THE SOUTH CLINIC OFFERS CLINICA NUEVA VIDA - A COMPREHENSIVE PRENATAL CARE PROGRAM FOR UNINSURED, LOW INCOME HISPANIC WOMEN IN GREATE R NASHVILLE, COMBINED WITH MEDICAL MONITORING THE SAINT LOUISE CLINIC OFFERS A PHARMACOTH ERAPY PROGRAM WITH STRONG FOCUS ON CONGESTIVE HEART FAILURE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 PROMOTING THE HEALTH OF THE COMMUNITIES SERVED - PART II	OUR MISSION IN MOTION THE MOBILE MAMMOGRAPHY OUTREACH PROGRAM IS DESIGNED TO INCREASE ACCESS TO HIGH QUALITY SCREENING MAMMOGRAPHY FOR ALL WOMEN, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE IN MIDDLE TENNESSEE THE PROGRAM PROVIDES SCREENING MAMMOGRAMS IN COLLABORATION WITH LOCAL EMPLOYERS, COMMUNITIES, AND SAFETY NET CLINICS, REDUCING THE BARRIER OF TRANSPORTATION AND INABILITY TO AFFORD TIME AWAY FROM WORK SCREENING MAMMOGRAMS ARE AVAILABLE TO THE UNINSURED WHEN INDICATED, OUR MISSION IN MOTION WORKS WITH WOMEN TO CONNECT THEM TO FOLLOW UP CARE IT IS THE GOAL OF THE PROGRAM TO IMPROVE THE COMPLIANCE RATES FOR SCREENING MAMMOGRAPHY BY MAKING SERVICES ACCESSIBLE AND AFFORDABLE, THUS DECREASING THE LATE STAGE DETECTIONS OF BREAST CANCER FOR WOMEN IN MIDDLE TENNESSEE WOMEN DELAY THEIR ANNUAL MAMMOGRAMS FOR NUMEROUS REASONS, WITH THE MOST COMMON INCLUDING LACK OF INSURANCE, FINANCIAL BARRIERS, AND THE INABILITY TO TAKE TIME OFF WORK TO RECEIVE ONE IN FISCAL YEAR 2018, 2,914 SCREENINGS WERE PERFORMED AT 198 STOPS 368 WOMEN RECEIVED MAMMOGRAPHY SCREENING FOR THE FIRST TIME, AND 1,071 WOMEN WERE SCREENED WHO HAD NOT HAD A MAMMOGRAM IN OVER TWO YEARS (COMMUNITY HEALTH NEED ACCESS TO CARE AND WELLNESS) ADVOCACY FOR HEALTH SAINT THOMAS HELATH IS A FOUNDING MEMBER AND ACTIVE MEMBER OF THE MIDDLE TENNESSEE CONSORTIUM OF SAFETY NET PROVIDERS, WHICH WORKS TO PROVIDE QUALITY, AFFORDABLE MEDICAL HOMES FOR THE UNINSURED AND SPECIALTY CARE SERVICES ON A SLIDING SCALE BASED ON HOUSEHOLD INCOME SAINT THOMAS HEALTH FOUNDATION SERVES AS THE LEGAL AND FIDUCIARY AGENT TO THE CONSORTIUM THE BOARD OF DIRECTORS THAT GOVERNS THE CONSORTIUM IS COMPRISED OF HEALTH CARE PROVIDERS AND LOCAL BUSINESS LEADERS WHO SERVE THE LOW-INCOME AND UNINSURED SAINT THOMAS HEALTH IS COMMITTED TO ENSURING 100% ACCESS TO CARE FOR EVERYONE, WITH SPECIAL ATTENTION TO THOSE WHO LIVE IN POVERTY AND STRUGGLE THE MOST, SAINT THOMAS HEALTH ACTIVELY ADVOCATES FOR HEALTHCARE ACCESS AND COVERAGE FOR ALL PERSONS THROUGH GRASSROOTS OUTREACH AND ONGOING MEETINGS WITH ELECTED OFFICIALS SAINT THOMAS HEALTH'S ADVOCACY WORK COMMUNICATES CHNA FINDINGS AND WORKS WITH FEDERAL, STATE, AND LOCAL OFFICIALS TO CREATE AND SHAPE PUBLIC POLICY TO MEET THE NEEDS IDENTIFIED BY THE COMMUNITY SAINT THOMAS HELATH PROVIDES SPONSORSHIP OF COMMUNITY EVENTS AS WELL AS PRESENTATIONS TO INCREASE AWARENESS AND EDUCATE THE PUBLIC REGARDING HEALTHCARE REFORM AND ACCESS SAINT THOMAS HEALTH SENIOR LEADERS PARTICIPATE AS ACTIVE BOARD MEMBERS OF NON-PROFIT ORGANIZATIONS WHOSE MISSION IS ALIGNED WITH COMMUNITY HEALTH IMPROVEMENT SAINT THOMAS HEALTH REPRESENTATIVES ALSO PARTICIPATE IN COUNTY HEALTH COUNCILS (COMMUNITY HEALTH