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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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Saint Thomas Regional Hospitals

Doing business as

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

Room/suite

4220 Harding Road

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

Nashville, TN 37205

F Name and address of principal officer

Tim Adams

4220 Harding Road

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: ▶

SEE SCHEDULE O

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

2015

M State of legal domicile

TN

G Gross receipts \$

74,475,565

Part I

Summary

Activities & Governance

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

2,072

6,328

76,897,809

73,889,737

5,314

0

830,986

579,500

77,736,181

74,475,565

83,859

104,246

0

33,377,438

31,842,047

0

0

56,872,967

58,374,730

90,334,264

90,321,023

-12,598,083

-15,845,458

Beginning of Current Year

End of Year

71,390,248

64,701,398

21,334,577

21,318,742

50,055,671

43,382,656

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

Signature of officer

Tonya Mershon Tax Officer

Type or print name and title

2020-05-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS

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 \$ 79,397,488	including grants of \$ 104,246)	(Revenue \$ 73,889,737)
See Additional Data				












4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	79,397,488
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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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 151	
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	697	2b	Yes	
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)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

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	No
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	

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-A 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			
(1) ANTHONY HEARD CHAIR	1 0 8 0	X		X				0	0	0
(2) LEE MOSS VICE CHAIR	1 0 8 0	X		X				0	0	0
(3) PATRICK R SHEPHERD SECRETARY	1 0 8 0	X		X				0	0	0
(4) DELL CROSSLIN TREASURER	1 0 8 0	X		X				0	0	0
(5) TIMOTHY P ADAMS PRESIDENT & CEO/MINISTRY MARKET EXECUTIVE	0 0 50 0	X		X				0	924,219	37,295
(6) SISTER CATHERINE BROWN DC DIRECTOR	1 0 8 0	X						0	0	0
(7) MARTHA CROMBIE DIRECTOR	1 0 8 0	X						0	0	0
(8) EMIL HASSAN DIRECTOR	1 0 8 0	X						0	0	0
(9) WANDA LYLE DIRECTOR	1 0 8 0	X						0	0	0
(10) STEVE SCHWAB MD DIRECTOR	1 0 8 0	X						0	0	0
(11) SCOTT STANDARD MD DIRECTOR	1 0 8 0	X						0	0	0
(12) SUSAN WEST PhD DIRECTOR	1 0 8 0	X						0	0	0
(13) BRIAN WILCOX MD DIRECTOR	1 0 9 0	X						0	0	0
(14) LISA R DAVIS CFO, MINISTRY MARKET	0 0 50 0			X				0	497,259	30,070
(15) ROBERT D HUMPHREY ADMINISTRATOR, ST THOMAS RIVER PARK HOSPITAL	50 0 0				X			223,580	0	37,767
(16) ROBERT A PEGLOW II VP, NURSING	50 0 0				X			156,547	0	27,484
(17) REGINA L TURNER MANAGER, PHARMACY	50 0 0					X		155,139	0	11,966

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			
(18) JEREMY L SANDERS PHARMACIST	50 00...					X		147,388	0	31,247
(19) DANIEL J CRIPPS PHARMACIST	50 00...					X		142,709	0	27,749
(20) JARED B HENDRIX MANAGER, PHARMACY	50 00...					X		137,519	0	30,627
(21) KATHERINE D MILLER MANAGER, PHARMACY	50 00...					X		135,742	0	11,402
(22) KAREN L SPRINGER FORMER OFFICER (END 12/2017)	0 00...						X	0	1,414,594	22,127
(23) ROBERT WACHTEL FORMER OFFICER (END 4/2018)	0 00...						X	231,544	0	11,128
(24) GORDON B FERGUSON FORMER OFFICER (END 6/2018)	0 00...						X	0	531,219	42,791
(25) TIMOTHY BODE MD FORMER KEY EMPLOYEE (END 12/2017)	0 00...						X	0	391,712	31,382

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,330,169	3,759,004	353,035

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 ▶ 16

	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
AMERICAN PHYSICIAN PARTNERS LLC WILLIAMSON CTY BANK BLDG 5121 MARYLAND WAY STE 300 BRENTWOOD, TN 370277516	MEDICAL SERVICES	2,491,050
REHABCARE GROUP SRS DIV PO BOX 503534 SAINT LOUIS, MO 63150	REHABILITATION SERVICES	1,000,227
CORNERSTONE ANESTHESIA GROUP PLLC 220 ATHENS WAY STE 210 NASHVILLE, TN 37228	ANESTHESIA SERVICES	602,938
WEBB ANESTHESIA SERVICES PLLC PO BOX 953 SMITVILLE, TN 371660953	ANESTHESIA SERVICES	377,221
NEONATAL GROUP OF MCMINNVILLE 236 E MAIN STREET MCMINNVILLE, TN 371102508	MEDICAL SERVICES	180,429

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 ▶ 17

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Part VIII

Statement of Revenue

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

☒

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d	6,328		
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		6,328		

Program Service Revenue

	Business Code				
2a	Net Patient Service Revenue	621990	69,885,243	69,885,243	
b	Reimbursement Under Provider Tax Program	900099	3,939,823	3,939,823	
c	Services to Affiliates	561000	36,587	36,587	
d	Rental Income from Affiliates	531120	26,947	26,947	
e	Pharmacy Revenue	446110	1,137	1,137	
f	All other program service revenue		0	0	0
g	Total. Add lines 2a-2f		73,889,737		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)					
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real 379,618	(ii) Personal			
b	Less rental expenses					
c	Rental income or (loss)	379,618	0			
d	Net rental income or (loss)		379,618			379,618
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
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	171,250			171,250
b	Escheatment Revenue	900099	5,415			5,415
c	Medical Records Fees	900099	549			549
d	All other revenue		22,668	0	0	22,668
e	Total. Add lines 11a-11d		199,882			
12	Total revenue. See Instructions		74,475,565	73,889,737	0	579,500

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	103,246	103,246		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,000	1,000		
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.	445,377		445,377	
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.	25,418,198	24,055,846	1,362,352	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	911,879	863,005	48,874	
9 Other employee benefits.	3,221,549	3,048,882	172,667	
10 Payroll taxes.	1,845,044	1,720,425	124,619	
11 Fees for services (non-employees):				
a Management.				
b Legal.	83,808		83,808	
c Accounting.	27,335		27,335	
d Lobbying.	18,120		18,120	
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).	6,249,567	6,235,157	14,410	0
12 Advertising and promotion.	85,611	15,948	69,663	
13 Office expenses.	473,785	67,651	406,134	
14 Information technology.	19,031	19,031		
15 Royalties.				
16 Occupancy.	2,065,547	1,926,035	139,512	
17 Travel.	75,161	57,244	17,917	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,218	3,467	3,751	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,628,824	5,248,640	380,184	
23 Insurance.	504,588		504,588	
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 Management Fee to Affiliate.	12,700,402	12,700,402		
b Purchased Services.	11,337,572	7,181,243	4,156,329	
c Medical Supplies.	8,206,481	8,122,899	83,582	
d provider Tax.	3,939,820	3,939,820		
e All other expenses.	6,951,860	4,087,547	2,864,313	0
25 Total functional expenses. Add lines 1 through 24e.	90,321,023	79,397,488	10,923,535	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		3,180	1	3,130	
	2	Savings and temporary cash investments		1,264,089	2	355,315	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		13,726,028	4	9,544,340	
	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		1,896,606	8	1,408,434	
	9	Prepaid expenses and deferred charges		14,736	9	0	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	57,175,984			
	b	Less: accumulated depreciation	10b	14,250,724	43,832,815	10c	42,925,260
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		0	12		
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets		8,169,234	14	6,821,237	
	15	Other assets. See Part IV, line 11		2,483,560	15	3,643,682	
16	Total assets. Add lines 1 through 15 (must equal line 34)		71,390,248	16	64,701,398		
Liabilities	17	Accounts payable and accrued expenses		6,565,384	17	7,334,549	
	18	Grants payable			18		
	19	Deferred revenue		0	19	56,167	
	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		14,769,193	25	13,928,026	
	26	Total liabilities. Add lines 17 through 25		21,334,577	26	21,318,742	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		50,055,671	27	43,382,656	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		50,055,671	33	43,382,656		
34	Total liabilities and net assets/fund balances		71,390,248	34	64,701,398		