NEEDS ACCESS TO CARE) DISPENSARY OF HOPE CHARITABLE PHARMACIES SINCE 2006, THE DISPENSARY OF HOPE PHARMACY HAS PROVIDED MEDICATION ASSISTANCE FOR UNINSURED AND UNDERINSURED INDIVIDUALS WHO ARE EXPERIENCING FINANCIAL HARDSHIP IN FISCAL YEAR 2018, 25,049 PRESCRIPTIONS WERE FILLED, A TOTAL VALUE OF $427,596 IN 10,519 TOTAL PATIENT ENCOUNTERS AT THE SAINT THOMAS WEST HOSPITAL LOCATION, ADDITIONALLY, $47,595 45 WORTH OF MEDICATIONS WERE OBTAINED THROUGH THE PRESCRIPTION ASSISTANCE PROGRAM THE PHARMACY LOCATED IN RUTHERFORD COUNTY DISPENSED 37,434 PRESCRIPTIONS IN A TOTAL OF 15,117 PATIENT ENCOUNTERS AT A VALUE OF $630,171 IN FISCAL YEAR 2018 A THIRD PHARMACY LOCATED ON THE SAINT THOMAS MIDTOWN HOSPITAL CAMPUS FILLED 31,783 PRESCRIPTIONS, A TOTAL VALUE OF $547,751, IN 11,244 PATIENT ENCOUNTERS DURING FISCAL YEAR 2018, A NEW, FOURTH LOCATION ON THE SAINT THOMAS HICKMAN HOSPITAL CAMPUS DISPENSED 2,566 PRESCRIPITONS IN A TOTAL OF 1,242 PATEINT ENCOUNTERS AT A VALUE OF $106,355 IN FISCAL YEAR 2018 (COMMUNITY HEALTH NEED ACCESS TO CARE AND WELLNESS) CAMP BLUEBIRD SAINT THOMAS HEALTH IS A FOUNDING PARTNER AND PRIMARY SUPPORTER OF CAMP BLUEBIRD AND DRAWS VOLUNTEERS FROM SAINT THOMAS HEALTH, THE COMMUNITY AND OTHER COMMUNITY HOSPITALS CAMP BLUEBIRD WAS THE FIRST CAMP IN THE MIDDLE TENNESSEE AREA DESIGNED FOR ADULT CANCER PATIENTS FOR THREE DAYS AND TWO NIGHTS VOLUNTEERS PROVIDE ADULT CAMPERS WITH EDUCATION, SUPPORT AND ENCOURAGEMENT IN LIVING LIFE AFTER A CANCER DIAGNOSIS CAMP IS HELD EACH SPRING AND FALL, WITH 120 CANCER PATIENTS PARTICIPATING IN FISCAL YEAR 2018 (COMMUNITY HEALTH NEED HEALTH EDUCATION AND WELLNESS)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health - Part III	TENNESSEE STATE UNIVERSITY (TSU) Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDED FUNDING FOR THE PURCHASE OF AED EQUIPMENT FOR TSU, AN HISTORICALLY BLACK COLLEGE/UNIVERSITY (COMMUNITY HEALTH NEED ACCESS TO CARE) THE CONTRIBUTOR Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital PROVIDE FUNDS TO SUPPORT ITS WHERE TO TURN IN NASHVILLE ANNUAL RESOURCE GUIDE, PROVIDING DIRECTION TO OPTIONS FOR HELP FOR PEOPLE EXPERIENCING POVERTY (COMMUNITY HEALTH NEED POVERTY/SOCIAL DETERMINANTS) THE NEXT DOOR SUPPORTED BY Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital, THE NEXT DOOR OFFERS DRUG TREATMENT AND REHABILITATION TO WOMEN, INCLUDING PREGNANT WOMEN THIS INCLUDES A RESIDENTIAL FACILITY WITH MEDICALLY-MONITORED DETOX CAPABILITIES, AS WELL AS IOP PROGRAMS (COMMUNITY HEALTH NEED MENTAL AND EMOTIONAL HEALTH AND SUBSTANCE ABUSE) UNITED WAY Saint Thomas MIDTOWN hospital AND Saint THOMAS WEST hospital SUPPORT THE ONGOING WORK OF THE UNITED WAY NASHVILLE THROUGH RESTRICTED DONATIONS TO SUPPORT SPECIFIC PROGRAMS PROVIDING SUPPORT TO THOSE MOST VULNERABLE (COMMUNITY HEALTH NEED SOCIAL DETERMINANTS)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c additional factors to determine fap eligibility	In addition to using FPG, Saint Thomas West Hospital also uses medical indigency and residency as factors in determining eligibility for free and discounted care