Part XI Reconciliation of Net AssetsCheck 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	74,475,565
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,321,023
3	Revenue less expenses Subtract line 2 from line 1	3	-15,845,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,055,671
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	9,172,443
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,382,656

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

Form 990 (2018)

Form 990, Part III, Line 4a:

SAINT THOMAS REGIONAL HOSPITALS operates four hospitals namely, Saint Thomas Stones River Hospital, Saint Thomas DeKalb Hospital, Saint Thomas Highlands Hospital, and Saint Thomas River Park Hospital with a combined total of 202 BEDs PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY During fiscal year 2019, Saint Thomas Regional Hospitals treated 4,008 adults and children for a total of 22,383 patient days of service The hospital also provided services for 92,988 outpatient visits, which included 3,379 outpatient surgeries and 46,725 Emergency Room Visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Saint Thomas Regional Hospitals

Employer identification number

47-4063046

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?			
b	A family member of a person described in (a) above?		11a	
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		11b	
			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			Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)				
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 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			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

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

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

OMB No 1545-0047

2018

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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 Saint Thomas Regional Hospitals	Employer identification number 47-4063046
---	---

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		18,120
j	Total. Add lines 1c through 1i			18,120
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 Regional Hospitals does not participate in or intervene in (including the publishing or distributing or statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

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As Filed Data -

DLN: 93493134005220

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Saint Thomas Regional Hospitals

Employer identification number

47-4063046

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages 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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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		4,070,000		4,070,000
b Buildings		37,246,702	8,744,017	28,502,685
c Leasehold improvements		23,490	5,295	18,195
d Equipment		14,565,861	5,457,690	9,108,171
e Other		1,269,931	43,722	1,226,209
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				42,925,260

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) Other Receivables	3,010,665
(3) Physician Guarantee Asset	298,817
(4) Security Deposit	121,160
(5) Estimated 3rd Party Payor Settlements	213,040
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	3,643,682

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Other Liabilities	1,250
Due to Affiliates	13,164,941
Estimated 3rd Party Payor Settlement	449,991
Physician Guarantee Liability	
Recovery Tail Liability	264,686
Accrued Tax Liability	47,158
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	13,928,026

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: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System accounts for uncertainty in income tax provisions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2019.

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization Saint Thomas Regional Hospitals		Employer identification number 47-4063046

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	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)			4,257,895		4,257,895	4 71 %
b Medicaid (from Worksheet 3, column a)			19,500,837	11,343,081	8,157,756	9 03 %
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	23,758,732	11,343,081	12,415,651	13 75 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1		43,008		43,008	0 05 %
f Health professions education (from Worksheet 5)					0	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	25		228,177		228,177	0 25 %
j Total. Other Benefits	26	0	271,185	0	271,185	0 30 %
k Total. Add lines 7d and 7j	26	0	24,029,917	11,343,081	12,686,836	14 05 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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	1,557,766	
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	39,586,866
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	44,036,982
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-4,450,116
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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?

4

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

A

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

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //healthcare ascension org/CHNA</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>https //healthcare ascension org/CHNA</u>		
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)

A

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? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0% and FPG family income limit for eligibility for discounted care of 400.0%		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? 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)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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.

[illegible]