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Saint Thomas Health, EIN 58-1716804

990 Schedule H, Supplemental Information

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 other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines SAINT THOMAS WEST HOSPITAL uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

990 Schedule H, Supplemental Information

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 SAINT THOMAS WEST HOSPITAL 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 COMMUNITY SUPPORT SAINT THOMAS WEST HOSPITAL SUPPORTED THE METRO HEALTH DEPARTMENT WEBSITE HEALTHYNASHVILLE ORG THROUGH FINANCIAL DONATION ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT/SAFETY THE CHIEF ADVOCACY OFFICER SPENDS TIME ADVOCATING FOR POLICY CHANGE THAT DIRECTLY IMPACT THE POOR AND VUNLERABLE THIS IS DONE THROUGH INDIVIDUAL MEETINGS, COMMITTEE INVOLVEMENT, AND STATE LEGISLATIVE INVOLVEMENT WORKFORCE DEVELOPMENT UNDERSTANDING THE STRONG CORRELATION BETWEEN INCOME LEVEL AND PHYSICAL HEALTH, SAINT THOMAS WEST HOSPITAL SUPPORTS WORKFORCE DEVELOPMENT THROUGH ENGAGEMENT WITH METRO NASHVILLE PUBLIC SCHOOLS THROUGH HOSPITAL TOURS AND JOB SHADOWS WITH SAINT THOMAS WEST HOSPITAL ASSOCIATES, LOW-INCOME HIGH SCHOOL STUDENTS ARE EXPOSED TO VIABLE, WELL-PAYING CAREERS IN HEALTHCARE, ENCOURAGING THEM TO CONSIDER THESE CAREER PATHS WHICH CAN LEAD TO FINANCIAL SECURITY AND, ULTIMATELY, BETTER OVERALL HEALTH FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES PHYSICAL IMPROVEMENTS/HOUSING SAINT THOMAS WEST HOSPITAL PROVIDED $1 5 MILLION TO MATTHEW WALKER FQHC CLINIC IN NASHVILLE TO SUPPORT THE INFRASTRUCTURE CHANGES THAT NEEDED TO OCCUR TO BEGIN A MUCH-NEEDED DENTAL RESIDENCY PROGRAM - A PARTNERSHIP WITH MATTHEW WALKER CLINIC/UT SCHOOL OF DENTISTRY/SAINT THOMAS WEST HOSPITAL COALITION BUILDING SAINT THOMAS WEST HOSPITAL SUPPORTS COALITION BUILDING THROUGH HOSPITAL LEADERS' PARTICIPATION ON COMMUNITY BOARDS REPRESENTING SAINT THOMAS WEST HOSPITAL, ASSOCIATES USE THEIR TIME TO HELP LEAD NONPROFIT ORGANIZATIONS AS THEY WORK TO IMPROVE THE OVERALL WELL-BEING OF THE COMMUNITY THIS COLLABORATIVE WORK ENCOMPASSES THE ISSUES OF HEALTHCARE, ECONOMIC VITALITY, EDUCATION, HOUSING/HOMELESSNESS, YOUTH ISSUES, AND MORE ORGANIZATIONS INCLUDE BETTER BUSINESS BUREAU, WILLIAMSON COUNTY CHAMBER OF COMMERCE, NASHVILLE AREA CHAMBER OF COMMERCE/COE COUNCIL OF ACADEMY PROGRAMS - METRO NASHVILLE PUBLIC SCHOOLS, SILOAM HEALTH, AMERICAN HEART ASSOCIATION, ROOM IN THE INN, SAINT VINCENT DE PAUL SOCIETY, BOY SCOUTS OF AMERICA, AMAZIMA MINISTRIES, HOSPITAL HOSPITALITY HOUSE, HABITAT FOR HUMANITY, NASHVILLE HEALTH, UK MHA BOARD OF ADVISORS, TENNESSEE HOSPITAL ASSOCIATION, NASHVILLE HEALTH CARE COUNCIL, TENNESSEE BUSINESS ROUNDTABLE, ALIVE HOSPICE, AND DIOCESE OF NASHVILLE BOARD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2018 was $11,698,946 at charges, ($2,222,800 at cost)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Saint Thomas West Hospital has a very robust financial assistance program, therefore, no estimate is made for bad debt attributable to financial assistance eligible patients