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 6 Description of affiliated group - PART 1	<p>SAINT THOMAS DEKALB HOSPITAL, ESTABLISHED IN 1969, IS A 71 BED HOSPITAL LOCATED IN SMITHVILLE, TN IT PROVIDES EMERGENCY ROOM SERVICES AND COMPREHENSIVE INPATIENT AND OUTPATIENT CARE, INCLUDING RADIOLOGY, ONCOLOGY AND CARDIOPULMONARY SERVICES SAINT THOMAS HIGHLANDS HOSPITAL, ESTABLISHED IN 1929, IS A 60 BED HOSPITAL LOCATED IN SPARTA, TENNESSEE IT PROVIDES EMERGENCY ROOM SERVICES AND COMPREHENSIVE INPATIENT AND OUTPATIENT CARE, INCLUDING MEDICAL/SURGICAL CARE, GENERAL SURGERY, ORTHOPEDICS AND GERIATRIC PSYCHIATRIC CARE SAINT THOMAS RIVER PARK HOSPITAL, ESTABLISHED IN 1970, IS A 125 BED HOSPITAL LOCATED IN McMINNVILLE, TENNESSEE IT PROVIDES EMERGENCY ROOM SERVICES AND COMPREHENSIVE INPATIENT AND OUTPATIENT CARE, INCLUDING SAME DAY SURGERY, LABOR AND DELIVERY, AND SPORTS MEDICINE SAINT THOMAS STONES RIVER HOSPITAL IS A 60 BED HOSPITAL LOCATED IN WOODBURY, TENNESSEE IT PROVIDES EMERGENCY ROOM SERVICES AND COMPREHENSIVE INPATIENT AND OUTPATIENT CARE, INCLUDING MEDICAL/SURGICAL CARE AND GERIATRIC PSYCHIATRIC CARE THE HOSPITALS ARE PART OF SAINT THOMAS HEALTH SYSTEM AND ASCENSION HEALTH SAINT THOMAS HEALTH (STH) IS MIDDLE TENNESSEE'S FAITH-BASED, NOT -FOR-PROFIT HEALTH CARE SYSTEM UNITED AS ONE HEALING COMMUNITY SAINT THOMAS HEALTH IS FOCUSED ON TRANSFORMING THE HEALTHCARE EXPERIENCE AND HELPING PEOPLE LIVE HEALTHIER LIVES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THE REGIONAL HEALTH SYSTEM INCLUDED, IN FY17, NINE (9) HOSPITALS SAINT THOMAS HOSPITAL FOR SPECIALTY SURGERY, SAINT THOMAS MIDTOWN HOSPITAL AND SAINT THOMAS WEST HOSPITAL IN NASHVILLE, SAINT THOMAS RUTHERFORD HOSPITAL IN MURFREESBORO, SAINT THOMAS HICKMAN HOSPITAL IN CENTERVILLE, SAINT 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 McMINNVILLE A COMPREHENSIVE NETWORK OF AFFILIATED JOINT VENTURES, MEDICAL PRACTICES, CLINICS AND REHABILITATION FACILITIES COMPLEMENTS THE HOSPITAL SERVICES THESE MINISTRIES WORK TOGETHER 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 THAT IS THE LARGEST NOT-FOR-PROFIT HEALTH SYSTEM IN THE UNITED STATES ASCENSION HEALTH ALLIANCE, 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 HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 OF THE STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE ASCENSION'S SOCIALLY JUST WAGE AND BENEFITS POLICY, ESTABLISHED IN 2001, APPLIES TO ALL OF ASCENSION, INCLUDING SUBSIDIARY ENTITIES AND CONTRACTUAL 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 \$11/HOUR DURING FY15 CATHOLIC SOCIAL TEACHING RECOGNIZES THAT EACH INDIVIDUAL HAS A FUNDAMENTAL RIGHT TO SHARE IN THE FRUITS OF HER OR HIS LABOR AND TO HAVE BASIC NEEDS MET, INCLUDING ACCESS TO HEALTHCARE AN ESSENTIAL COMPONENT OF THE SOCIALLY JUST WAGE POLICY IS THE EMPLOYER SUBSIDIZATION OF THE COST OF HEALTHCARE INSURANCE FOR LOWER-PAID ASSOCIATES THIS EMPLOYER SUBSIDY, COMBINED WITH THE MINIMUM HOURLY WAGE RATE, PROVIDES AFFECTED ASSOCIATES WITH A DECENT STANDARD OF LIVING AND AFFORDABLE ACCESS TO HEALTHCARE (COMMUNITY HEALTH NEED ACCESS TO CARE AND WELLNESS) SAINT THOMAS HEALTH SUPPORTS A VARIETY OF EFFORTS AND CONTINUES TO WORK IN COLLABORATION WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND WELL-BEING OF OUR COMMUNITY, ESPECIALLY THE POOR AND VULNERABLE, INCLUDING RESTRICTED CASH DONATIONS TO OUTSIDE ORGANIZATIONS, IN-KIND DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND REPRESENTATION ON COMMUNITY/NON-PROFIT BOARDS AND COMMITTEES WHICH WORK TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITIES WE SERVE AS A SYSTEM, STH SUPPORTS A VARIETY OF EFFORTS SPECIFICALLY AIMED AT PROVIDING SERVICES FOR PERSONS WHO ARE POOR AND VU</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Description of affiliated group - PART 1	<p> VNERABLE, AND AT IMPROVING THE HEALTH OF THE COMMUNITY FOR EXAMPLE, IN FISCAL YEAR 2018 CONTINUING MEDICAL EDUCATION STH OFFERS A VARIETY OF ONLINE ACCREDITED CONTINUING MEDICAL EDUCATION COURSES ADDITIONALLY, IN-PERSON SEMINARS ON VARIOUS HEALTH TOPICS ARE OFFERED THE COURSES ARE OPEN TO ALL PHYSICIANS AND HEALTH PROFESSIONALS DURING FY18, 8 EDUCATION AL COURSES/SEMINARS WERE OFFERED WITH TOTAL ATTENDANCE OF 337 (COMMUNITY HEALTH NEED HEA LTH EDUCATION AND ACCESS TO CARE) GRADUATE MEDICAL EDUCATION STH AND ITS AFFILIATES SERVE S AS TRAINING SITES FOR UNIVERSITY OF TENNESSEE, MEHARRY MEDICAL COLLEGE AND VANDERBILT UN IVERSITY MEDICAL RESIDENTS IN FISCAL YEAR 2018, 119 MEDICAL RESIDENTS RECEIVED GRADUATE M EDICAL EDUCATION TRAINING AT A SAINT THOMAS HEALTH SITE (COMMUNITY HEALTH NEED HEALTH ED UCATION AND ACCESS TO CARE) MEDICAL MISSIONS AT HOME SAINT THOMAS HEALTH ORGANIZED THREE MEDICAL MISSION EVENTS, ONE IN DAVIDSON COUNTY, ONE IN HICKMAN COUNTY, AND ONE IN RUTHERFO RD COUNTY, EACH HELD WITHIN A LOW-INCOME COMMUNITY VOLUNTEERS FROM ALL SAINT THOMAS HEALT H ENTITIES PARTICIPATED, AND COMMUNITY VOLUNTEER PROVIDERS OFFERED HEALTH SCREENINGS, REFE RRALS, CONSULTATIONS, DENTAL CARE, EYE EXAMS, GLASSES, HEALTH EDUCATION, LAB/PHARMACY SERV ICES, AND A HEALTH MINISTRY PRESENCE TO PERSONS WHO OTHERWISE HAVE LIMITED ACCESS TO HEALT H CARE IN FY18, THESE EVENTS SERVED 1,211 COMMUNITY MEMBERS IN OVER OF 3,519 ENCOUNTERS R ESULTING IN 205 SCHEDULED FOLLOW-UP APPOINTMENTS (COMMUNITY HEALTH NEED ACCESS TO CARE) </p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 description of affiliated group - PART II	<p>SAINT THOMAS MEDICAL PARTNERS FAMILY HEALTH CENTERS THE MISSION OF THE SAINT THOMAS MEDICAL PARTNERS' NETWORK OF FAMILY HEALTH CLINICS IS TO SERVE THE COMMUNITY BY PROVIDING HEALTH CARE TO ALL AGES REGARDLESS OF INSURANCE 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 PAYING DAY OF SERVICE FOR THOSE WHO QUALIFY FOR FINANCIAL ASSISTANCE, PATIENT BALANCES ARE ADJUSTED IN ADDITION, PRIVATE INSURANCE, MEDICARE AND TENN CARE ARE ACCEPTED SAINT THOMAS HEALTH 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 ENCOUNTERS FOR 28,041 PATIENTS IN FISCAL YEAR 2018 THE CLINICS ARE COMMITTED TO PROVIDING HIGH-QUALITY 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 CHRONIC ILLNESSES ARE SEEN ROUTINELY THE CLINICS OFFER A BROAD RANGE OF HEALTH CARE FOR PATIENTS STRUGGLING WITH MENTAL HEALTH ISSUES, A PSYCHIATRIC NURSE PRACTITIONER AND LICENSED SOCIAL WORKER ARE AVAILABLE AT CERTAIN CLINICS, CHLAPAINCY SERVICES ARE ALSO AN AVAILABLE SUPPORT AT CERTAIN CLINICS THE CLINICS UTILIZE THESE SERVICES OF THE DISPENSARY OF HOPE TO PROVIDE CONVENIENT ACCESS TO FREE AND REDUCED-COST MEDICATIONS SOCIAL WORKERS AND TRAINED NURSES ALSO HELP PATIENTS REQUEST FREE MEDICATIONS THROUGH THE PATIENT ASSISTANCE PROGRAM REFERRAL SERVICES THE CLINICS WORK TO ENSURE ACCESS TO SPECIALTY SERVICES BY LINKING PATIENTS TO OTHER RESOURCES WITHIN THE COMMUNITY THE HOLY FAMILY SOUTH CLINIC, WEST CLINIC, AND SAINT LOUISE CLINIC ALSO OFFER ADDITIONAL SERVICES EACH CLINIC HAS A NUTRITIONIST AVAILABLE TO HELP PATIENTS WITH BETTER FOOD CHOICES AND INITIATE WEIGHT LOSS IF NEEDED, AND EACH 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 GREATER NASHVILLE, COMBINED WITH MEDICAL MONITORING THE SAINT LOUISE CLINIC OFFERS A PHARMACOTHERAPY PROGRAM WITH STRONG FOCUS ON CONGESTIVE HEART FAILURE 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 STH 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 STH IS COMMITTED TO ENSURING 100% ACCESS TO CARE FOR EVERYONE, WITH SPECIAL ATTENTION TO THOSE WHO LIVE IN POVERTY AND STRUGGLE THE MOST, STH ACTIVELY ADVOCATES FOR HEALTHCARE ACCESS AND COVERAGE FOR ALL PERSONS THROUGH GRASSROOTS OUTREACH AND ONGOING MEETINGS WITH ELECTED OFFICIALS STH'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 STH PROVIDES SPONSORSHIP OF COMMUNITY EVENTS AS WELL AS PRESENTATIONS TO INCREASE AWARENESS AND EDUCATE THE PUBLIC REGARDING HEALTHCARE REFORM AND ACCESS STH SENIOR</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 description of affiliated group - PART II	<p>LEADERS PARTICIPATE AS ACTIVE BOARD MEMBERS OF NON-PROFIT ORGANIZATIONS WHOSE MISSION IS A LIGNED WITH COMMUNITY HEALTH IMPROVEMENT STH REPRESENTATIVES ALSO PARTICIPATE IN COUNTY H EALTH COUNCILS (COMMUNITY HEALTH NEEDS ACCESS TO CARE) DISPENSARY OF HOPE CHARITABLE PHA RMACIES SINCE 2006, THE DISPENSARY OF HOPE PHARMACY HAS PROVIDED MEDICATION ASSISTANCE FO R UNINSURED AND UNDERINSURED INDIVIDUALS WHO ARE EXPERIENCING FINANCIAL HARDSHIP IN FISCA L YEAR 2018, 25,049 PRESCRIPTIONS WERE FILLED, A TOTAL VALUE OF \$427,596 IN 10,519 TOTAL P ATIENT ENCOUNTERS AT THE SAINT THOMAS WEST HOSPITAL LOCATION, ADDITIONALLY, \$47,595 45 WOR TH 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 E NCOUNTERS AT A VALUE OF \$630,171 IN FISCAL YEAR 2018 A THIRD PHARMACY LOCATED ON THE SAIN T THOMAS MIDTOWN HOSPITAL CAMPUS FILLED 31,783 PRESCRIPTIONS, A TOTAL VALUE OF \$547,751, I N 11,244 PATIENT ENCOUNTERS DURING FISCAL YEAR 2018, A NEW, FOURTH LOCATION ON THE SAINT T HOMAS HICKMAN HOSPITAL CAMPUS DISPENSED 2,566 PRESCRIPITONS IN A TOTAL OF 1,242 PATEINT EN COUNTERS AT A VALUE OF \$106,355 IN FISCAL YEAR 2018 (COMMUNITY HEALTH NEED ACCESS TO CAR E AND WELLNESS) CAMP BLUEBIRD SAINT THOMAS HEALTH IS A FOUNDING PARTNER AND PRIMARY SUPP ORTER OF CAMP BLUEBIRD AND DRAWS VOLUNTEERS FROM SAINT THOMAS HEALTH, THE COMMUNITY AND OT HER COMMUNITY HOSPITALS CAMP BLUEBIRD WAS THE FIRST CAMP IN THE MIDDLE TENNESSEE AREA DES IGNED FOR ADULT CANCER PATIENTS FOR THREE DAYS AND TWO NIGHTS VOLUNTEERS PROVIDE ADULT CA MPERS WITH EDUCATION, SUPPORT AND ENCOURAGEMENT IN LIVING LIFE AFTER A CANCER DIAGNOSIS C AMP IS HELD EACH SPRING AND FALL, WITH 120 CANCER PATIENTS PARTICIPATING IN FISCAL YEAR 20 18 (COMMUNITY HEALTH NEED HEALTH EDUCATION AND WELLNESS)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c FACTORS OTHER THAN FPG	<p>Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay Saint Thomas Health will consider Medical Indigence for applicants exceeding 400% of the FPL When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed a 95% write off A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B Hospital Websites	<p>During the course of the tax year and/or prior to the filing of the return for the taxable year, the filing organization, which is part of a larger health system, transitioned from a separately hosted website (or websites), to being a part of the health system's centrally hosted hospital website. This transition was intended to facilitate public access to information, including enabling the health system to better manage and monitor compliance requirements that IRC Section 501(r) information be made widely available to the public. During and as a result of the migration of hospital facility information to the new central website, it is possible that there may have been brief instances of web access interruption. If so, the filing organization believes that any such interruptions would have been minor and inadvertent, and due to reasonable cause, and that any such instances would have been immediately addressed when identified. The filing organization and health system have established procedures in place as part of its centralized monitoring and management processes that are reasonably designed to address, monitor and promote compliance with the requirements of IRC Section 501(r). In an effort to be fully transparent, the filing organization has chosen to pro-actively disclose on this Form 990 this possibility of very minor and inadvertent web access interruptions that could have occurred in the normal course of migrating locally maintained hospital facility information to an improved centrally managed website. In so disclosing, the organization is not reporting that interruptions in the nature of a Section 501(r) violation in fact occurred. Rather, the organization is pro-actively disclosing that the migration process was undertaken and that, in completing that process, it is possible that brief interruptions in web access may have occurred as the hospital facility data was relocated to the central website.</p>