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 21

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SAINT THOMAS WEST HOSPITAL FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Saint Thomas West Hospital Line 16a URL https //www sthealth com/patients-and-visitors/financial-assistance,

990 Schedule H, Supplemental Information

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 sthealth com/patients-and-visitors/financial-assistance,

990 Schedule H, Supplemental Information

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 sthealth com/patients-and-visitors/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Saint Thomas West Hospital uses reliable, third party reports, including data from government sources to assess the health care needs of the communities it serves These reports provide information about key health, socioeconomic, and demographic indicators that point to areas of need and include but are not limited to reports from -Tennessee Department of Health -Nashville Metropolitan Planning -Tennessee Department of Education -Tennessee Department of Labor -University of Wisconsin Population Health Institute - County Health Ratings -Family & Children's Services -Metro Nashville Social Services -Tennessee Bureau of Investigation -Feeding America -Enroll America -US Department of Health and Human Services -Healthy Nashville -US Central Intelligence Agency -US Census Bureau -Centers for Disease Control and Prevention Saint Thomas West Hospital utilizes information from these secondary sources to develop programs and provide services throughout the region In addition, Saint Thomas West Hospital considers the health care needs of the overall community when evaluating internal financial and operational decisions

990 Schedule H, Supplemental Information

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 Plain Language Summaries of the FAP containing this information are also offered to patients at all registration points The FAP, FAP Application and Plain Language Summary are also available in multiple languages based on LEP requirements in our community 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 A Plain Language Summary is also mailed 30 days in advance of an Extraordinary Collection Activity occurring 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 A third party vendor is also used to perform presumptive charity scoring on all accounts prior to bad debt placement to identify any accounts that may qualify presumptively for financial assistance even if a patient did not request to apply for financial assistance A plain language summary of the Financial Assistance Policy, FAP, FAP Application and list of Providers Covered under the FAP can all be found on our website at http //sthealth com/patients-and-visitors/financial-assistance in all required LEP languages

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	LOCATED IN NASHVILLE, TENNESSEE, SAINT THOMAS WEST HOSPITAL, PRIMARILY SERVES RESIDENTS OF DAVIDSON COUNTY AND ADJACENT SURROUNDING COUNTIES OF MIDDLE TENNESSEE AND HAS A STRONG CARDIAC SERVICE LINE AND TRANSPLANT SERVICES (HEART AND KIDNEY) A MAJORITY OF A Saint Thomas West Hospital'S EMERGENCY VISITS ARE FROM DAVIDSON COUNTY 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 2016 INDICATES AN ESTIMATED POPULATION OF 684,410 2016 COMMUNITY DEMOGRAPHIC HIGHLIGHTS INCLUDE 51 8% FEMALE, 65 2% WHITE, 28 1% AFRICAN AMERICAN, 6 9% PERSONS UNDER 5 YEARS, 11 5% PERSONS 65 YEARS AND OVER, 87 3% HIGH SCHOOL GRADUATE OR HIGHER (% PERSONS AGE 25+, 2011-2015), 23 8 MINUTES, MEAN TRAVEL TIME TO WORK (2011-2015), $28,589 PER CAPITA INCOME IN THE PAST 12 MONTHS (2011-2015), $48,368 MEDIAN HOUSEHOLD INCOME (2011-2015), AND 17 1% PERSONS IN POVERTY (2011-2015) AMERICAN FACT FINDER, AMERICAN COMMUNITY SURVEY (2010-2014 5YEAR ESTIMATES) NOTES 16 4% OF THE TOTAL CIVILIAN NONINSTITUTIONALIZED POPULATION AND 7 1% OF CHILDREN (AGES 0-17), 21 8% AGES 18-64, 1 3% 65 YEARS AND OLDER, AND 24 2% AGES 19-25 IN DAVIDSON COUNTY WERE UNINSURED ACCORDING TO THE TENNESSEE DEPARTMENT OF HEALTH'S 2016 JOINT ANNUAL REPORT OF HOSPITALS HTTPS //APPS HEALTH TN GOV/PUBLICJARS/DEFAULT ASPX DAVIDSON COUNTY HAS 14 HOSPITALS 10 GENERAL AND SPECIALTY HOSPITALS WITH A COMBINED 3,339 STAFFED BEDS (3,790 LICENSED BEDS), ONE MENTAL HEALTH HOSPITAL WITH 207 STAFFED BEDS OUT OF 370 LICENSED BEDS, AND 3 LONG TERM/REHAB HOSPITALS WITH 206 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 HTTP //WWW STHEALTH COM/ABOUT-US/MISSION-INTEGRATION/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Saint Thomas West Hospital 4220 Harding Road Nashville, TN 37205 https //www sthealth com/locations/saint-thomas-west-hospital 0000000024	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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	Facility , 1 - Saint Thomas West Hospital The CHNA process included input from those with special knowledge of or expertise in public health The partnering organizations had repr esentatives with experience and/or training in public health Additionally, the local publ ic health department participated during the design of the CHNA process and participated i n the interviews and the community health summit Throughout the CHNA process the partneri ng organizations also received input from those with special knowledge of or expertise in public health Individual interviews and the Community Health Summit included community me mbers with special knowledge and/or expertise in public health All interviews, listening sessions, secondary data analysis, and community review of findings were conducted with th e goal of obtaining an assessment of health needs and assets that not only represent the b road interests of Davidson County, Tennessee, but pays special attention to the underserve d, low-income, minority and vulnerable populations This lens of special attention to at-r isk populations was then used in selection of interviewees, sites for community listening sessions, and attendees of the community health summit Input from persons representing br oad interests of the community and populations which are underserved, low-income, minority and/or with chronic disease needs were included through interviews of community represent atives and leaders, community listening sessions, and a community health summit While the partnering organizations collaborated with many community agencies and experts, consultan ts were not used during the CHNA process Individual interviews were conducted in the Spri ng of 2015 with 33 community leaders and representatives In addition, 6 listening session s (4 English/1 Spanish/1 Burmese), with a total of 58 people, were held during April 2015 A community health summit was held September 10, 2015 Attendees were representative of t he community and local and state leaders - 76 of the 119 invitees attended the summit The summit attendees provided collective input into the needs of the community and available resources after the results of the secondary data review, community interviews, and survey were presented Organizations providing input included Meharry School of Dentistry, Metr o Nashville Public Schools, Council on Aging, Jobs for Life, 61st Avenue United Methodist Church, Interdenominational Ministers Fellowship, Family & Children's Services, Healthy Na shville Leadership Council, Mayor's Office, 58th Legislative District, Nashville Governmen t, Belmont University School of Health Sciences, Meharry Medical College, Metro Homelessne ss Commission, Saint Thomas Health, Nashville General Hospital, Vanderbilt Hospital, HCA F oundation, Urban Housing Solutions, Second Harvest Food Bank, Catholic Charities, Conexion Americas, Nashville Latino Health Coalition, Metro Police Department, Tennessee Justice C enter, Crimestoppers, Mental H