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. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

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 REGIONAL HOSPITALS SUPPORTS A VARIETY OF EFFORTS AND CONTINUES TO WORK IN COLLABORATION WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND WELL-BEING OF OUR COMMUNITY, ESPECIALLY THE POOR AND VULNERABLE, INCLUDING REPRESENTATION ON COMMUNITY/NON-PROFIT BOARDS AND COMMITTEES WHICH WORK TO IMPROVE HEALTH AND ADDRESS ITS SOCIAL DETERMINATES

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 2019 was \$9,163,330 at charges, (\$1,557,766 at cost).

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SAINT THOMAS REGIONAL HOSPITALS 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 (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20

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	The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply and the financial assistance program is followed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Saint Thomas River Park Hospital Line 16a URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Saint Thomas River Park Hospital Line 16b URL https //healthcare ascension org/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	A - Saint Thomas River Park Hospital Line 16c URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	IN ADDITION TO THE CHNA COLLABORATION, SAINT THOMAS REGIONAL HOSPITALS AND THE CHNA PARTNERING ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY BEYOND THE SERVICES EACH PROVIDES IT IS THIS SHARED COMMITMENT AND GOAL OF A HEALTHY COMMUNITY FOR ALL THAT BRINGS THE PARTNERING ORGANIZATIONS 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 -COUNTY HEALTH RANKINGS -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 -U S CENTRAL INTELLIGENCE AGENCY -U S CENSUS BUREAU -CENTERS FOR DISEASE CONTROL AND PREVENTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Saint Thomas Health is committed to Health Care That Leaves No One Behind. This goes well beyond delivering the highest quality care and medicine. This is a commitment to improving health both inside and outside hospital walls and within the community with special attention to the poor and vulnerable. Saint Thomas Health's Mission, Vision and Values are key factors influencing the approach and commitment to addressing community health needs through community benefit activities and utilizing information from these secondary sources to develop programs and provide services throughout the region. Saint Thomas DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health considers the health care needs of the overall community when evaluating internal financial and operational decisions. Saint Thomas DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health are committed to delivering effective, safe, person-centric health care to all patients regardless of their ability to pay. As a nonprofit Health System, it is our mission and privilege to play this important role in our community. Education of eligibility for assistance at Saint Thomas DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health 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 DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health 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 DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health 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 DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health 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 DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health 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 https://healthcare.ascension.org/Financial-Assistance in all required LEP languages.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>Saint Thomas DeKalb Hospital The population of DeKalb county is 19,251 The population of DeKalb County was projected to increase from 2018 to 2023 (0.42% per year) Tennessee was projected to increase 0.89% per year The U S was projected to increase 0.83% per year DeKalb County had a higher median age (43.2 median age) than TN, 39.4 and the U S 38.3 DeKalb County percentage of the population 65 and over was 19.3%, higher than the US population 65 and over at 16% DeKalb County had lower median household income at \$39,371 than TN (\$49,776) and the U S (\$58,100) The rate of poverty in DeKalb County was 19.8% which was higher than the U S (14%), but lower than TN (15.8%) The household income distribution of DeKalb County was 13% higher income (over \$100,000), 56% middle income and 31% lower income (under \$24,999) The medical care index measures how much the population spent out-of-pocket on medical care services The U S index was 100 DeKalb County was 85, indicating 15% less spent out of pocket than the average U S household on medical care (doctor's office visits, prescriptions, hospital visits) The racial and ethnic make-up of DeKalb County was 91% white, 8% Hispanic Origin, 5% other, 2% black, 2% mixed race (These percentages total to over 100% because Hispanic is an ethnicity, not a race) 12.2% of the population under 65 were uninsured in DeKalb County It is a rural community There is one hospital in DeKalb County White County is one of 95 counties within the State of Tennessee it is in the Middle Tennessee Region Saint Thomas River Park Hospital The population of Warren County is 40,797 The population of Warren County was projected to increase from 2018 to 2023 (0.38% per year) Compared to the state and the nation, Tennessee was projected to increase 0.89% per year and the U S was projected to increase 0.83% per year Warren County had a higher median age (41 median age) than TN, (39.4) and the U S (38.3) Warren County percentage of the population 65 and over was 17.9%, higher than the U S population 65 and over at 16% Warren County had a lower median household income at \$38,064 than TN (\$49,776) and the U S (\$58,100) The rate of poverty in Warren County was 19.4%, which was higher than the U S (14%), and higher than TN (15.8%) The household income distribution of Warren County was 11% higher income (over \$100,000), 55% middle income, and 34% lower income (under \$24,999) The medical care index measures how much the population spent out-of-pocket on medical care services The U S index was 100 Warren County was 75, indicating 25% less spent out of pocket than the average U S household on medical care (doctor's office visits, prescriptions, hospital visits) The racial and ethnic make-up of Warren County was 8.8% White, 9% Hispanic Origin, 6% other, 3% Black, 2% mixed race, and 1% Asian/ Pacific Islander (These percentages total to over 100% because Hispanic is an ethnicity, not a race) 13.6% of the Warren County's population were uninsured between 2013-2017 There is one hospital in DeKalb County Warren County is one of the 95 counties within the State of Tennessee it is in the Middle Tennessee Region Saint Thomas Highlands Hospital The population of White County is 26,969 The population of White County was projected to increase from 2018 to 2023 (0.56% per year) Tennessee was projected to increase 0.89% per year The U S was projected to increase 0.83% per year White County had a higher median age (43.7 median age) than TN, (39.4) and the U S (38.3) White County percentage of the population 65 and over was 20.5%, higher than the U S population 65 and over at 16% White County had lower median household income at \$38,133 than TN (\$49,776) and the U S (\$58,100) The rate of poverty in White County was 17.7% which was higher than TN (15.8%) and the U S (14%) The household income distribution of White County was 10% higher income (over \$100,000), 60% middle income and 30% lower income (under \$24,999) The medical care index measures how much the population spent out-of-pocket on medical care services The U S index was 100 White County was 79, indicating 21% less spent out of pocket than the average U S household on medical care (doctor's office visits, prescriptions, hospital visits) The racial and ethnic make-up of White County was 95% White, 3% Hispanic Origin, 2% Black, 2% mixed race, 1% American Indian, and 1% other (These percentages total to over 100% because Hispanic is an ethnicity, not a race) 11% of the population in White County were uninsured White County is one of the 95 counties within the State of Tennessee it is in the Middle Tennessee Region Saint Thomas Stones River Hospital The population of Cannon County is 14,209 The population of Cannon County was projected to increase from 2018 to 2023 (0.45% per year) Tennessee was projected to increase 0.89% per year The U S was projected to increase 0.83% per year Cannon County had a higher median</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>an age (43.4 median age) to TN, 39.4 and the U.S. 38.3. Cannon County percentage of the population 65 and over was 19%, higher than the US population 65 and over at 16%. Cannon County had lower median household income at \$42,054 than TN (\$49,776) and the U.S. (\$58,100). The rate of poverty in Cannon County was 15.5% which was higher than the U.S. (14%), but lower than TN (15.8%). The household income distribution of Cannon County was 12% higher income (over \$100,000), 64% middle income and 26% lower income (under \$24,999). The medical care index measures how much the population spent out-of-pocket on medical care services. The U.S. index was 100. Cannon County was 79, indicating 21% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits). The racial and ethnic make-up of Cannon County was 95% white, 2% black, 2% mixed race, 2% Hispanic Origin, and 1% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.) 8.7% of the population in Cannon County was uninsured from 2013-2017. It is a rural community. There is one hospital in Cannon County. Cannon County is one of 95 counties within the State of Tennessee; it is in the Middle Tennessee Region. There are areas designated as medically underserved within Cannon, Dekalb, Warren and White Counties. For a complete description of the community demographics please review the CHNA at healthcare.ascension.org/chna.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Saint Thomas Health's governing body is comprised of persons representing diverse aspects and interests of the community. Many members of the Saint Thomas Health governing body reside in the organization's primary service area, who are neither employees nor independent contractors of the organization, nor family members thereof. Medical Staff: the organization extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties. Patient Care: Operates an emergency room open to all persons, regardless of ability to pay. the hospital participates in Medicaid, Medicare, TennCare, Champus, Tricare, and other government-sponsored health care programs. Financial assistance is offered, both full and partial adjustments, to those who cannot afford to pay (both insured and uninsured). Saint Thomas Foundation: The Saint Thomas Health Foundation's primary aim is to support building access to care for underserved and to aid needy patients once they leave our care. In fiscal year 2019 the Foundation granted \$81,090 from our two largest needy patient funds (Irene & Melvin Lewis Needy Patient Fund and the Watson Benevolent Fund) to support discharged patients who needed extra care to heal. We supported such things as grocery cards, electricity bills, pharmaceutical costs and more. In addition to these funds, over \$15,000 was spent for gas cards, short term stays in the Seton Inn and other pharmaceutical needs from smaller auxiliary funds for cancer, NICU and transplant patients. Furthermore, one of the most active funds in the foundation is the Community Health Outreach Fund which expended over \$252,000 in FY19 to support the needs of patients treated at our family health centers and clinics which help an underserved segment of our community population. The Foundation also administers a fund available to all employees of Saint Thomas Health who are experiencing hardship. This Fund, the Sister Juliana Beuerlein Employee Financial Assistance Fund, offered system-wide almost \$78,000 in assistance in FY19. Saint Thomas Health senior leaders and associates participate as active board members of non-profit organizations whose missions align with community health improvement and addresses social determinants of health: Health Professions Education, Saint Thomas DeKalb Hospital, Saint Thomas Stones River Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Health serves as a clinical site for students attending many of the area nursing and allied health schools. More than 142 students per month had clinical training at the hospital in fiscal year 2019, which exceeded 68,800 hours of clinical instruction on the hospital campus during the year. (community health need: health education and access to care) A variety of support efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including: In Kind: the hospital 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 charge. Children's Advocacy Center for the 31st Judicial District: ST River Park provided funds to support child abuse intervention and recovery program. (community health need: youth issues, mental health) Family & Children's Services: provided funds to connect under and uninsured consumers to affordable health coverage and/or community based low and no-cost healthcare. (Community Need: Access to care, Care coordination) Haven of Hope of DeKalb county: supported mission, which offers mental and behavioral health therapy, counseling, and group sessions to those in the area, even when they cannot afford it. (community health need: mental and emotional health) Hope Smiles: provide funds to support its participation in the health system's four medical missions at home events. (community health need: access to care) Second Harvest: provided funds to support multiple mobile food pantries in White and Cannon County. (Community need: wellness and disease prevention) Tennessee Justice Center (TJC): funds provided to improve access to care through providing enrollment assistance and training. (community health need: access to care) White County Board of Education: funds provided to purchase spot vitals for school sites. (community health need: wellness/disease prevention) We Care Cannon: provided funds to support cannon county youth dream's back-to-school program that provided backpacks, school supplies, and clothing to those most poor and vulnerable in the community. (community health need: youth issues)</p>

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 47-4063046**Name:** Saint Thomas Regional Hospitals**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? 4		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 River Park Hospital 1559 Sparta Street McMinnville, TN 37110 https://healthcare.ascension.org/Locations/Tennessee/TNNAS/McMinnville-Saint-Thomas-River-Park-Hospital 0000000120	X	X					X			A
2	Saint Thomas DeKalb Hospital 520 W Main St Smithville, TN 37166 https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Smithville-Saint-Thomas-DeKalb-Hospital 0000000138	X	X					X			A
3	Saint Thomas Highlands Hospital 401 Sewell Road Sparta, TN 38583 https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Sparta-Saint-Thomas-Highlands-Hospital 0000000127	X	X					X			A
4	Saint Thomas Stones River Hospital 324 Doolittle Rd Woodbury, TN 37190 https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Woodbury-Saint-Thomas-Stones-River-Hospital 0000000009	X	X					X			A

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - SAINT THOMAS STONES RIVER HOSPITAL The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Cannon County, Tennessee Representatives from County Health Department's participated during the process for each county as well as other individuals that had public health expertise that we tapped into for this process Additionally, input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit Many members of the community participated in the focus group, individual interviews and the Summit Additional information and details can be found in the CHNA's for each Regional Hospital at healthcare.ascension.org/chna To understand the health needs and assets of the community, the CHNA process included a review of secondary health data and input from the community Information gathering, using secondary public health sources, occurred in January 2019 Community input was obtained through interviews of community representatives and leaders, a focus group at the Cannon County Senior Center, and a community summit to review findings and discern unmet health needs Saint Thomas Stones River Hospital and Saint Thomas Health sought input from persons who represent the broad interests of the community using several methods 28 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), Sheriff's Office, health providers, senior center, local businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on December 17, 2018 and January 31, 2019 A Community Health Summit was conducted on March 4, 2019 with 13 community stakeholders The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members Based on the primary and secondary data collected, the needs were prioritized by attendees at the Community Health Summit