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	ealth America, YWCA, Metro Public Health Department, TSU, Center for Immigrants and Refuge es of TN, Safety Net Consortium of Middle TN, Faith Family Clinic, Siloam Health, Matthew Walker Comprehensive Care Clinics, and MTA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Saint Thomas West Hospital The FISCAL YEAR 2016 CHNA was conducted in partnership between Saint Thomas Health and Vanderbilt University Medical Center Saint Thomas Health partnering hospitals for the Davidson County CHNA include Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, and 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 6b Facility , 1	Facility , 1 - Saint Thomas West Hospital Other organizations who served as partners in the conducting of this CHNA include the Metro Nashville Public Health Department, Metro Social Services, Family and Children's Services, United Way of Nashville and the Family Resource Centers

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Saint Thomas West Hospital SAINT THOMAS WEST HOSPITAL (ST WEST) WORKS COLLABORATIVELY WITHIN THE COMMUNITY TO IMPROVE HEALTH ST WEST PROVIDED THE FOLLOWING PROGRAMS AND DONATIONS DURING THE TAX YEAR TO ADDRESS THE PRIORITY NEEDS IDENTIFIED IN THE FISCAL YEAR 2016 CHNA NEED ACCESS TO CARE/CARE COORDINATION PROGRAMS *MEDICAL MISSION AT HOME *HEALTH PROFESSIONS EDUCATION *MEDICAL LIBRARY *LINEN SERVICE FOR RONALD MCDONALD HOUSE AND ROOM IN THE INN DONATIONS SAINT THOMAS MEDICAL PARTNERS' FAMILY HEALTH CENTERS (UT INTERNAL MEDICINE CLINIC, MAPLEWOOD CLINIC, HOLY FAMILY CLINIC, UT/OBGYN CLINIC), TENNESSEE JUSTICE CENTER, HOPE SMILES, FIRST STEPS, INTERFAITH DENTAL CLINIC, HOPE CLINIC FOR WOMEN, SILOAM HEALTH, TENNESSEE STATE UNIVERSITY, METRO HEALTH DEPARTMENT NEED SOCIAL DETERMINANTS/ YOUTH ISSUES PROGRAMS *MAPLEWOOD ACADEMY (SAINT THOMAS SCHOLARS) *METRO NASHVILLE PUBLIC SCHOOLS WORKFORCE DEVELOPMENT DONATIONS THE CONTRIBUTOR, CORNER TO CORNER, PRESTON TAYLOR MINISTRIES, CATHOLIC CHARITIES, CITIZENS FOR GREATER MOBILITY, UNITED WAY, OPEN TABLE NASHVILLE NEED MENTAL AND EMOTIONAL HEALTH/ SUBSTANCE ABUSE PROGRAMS NONE DONATIONS BEGIN ANEW, SEXUAL ASSAULT CENTER, CATHOLIC MEDIA PRODUCTIONS, INSIGHT COUNSELING CENTERS, AGAPE, BUILDING LIVES FOUNDATION, OPEN TABLE NASHVILLE, THE NEXT DOOR, END SLAVERY TENNESSEE NEED WELLNESS, OBESITY, AND DISEASE PREVENTION/ MANAGEMENT PROGRAMS PROGRAMS NONE DONATIONS NEW BEGINNINGS, NASHVILLE DOWNTOWN PARTNERSHIP - B-CYCLE, FANNIE BATTLE DAY HOME FOR CHILDREN, LUTHERAN SERVICES OF TENNESSEE, ONE GENERATION AWAY, NASHVILLE FOOD PROJECT IN ADDITION, SAINT THOMAS HEALTH PROVIDED THE FOLLOWING PROGRAMS AND DONATIONS DURING THE TAX YEAR TO ADDRESS THE CHNA PRIORITY NEEDS IDENTIFIED IN THE FY2016 CHNA NEED ACCESS TO CARE/CARE COORDINATION PROGRAMS * CHARITY CARE POST-DISCHARGE * DISPENSARY OF HOPE CHARITABLE PHARMACIES (2 LOCATIONS) * MEDICAL MISSIONS AT HOME (3 EVENTS) * MOBILE MAMMOGRAPHY * TELEMEDICINE STROKE EVALUATION DONATIONS HOPE SMILES, TENNESSEE JUSTICE CENTER NEED SOCIAL DETERMINANTS/YOUTH ISSUES PROGRMS * METRO NASHVILLE PUBLIC SCHOOLS WORKFORCE DEVELOPMENT * HEALTH PROFESSIONS EDUCATION CME CONFERENCES, * MEDICAL LIBRARY DONATIONS NONE NEED MENTAL AND EMOTIONAL HEALTH/SUBSTANCE ABUSE PROGRAMS NONE AT THE SYSTEM LEVEL, ALL AT THE HOSPITAL LEVEL DONATIONS NONE NEED WELLNESS, OBESITY, AND DISEASE PREVENTION/MANAGEMENT PROGRAMS NONE AT THE SYSTEM LEVEL, ALL AT THE HOSPITAL LEVEL DONATIONS NONE ALL IDENTIFIED NEEDS WERE ADDRESSED IN FY18

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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," on 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

2017

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 21

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

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

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

Return Reference	Explanation
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: 17005876
Software Version: 2017v2.2
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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(c)(3)	52,000				Support the South Nashville Family Resource Center and the McGruder Family Resource Center (North Nashville)
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVE NASHVILLE, TN 37206	62-0476290	501(c)(3)	10,000				Support healthy eating initiative

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(c)(3)	20,000				Improving the oral and overall health of the dentally underserved in Middle Tennessee
TENNESSEE JUSTICE CENTER INC 301 CHARLOTTE AVE NASHVILLE, TN 37201	62-1630417	501(c)(3)	9,750				Help vulnerable families access health coverage

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NEW BEGINNINGS CENTER 509 CRAIGHEAD ST NASHVILLE, TN 37204	90-0751722	501(c)(3)	17,500				Fund the program costs of low-income women
SAINT THOMAS NETWORK 4220 HARDING RD NASHVILLE, TN 37205	62-1868848	501(c)(3)	775,160				Provide support for Saint Thomas Family Health Center's clinic 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 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
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	62-1164825	501(c)(3)	6,000				Support the Hope Clinic for Women's Bridges to Maternal Care Program
OPEN TABLE NASHVILLE 210 MORTON AVE NASHVILLE, TN 37211	27-3514899	501(c)(3)	25,000				To strengthen the outreach, housing support and chaplaincy programs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE SMILES 115 PENN WARREN DRIVE BRENTWOOD, TN 37027	26-0829468	501(c)(3)	9,000				To improve access to dental care for the underserved in Middle Tennessee
THE NEXT DOOR 402 22ND AVENUE NORTH NASHVILLE, TN 37203	43-2001774	501(c)(3)	18,750				To support one year of CPE residency