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	Facility A, 2 - Saint Thomas DeKalb Hospital The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Cannon County, Tennessee Representatives from County Health Department's participated during the process for each county as well as other individuals that had public health expertise that we tapped into for this process Additionally, input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit Many members of the community participated in the focus group, individual interviews and the Summit Additional information and details can be found in the CHNA's for each Regional Hospital at healthcare.ascension.org/chna To understand the health needs and assets of the community, the CHNA process included a review of secondary health data and input from the community Information gathering, using secondary public health sources, occurred in January 2019 Community input was obtained through interviews of community representatives and leaders, an online survey and a community summit to review findings and discern unmet health needs Saint Thomas DeKalb Hospital sought input from persons who represent the broad interests of the community using several methods 22 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), health providers, local government, businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on December 17, 2018 and January 3 and 31, 2019 An online community survey was conducted from October 22nd, 2018 - January 25th, 2019 334 surveys were completed, analyzed and reviewed A Community Health Summit was conducted on February 27th, 2019 with 19 community stakeholders The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	Facility A, 3 - Saint Thomas River Park Hospital The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Cannon County, Tennessee Representatives from County Health Department's participated during the process for each county as well as other individuals that had public health expertise that we tapped into for this process Additionally, input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit Many members of the community participated in the focus group, individual interviews and the Summit Additional information and details can be found in the CHNA's for each Regional Hospital at healthcare.ascension.org/chna To understand the health needs and assets of the community, the CHNA process included a review of secondary health data and input from the community Information gathering, using secondary public health sources, occurred in January 2019 Community input was obtained through interviews of community representatives and leaders, a focus group at Children's Advocacy Center and a community summit held at Saint Thomas River Park to review findings and discern unmet health needs Saint Thomas River Park Hospital sought input from persons who represent the broad interests of the community using several methods Twenty-two (22) community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), health providers, local government, businesses and clergy, participated in a focus group at Children's Advocacy Center or in individual interviews for their input on community health needs and issues on December 19th, 2018, January 22nd or 31st 2019 A Community Health Summit was conducted on March 12th, 2019 with fourteen (14) community stakeholders The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 4	Facility A, 4 - Saint Thomas Highlands Hospital The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Cannon County, Tennessee Representatives from County Health Department's participated during the process for each county as well as other individuals that had public health expertise that we tapped into for this process Additionally, input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit Many members of the community participated in the focus group, individual interviews and the Summit Additional information and details can be found in the CHNA's for each Regional Hospital at healthcare.ascension.org/chna To understand the health needs and assets of the community, the CHNA process included a review of secondary health data and input from the community Information gathering, using secondary public health sources, occurred in January 2019 Community input was obtained through interviews of community representatives and leaders, a focus group at the White County Senior Center an online survey and a community summit held to review findings and discern unmet health needs Saint Thomas Highlands Hospital sought input from persons who represent the broad interests of the community using several methods Twenty-three (23) community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), health providers, local government, businesses and clergy, participated individual interviews for their perspectives on community health needs and issues on January 16th and February 22nd, 2019 A focus group at the White County Senior Center representing the medically underserved senior population was held on February 22nd, 2019, fifteen (15) attendees were present An online community survey was conducted from October 22nd, 2018 - January 25th, 2019 262 surveys were completed, analyzed and reviewed A Community Health Summit was conducted on March 25th, 2019 with fifteen (15) community stakeholders The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members

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 A, 1	Facility A, 1 - Facility Reporting Group A All four hospitals and Saint Thomas Health conducted a Community Health Needs Assessment (CHNA) collaboratively with Stratasan, a healthcare consulting firm

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 A, 1	Facility A, 1 - Saint Thomas River Park Hospital - PART I FOR THE TAX YEAR 2018 CHNA, The results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders and each County Health Summit meeting, which included local health department staff, and Saint Thomas Health. A diverse group of individuals attended. They were asked to provide collective input into the needs of the community. Stakeholders present decided upon the needs of Mental Health /Substance Abuse, Physical Inactivity/Obesity, Access to Care, Education, Child Health, Socio-economics and Poverty. During the CHNA and Implementation Strategy brainstorming phase across the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple counties. This model is an effort to allocate resources in ways that can more meaningfully impact priority areas. The 4 needs chosen appeared in 5 or more of the counties surveyed. The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle. Additionally, our Community Benefit work will utilize an equity and advocacy framework. This will ensure we are aware of how systems need to change to decrease inequities and increase equity. Effective and sustainable change is most successful when people and communities impacted by the change are included throughout the process. The tax year 2018 prioritized unmet health needs identified for Warren County, Tennessee, by this CHNA are: 1) Access to Care 2) Mental Health 3) Obesity (Healthy Weight) 4) Substance Abuse. All priority health needs will be addressed. Need #1 Access to Care GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage. Strategy 1: Open a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured and underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed. Strategy 2: Provide in-kind radiology services to community members being served at the Beersheba Springs Clinic. Strategy 3: Maximize the utilization of Mobile Health Units, including Mobile Mammography. Strategy 4: Improve access to care via telemedicine, including consultations when acute stroke symptoms are present. Strategy 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas. Prioritized Need #2: Mental Health GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services. Strategy 1: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved Warren County residents. Str

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 A, 1	<p>ategy 2 Empower victims of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victims receive trauma-informed care and are connected to appropriate resources</p> <p>Strategy 3 Utilize volunteer chaplains to provide pastoral care in the community</p> <p>Strategy 4 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas</p> <p>Prioritized Need #3 Obesity (Healthy Weight) GOAL Promote and support a healthy lifestyle through strengthening community resources that will positively impact nutrition, exercise, chronic disease management and chronic disease prevention</p> <p>Strategy 1 Implement a healthy food pantry within the Good Samaritan Charity Care Clinic, assisting community members with dietary support and chronic disease-related issues</p> <p>Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas</p> <p>Prioritized Need #4 Substance Abuse GOAL Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need</p> <p>Strategy 1 Support and build capacity within the Faith Health Task Force, a grassroots community coalition whose goal is to improve community health</p> <p>Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas</p>

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 A, 2	Facility A, 2 - SAINT THOMAS RIVER PARK HOSPITAL - PART II ACTIONS TAKEN DURING FISCAL YE AR 2019 ON TAX YEAR 2015 CHNA - PARTS II-III MENTAL HEALTH & SUBSTANCE ABUSE Strategy 1 I ntegrate behavioral health services with primary medical care to care for the behavioral a s well as physical needs of community members Results Due to lack of providers, this ini tiative has proved difficult to implement and remains in progress Strategy 2 Offer inpat ient geriatric psychiatric services to care for the mental and emotional needs of elderly community members Results Saint Thomas River Park continues to offer geriatric psychiatr ic services to the community including 10 inpatient beds The utilization of these service s has grown each year Strategy 3 Provide community-based organizations with financial su pport toward their work addressing needs of Mental Health & Substance Abuse Results FY19 Haven of Hope funding to provide mental health services to those who may not otherwise be able to afford services due to lack of insurance coverage or high deductibles Addition al Strategies Support the community with partnerships and programs that provide education on mental health and substance abuse Results Programs and screening geared towards ment al health during this CHNA cycle including Mental Health Awareness Month -guest speakers a t multiple locations WELLNESS & DISEASE MANAGEMENT Strategy 1 Improve the health of commu nity students and impact obesity rates through expanding wellness screenings and other pro gramming Results Multiple programs and screenings geared towards community members durin g this CHNA cycle including * Dining with Diabetes - DeKalb Senior Center * Healthy Heart Choices Booth - multiple locations/fairs * Walk Across America partner * Partnership with Coordinated School Health-Try It Day (healthy food samples) * Leadership Warren- guest sp eaker, pedometers Strategy 2 Provide community-based organizations with financial support toward their work addressing needs of Wellness & Disease Management Results DeKalb Cou nty Health Adventure funded free exercise programs for community members, White County Sc hools funded spot vital machines, Second Harvest funded food boxes to Cannon and White C ounty ACCESS TO CARE Strategy 1 Engage state legislators and other key stakeholders to ad vocate for expanded access to care in Tennessee Results All Tennessee legislators from a ll counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions listed above In addition, meetings with TennCare Director and D eputy Director as well as Commissioner of Health and Commissioner of Mental Health and Dis abilities During the Summer and Fall, legislators are engaged as well during hospital min istry tours or Summer study meetings, but less frequently Chief Advocacy Officer conducte d follow-up Federal legislatio

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 A, 2	<p>rs and staff visits made in person and engaged regularly in Washington and in local districts regarding health policy More than 25 Legislative visits were scheduled--including a visit with Governor Lee The Chief Advocacy Officer was appointed to Tennessee Access to Care Board Health Policies that were discussed and monitored included---100% Access and 100 % Coverage for All, Medicaid Expansion, Insure Tennessee, 3-Star Healthy Plan, Hospital Assessment, Expansion of Ascension PACE, Opioid Epidemic Policy, Balanced Billing, Compact Medicine Policy, Nurse Practice Act, Certificate of Need, 340B, Corporate Practice of Medicine, Sexual Assault, Transports, Psych Patient Transports, Rural Hospitals, Rural Health Access, Behavioral, Health/Substance Abuse, Future of Medicaid Strategy 2 Increase access to healthcare by removing traditional financial and insurance hurdles through financial assistance and emergency care policies Results Policy change enacted July 1, 2016 (FY17) to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients , one in Rutherford County (April 13, 2019), serving 370 patients, and and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments Strategy 4 Increase breast cancer screening compliance through Our Mission in Motion Mobile Mammography Results Two events serving 51 patients, with 40 qualifying for free care 13 patients had never had a mammogram and for 24, it had been greater than two years Strategy 5 Expand access to primary care through expanded presence and availability of providers, allowing more community members to access preventive and other services through a medical home Results In addition to strengthening relationships with local providers, two additional primary care providers were added to the region in FY 18 and one additional OB/GYN started in FY19 Strategy 6 Strengthen and expand the specialty care services available within the community to increase access to needed care Results During the 2016 CHNA cycle, Saint Thomas River Park has recruited a general surgeon with the capability to perform ERCPs, an OB/GYN, and an orthopedic surgeon - increasing these services within the county Additionally, STMP McMinnville Heart Clinic offers cardiology appointments five days/week allowing residents of Warren County to receive this specialty care locally Strategy 7 Im</p>