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATION for GUIDANCE AID PLACEMENT & EMPATHY (AGAPE) 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(c)(3)	12,500				Provide access to mental health counseling for the Hispanic population
BUILDING LIVES FOUNDATION INC PO BOX 210184 NASHVILLE, TN 37221	20-5584526	501(c)(3)	7,500				Provide support for the Academy 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 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
CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TN'S (DBA BEGIN ANEW OF MIDDLE TN) 420 MAIN STREET NASHVILLE, TN 37206	76-0718734	501(c)(3)	6,250				Support the Mental/Emotional Health Case Management and Mentoring program
CORNER TO CORNER 812 NORTH 5TH STREET NASHVILLE, TN 37207	47-3007704	501(c)(3)	6,250				To support the Business Entrepreneurship Academy for Underserved Communities

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE DOWNTOWN PARTNERSHIP 150 4TH AVE N NASHVILLE, TN 37219	62-1774641	501(c)(6)	10,000				Nashville bike stations
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(c)(3)	7,000				PTM's One-on-One mentoring programs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
END SLAVERY TENNESSEE PO BOX 160069 NASHVILLE, TN 37216	45-4955577	501(c)(3)	25,000				Support of survivor care services
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(c)(3)	20,750				Further the community health amoung the most poor and vulnerable residents of the greater Nashville area, especially the foreign-born

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(c)(3)	8,000				To support the treatment and support for sexual assault survivors
CITZENS for GREATER MOBILITY PO BOX 190497 NASHVILLE, TN 37219	82-2505929		12,500				To support the Transit for Nashville campaign

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY of METRO NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(c)(3)	25,000				To support the implememtation of the Family Empowerment Program
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC 1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(c)(3)	1,500,000				To support the renovation of clinical and administrative spaces within the Center and the acquisition of equipment and supplies for the operation of an oral health 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 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
SUPPLIES OVERSEAS 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	27-2624272	501(c)(3)		21,636	Cost of Supplies	Surgical supply donation	To donate surgical supplies

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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" on 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

2017

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 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 individual(s) received severance payments from the organization or a related organization JENNIFER ELLIOTT - $223,077 ALAN STRAUSS - $579,377 Michael H Schatzlein, MD - $961,539
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 No individuals received current year distributions

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KAREN L SPRINGER	(I)	0	0	0	0	0	0	0
PRESIDENT & CEO, MINISTRY MARKET (END 12/2017)	(II)	609,681	772,708	163,944	14,850	5,887	1,567,070	0
1PAMELA M HESS	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 7/2016)	(II)	325,338	104,808	257,907	16,200	19,445	723,699	0
2 MICHAEL H SCHATZLEIN MD	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2016)	(II)	37,007	0	1,014,828	1,704	9,491	1,063,029	0
3BERNARD J SHERRY	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 8/2015)	(II)	839,075	950,848	298,608	17,550	28,032	2,134,113	0
4ALAN STRAUSS	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 4/2012)	(II)	0	0	580,133	0	623	580,756	0
5LISA DAVIS	(I)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET	(II)	383,610	237,201	62,790	17,550	12,346	713,498	0
6DON E KING	(I)	0	0	0	0	0	0	0
CEO & PRESIDENT - SAINT THOMAS WEST & MIDTOWN (END 12/2017)	(II)	456,783	276,549	49,054	14,850	27,086	824,321	0
7SHALIN SHAH	(I)	273,273	59,229	28,937	13,500	4,280	379,219	0
CFO (END 2/2018)	(II)	0	0	0	0	0	0	0
8FAHAD TAHIR	(I)	0	0	0	0	0	0	0
CEO (START 12/2017)	(II)	343,995	118,825	34,117	17,550	23,162	537,649	0
9JENNIFER ELLIOTT	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2016)	(II)	5,855	0	261,464	0	6,027	273,346	0
10MARK MARSDEN MD	(I)	392,988	137,498	24,004	13,500	25,145	593,135	0
CMO	(II)	0	0	0	0	0	0	0
11JOSEPH PINO	(I)	98,264	52,822	5,348	6,173	14,240	176,848	0
COO (START 7/2017 - END 6/2018)	(II)	120,812	0	1,225	6,208	15,092	143,336	0
12CARRIE B TEAFORD	(I)	161,670	72,030	75,616	13,454	14,590	337,359	0
COO - SAINT THOMAS WEST & MIDTOWN (END 12/2017)	(II)	0	0	0	0	0	0	0
13STEVEN EMBRY MD	(I)	299,722	10,000	4,974	17,550	30,457	362,703	0
HOSPITALIST	(II)	0	0	0	0	0	0	0
14CHRIS HOFFMAN MD	(I)	231,383	24,098	2,260	14,741	25,869	298,351	0
HOSPITALIST	(II)	0	0	0	0	0	0	0
15 ROBERT HARRY LATHAM MD	(I)	220,655	0	21,967	13,483	14,795	270,900	0
HOSPITALIST	(II)	0	0	0	0	0	0	0
16CARMEN LEFFLER	(I)	190,865	28,564	2,710	13,607	9,065	244,811	0
DIRECTOR, PHARMACY	(II)	0	0	0	0	0	0	0
17 STEVEN MAURICE VANHOOK MD	(I)	277,031	5,000	560	16,197	27,060	325,849	0
HOSPITALIST	(II)	0	0	0	0	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