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 A, 2	<p>prove access to care via telemedicine consultations when acute stroke symptoms are present Results Telemedicine stroke services implemented at Saint Thomas River Park Hospital in FY17 with management of services through Saint Thomas Health transfer center Twenty-four consults were completed in FY17 This service remains in place 138 consults were complet ed in FY19 Consulta coming from Henry County, 29, Lincoln Medical Center,5, Maury Region al Medical Center,45, Saint Thomas Dekalb,10, Saint Thomas Hickman,2, Saint Thomas Highlan ds,11, Saint Thomas RiverPark, 36 Additional Strategies Provide screenings within the co mmunity to impact health knowledge and access Results Multiple programs and screenings g eared towards community members during this CHNA cycle including * Breakfast with a Healt hcare Professional -McMinnville Senior Center * Guest Speaker, Cancer Care - Senior Center , Rotary Club, Professional Business Women's Club * Women's Health Fair Additional Strateg ies Provide community-based organizations with financial support toward their work addres sing the need of Access to Care Results Hope Smiles funded work to provide outreach den tal care to areas with increased need and lack of dental resources Tennessee Justice Cent er funded work to increase access to care in target communities through individual advoca cy, education, and policy improvement Family and Children Services funding for Healthcar e Access Program for in-person and phone-based individual case management to connect peopl e with affordable health care options SOCIAL DETERMINANTS Strategy 1 Implement an anti-hu man trafficking initiative throughout Saint Thomas Health so that victims of human traffic king who seek medical care will be identified and connected with the assistance they need Results Anti-human trafficking initiative started with charter in place Four training m odules and localized protocols have been developed for roll-out to all Saint Thomas Health employees The training modules are available for all employees currently Training has b egun in Davidson County One clinic, UT Internal Med, has had all staff including physicia ns trained Saint Thomas Midtown ED has trained the majority of staff/physicians Roll-out and training will continue to occur throughout all Saint Thomas Health facilities Strate gy 2 Provide resource navigation support to community members in need, recognizing how cr itical economic stability and social environments that promote good health are to improve an individual's and a community's health Results This is part of a more complex comprehe nsive care coordination center being built Progress has slowed on this initiative</p>

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 A, 3	Facility A, 3 - SAINT THOMAS RIVER PARK HOSPITAL - PART III Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients , one in Rutherford County (April 13, 2019), serving 370 patients, and and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments Strategy 4 Create a comprehensive resource guide to equip both community members and service providers to best connect those in need with available resources Results This action was to be in conjunction with Upper Cumberland Human Resource Agency and the Chamber of Commerce This work was more intense than anticipated The development of the website https //www auntbertha com/ has helped to meet this need in the community Additional Strategies Provide community-based organizations with financial support toward their work addressing need of Social Determinants Results Children's Advocacy Center funded to support Victim Advocacy Program which provides comprehensive support and education while serving as liaison to protect the best interest of the child

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 A, 4	Facility A, 4 - Saint Thomas DeKalb Hospital - PART I FOR THE TAX YEAR 2018 CHNA, The res ults of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders and each County Health Summit meeting, which included local health department staff, and Saint Thomas Health A diverse group of individuals attended They were asked to provide collective input into th e needs of the community Stakeholders present decided upon the needs of Mental Health/Sub stance Abuse, Physical Inactivity/Obesity, Access to Care, Education, Child Health, Socio- economics and Poverty During the CHNA and Implementation Strategy brainstorming phase acr oss the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple coun ties This model is an effort to allocate resources in ways that can more meaningfully imp act priority areas The 4 needs chosen appeared in 5 or more of the counties surveyed The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle Additionally, our Community Benefit work will utilize an e quity and advocacy framework This will ensure we are aware of how systems need to change to decrease inequities and increase equity Effective and sustainable change is most succe ssful when people and communities impacted by the change are included throughout the proce ss The Tax Year 2018 prioritized unmet health needs identified for Warren County, Tenness ee, by this CHNA are 1) Access to Care 2) Mental Health 3) Obesity (Healthy Weight) 4) Su bstance Abuse All priority health needs will be addressed Prioritized Need #1 Access to Care GOAL Improve access to comprehensive, quality healthcare services through increasin g availability and affordability of care while advocating for increased health insurance c overage Strategy 1 Operate and increase access to specialty services, including Saint Th omas Medical Partners Smithville Heart clinic Strategy 2 Operate and improve access to Mo bile Health Units, including Mobile Mammography Strategy 3 Improve access to care via tel emedicine, including for stroke symptoms Strategy 4 Provide community-based organization s with financial support toward their work in one of the Prioritized Need areas Prioritize d Need #2 Mental Health GOAL Support mental and emotional health, decrease stigma and in crease access to behavioral health services Strategy 1 Integrate behavioral health servi ces with primary medical care to care for the behavioral as well as physical needs of unde rserved DeKalb County residents Strategy 2 Empower victims of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victims receiv e trauma-informed care and are connected to appropriate resources Strategy 3 Provide comm unity-based organizations with

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 A, 4	financial support toward their work in one of the Prioritized Need areas Prioritized Need #3 Obesity (Healthy Weight) GOAL Promote and support a healthy lifestyle through strengthening community resources that will positively impact nutrition, exercise, chronic disease management and chronic disease prevention Strategy 1 Explore creation of community gardens and increase education opportunities regarding healthy eating and active living Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas Prioritized Need #4 Substance Abuse GOAL Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need Strategy 1 Encourage better collaboration between resources in the community, including enhancing relationship with Students Against Destructive Decisions (SADD) Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas

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 A, 5	Facility A, 5 - SAINT THOMAS DEKALB HOSPITAL - PART II ACTIONS TAKEN DURING FISCAL YEAR 2019 ON TAX YEAR 2015 CHNA - PARTS II-III MENTAL HEALTH & SUBSTANCE ABUSE Strategy 1 Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of community members Results Due to lack of providers, this initiative has proved difficult to implement and remains in progress Strategy 2 Provide community-based organizations with financial support toward their work addressing needs of Mental & Emotional Health/Substance Abuse Results Haven of Hope funding to provide mental health services to those who may not otherwise be able to afford services due to lack of insurance coverage or high deductibles DeKalb County Government Funding for 12-month Health Adventure Program to provide free monthly opportunities to the community that focus on physical and emotional health Additional Strategies Support the community with partnerships and programs that provide education on mental health and substance abuse Results Multiple programs and screening geared towards mental health during this CHNA cycle including Kick Butts Day partner/anti-tobacco Mental Health Awareness Month - guest speakers at multiple locations OBESITY Strategy 1 Improve the health of community students and impact obesity rates through expanding wellness screenings and other programming Results Multiple programs and screenings geared towards students during this CHNA cycle including Healthy Heart Choices Booth Partnership with Coordinated School Health - Try It Day (healthy food samples) After School STEM Program - Healthy Cooking Classes Strategy 2 Provide community-based organizations with financial support toward their work addressing needs of Obesity Results DeKalb County Government Funding for Health Adventure Program to provide monthly free opportunities to the community that focus on physical and emotional health Additional Strategies Improve the health of the community and impact obesity rates through expanding wellness screenings and other programming Results Multiple programs and screenings geared towards community members during this CHNA cycle including Dining with Diabetes - DeKalb Senior Center Healthy Heart Choices Booth - multiple locations/fairs Walk Across America partner ACCESS TO CARE Strategy 1 Engage state legislators and other key stakeholders to advocate for expanded access to care in Tennessee Results All Tennessee legislators from all counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions listed above In addition, meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities During the Summer and Fall, legislators are engaged as well during hospital ministry tours or Summer st