2017

Open to Public Inspection

Name of the organization
Saint Thomas West Hospital

Employer identification number
62-0347580

990 Schedule O, Supplemental Information

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 financ ial statements of Ascension Health Alliance No individual audit of STWH is completed The refore, the attached audited financial statements are of Ascension Health Alliance and Aff iliates, which include the activity of STWH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS OF DETERMINING THE AMOUNT OF COMPENSATION PAID TO THE ORGANIZATION'S CEO, EXEC UTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY ASCENSION HEALTH AND ITS SUBSIDI ARY ORGANIZATIONS ASCENSION HEALTH IS THE NATIONAL HEALTH SYSTEM PARENT THE PROCESS INCL UDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REV IEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL'S SALARY WAS COMPARED TO INDIVIDUALS A T OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES THE INDIVI DUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS OF DETERMINING THE AMOUNT OF COMPENSATION PAID TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS PERFORMED BY SAINT THOMAS HEALTH AND ITS SUBSIDIARY ORGANIZATIONS SA INT THOMAS HEALTH IS THE MINISTRY HEALTH SYSTEM PARENT THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REV IEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MI NUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 inform ation or corporation as a whole are subject to approval by its sole corporate member, Sain t Thomas Health Ascension Health, the sole corporate member of Saint Thomas Health, has d esigned a system authority matrix which assigns authority for key decisions that are neces sary in the operation of the system Specific areas that are identified in the authority m atrix are new organizations & major transactions, governing documents, appointments/remov als, evaluation, debt limits, strategic & financial plans, assets, system policies & proce dures These areas are subject to certain levels of approval by Ascension per the system a uthority matrix

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conf lict 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, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals 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 powe rs annually signs a statement which affirms such person has received a copy of the conflic t of interest policy, has read and understands the policy, has agreed to comply with the p olicy, and understands that the organization is charitable and in order to maintain its fe deral tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Related Entities	The organization utilizes an affiliate as the common pay agent Employees reported in Part VII may have duties that impact multiple related entities Total average hours worked and compensation and benefits paid are reported In doing so, if available, a common law empl oyer analysis is used to determine whether the hours and compensation/benefits are reporta ble as attributable directly to the filing organization or another entity, otherwise, the best available information has been used as the basis for allocations utilized in the repo rting

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Rental Income from Affiliates - Total Revenue 38261, Related or Exempt Function Revenue 38261, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Shared Savings Revenue - Total Revenue 2070, Related or Exempt Function Revenue 2070, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Hotel/Conference Revenue - Total Revenue 1572, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1572, Miscellaneous Revenue - Total Revenue -528124, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 -528124,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers TO ALPHA FUND - -52382656, Transfers with Affiliates - 91041,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	Saint Thomas West Hospital is included in the consolidated financial statements of Ascensi on Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board a ssumes responsibility for the consolidated organization as a whole

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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

2017

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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 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) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(3) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(4) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(5) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	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				Yes	
(2)BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(3)MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	

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

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

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

See Additional Data Table

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

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)

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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	No
PO BOX 45998 ST LOUIS, MO 631355998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	

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 MIDTOWN HOSPITAL	L	41,751,949	FAIR MARKET VALUE
SAINT THOMAS MIDTOWN HOSPITAL	M	628,850	FAIR MARKET VALUE
SAINT THOMAS MIDTOWN HOSPITAL	Q	244,910	FAIR MARKET VALUE
SAINT THOMAS RUTHERFORD FOUNDATION	Q	56,933	FAIR MARKET VALUE
SAINT THOMAS RUTHERFORD HOSPITAL	L	28,670,125	FAIR MARKET VALUE
BAPTIST HEALTH CARE AFFILIATES INC	Q	2,990,000	FAIR MARKET VALUE
SAINT THOMAS NETWORK	B	775,160	FAIR MARKET VALUE
SAINT THOMAS NETWORK	Q	87,619	FAIR MARKET VALUE
SAINT THOMAS HEALTH FOUNDATIONS	C	232,138	FAIR MARKET VALUE
SAINT THOMAS HEALTH FOUNDATIONS	L	79,043	FAIR MARKET VALUE
SAINT THOMAS REGIONAL HOSPITAL	L	7,120,208	FAIR MARKET VALUE