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>udy meetings, but less frequently Chief Advocacy Officer conducted follow-up Federal legislators and staff visits made in person and engaged regularly in Washington and in local districts regarding health policy More than 25 Legislative visits were scheduled--including visit with Governor Lee The Chief Advocacy Officer was appointed to Tennessee Access to Care Board Health Policies that were discussed and monitored included---100% Access and 100% Coverage for All, Medicaid Expansion, Insure Tennessee, 3-Star Healthy Plan, Hospital Assessment, Expansion of Ascension PACE, Opioid Epidemic Policy, Balanced Billing, Compact Medicine Policy, Nurse Practice Act, Certificate of Need, 340B, Corporate Practice of Medicine, Sexual Assault, Transports, Psych Patient Transports, Rural Hospitals, Rural Health Access, Behavioral, Health/Substance Abuse, Future of Medicaid Strategy 2 Increase access to healthcare by removing traditional financial and insurance hurdles through financial assistance and emergency care policies Results Policy change enacted July 1, 2016 (FY 17) to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients, one in Rutherford County (April 13, 2019), serving 370 patients, and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments Strategy 4 Increase breast cancer screening compliance through Our Mission in Motion Mobile Mammography Results One event serving 13 patients 1 patient had never had a mammogram and for 4, it had been greater than two years Strategy 5 Expand access to primary care through expanded presence and availability of providers, allowing more community members to access preventive and other services through a medical home Results During this CHNA cycle, increased partnerships with local providers defined and solidified Strategy 6 Strengthen and expand the specialty care services available within the community to increase access to needed care Results Orthopedic services added to Saint Thomas DeKalb Hospital since 2016 CHNA Additionally, STMP Smithville heart clinic offers cardiology appointments on Wednesdays so patients may receive these specialty services within their community Strategy 7 Improve access to care via telemedicine consultations when acute stroke symptoms are present Results Telemedicine stroke services implemented at Saint Thomas Highlands</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>Hospital in FY17 with management of services through Saint Thomas Health transfer center This service remains in place 138 consults were completed in FY19 Consulta coming from Henry County, 29, Lincoln Medical Center,5, Maury Regional Medical Center,45, Saint Thomas Dekalb,10, Saint Thomas Hickman,2, Saint Thomas Highlands,11, Saint Thomas RiverPark, 36 Additional Strategies Provide screenings within the community to impact health knowledge and access Results Older American's Day - provided physical therapy screenings for BMI /balance tests - education on benefits of walking Additional Strategies Provide community-based organizations with financial support toward their work addressing need of Access to Care Results Hope Smiles funded work to provide outreach dental care to areas with increased need and lack of dental resources Tennessee Justice Center funded work to increase access to care in target communities through individual advocacy, education, and policy improvement Family and Children's Services funding for Healthcare Access Program for in-person and phone-based individual case management to connect people with affordable health care options YOUTH ISSUES Strategy 1 Implement an anti-human trafficking initiative throughout Saint Thomas Health so that victims of human trafficking who seek medical care will be identified and connected with the assistance they need Results Anti-human trafficking initiative started with charter in place Four training modules and localized protocols have been developed for roll-out to all Saint Thomas Health employees The training modules are available for all employees currently Training has begun in Davidson County One clinic, UT Internal Med, has had all staff including physicians trained Saint Thomas Midtown ED has trained the majority of staff/physicians Roll-out and training will continue to occur throughout all Saint Thomas Health facilities Strategy 2 Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual's and a community's health Results This is part of a more complex comprehensive care coordination center being built Progress has slowed on this initiative Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision, and behavioral health, along with broader community resource Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients, one in Rutherford County (April 13, 2019), serving 370 patients, and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments</p>

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 A, 6	Facility A, 6 - SAINT THOMAS DEKALB HOSPITAL - PART III Strategy 4 Create a comprehensive resource guide to equip both community members and service providers to best connect those in need with available services Results This action was to be in conjunction with Upper Cumberland Human Resource Agency and the Chamber of Commerce This work was more intense than anticipated The development of the website https //www auntbertha com/ has helped to meet this need within the community

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 A, 7	Facility A, 7 - Saint Thomas Highlands Hospital - PART I FOR THE TAX YEAR 2018 CHNA, The results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders and each County Health Summit meeting, which included local health department staff, and Saint Thomas Health. A diverse group of individuals attended. They were asked to provide collective input into the needs of the community. Stakeholders present decided upon the needs of Mental Health/ Substance Abuse, Physical Inactivity/Obesity, Access to Care, Education, Child Health, Socio-economics and Poverty. During the CHNA and Implementation Strategy brainstorming phase across the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple counties. This model is an effort to allocate resources in ways that can more meaningfully impact priority areas. The 4 needs chosen appeared in 5 or more of the counties surveyed. The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle. Additionally, our Community Benefit work will utilize a n equity and advocacy framework. This will ensure we are aware of how systems need to change to decrease inequities and increase equity. Effective and sustainable change is most successful when people and communities impacted by the change are included throughout the process. The tax year 2018 prioritized unmet health needs identified for Warren County, Tennessee, by this CHNA are: 1) Access to Care 2) Mental Health 3) Obesity (Healthy Weight) 4) Substance Abuse. All priority health needs will be addressed. Prioritized Need #1: Access to Care GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage. Strategy 1: Improve access to primary and specialty care services. Strategy 2: Maximize use of mobile health units, including breast cancer screening compliance through Our Mission In Motion Mobile Mammography. Strategy 3: Improve access to care and explore telemedicine consultations, including when acute stroke symptoms are present. Strategy 4: Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual's and a community's health. Prioritized Need #2: Mental Health GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services. Strategy 1: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved White County residents. Strategy 2: Provide community support for those suffering from Alzheimer's Disease by hosting Alzheimer's Support Group. Strategy 4:

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas Prioritized Need #3 Obesity (Healthy Weight) GOAL Promote and support a healthy lifestyle through strengthening community resources that will positively impact healthy eating, active living, chronic disease management and chronic disease prevention Strategy 1 Explore opportunities to increase active living and healthy eating Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas Prioritized Need #4 Substance Abuse GOAL Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need Strategy 1 Explore and enhance existing resources and mobilizations in the community related to substance misuse Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas

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 A, 8	Facility A, 8 - SAINT THOMAS HIGHLANDS HOSPITAL - PART II ACTIONS TAKEN DURING FISCAL YEA R 2019 ON TAX YEAR 2015 CHNA - PARTS II-III MENTAL HEALTH & SUBSTANCE ABUSE Strategy 1 In tegrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of community members Results Due to lack of providers, this init iative has proved difficult to implement and remains in progress Strategy 2 Expand the a vailable inpatient geriatric psychiatric series to care for the mental and emotional needs of elderly community members Results 10-bed geriatric psychiatric in-patient unit in se rvce at Saint Thomas Highlands Hospital was expanded to 14 beds in September 2018 and con tinues to operate these beds Strategy 3 Provide community-based organizations with finan cial support toward their work addressing needs of Mental Health & Substance Abuse Result s Haven of Hope funding to provide mental health services to those who may not otherwise be able to afford services due to lack of insurance coverage or high deductibles Additio nal Strategies Support the community with partnerships and programs that provide educatio n on mental health and substance abuse Results Programs and screening geared towards men tal health during this CHNA cycle including Mental Health Awareness Month - guest speaker s at multiple locations OBESITY Strategy 1 Improve the health of community students and i mpact obesity rates through expanding wellness screenings and other programming Results Multiple programs and screenings geared towards community members during this CHNA cycle i ncluding * Dining with Diabetes - White Co Senior Center * Healthy Heart Choices Booth - multiple locations/fairs * Partnership with Coordinated School Health Try It Day (healthy food samples) * Walk Across America partner * Chamber Event with pedometer giveaways Stra tegy 2 Provide community-based organizations with financial support toward their work add ressing needs of Obesity Results White County Schools funded spot vital machines, Secon d Harvest funded food boxes to Cannon and White County ACCESS TO CARE Strategy 1 Engage state legislators and other key stakeholders to advocate for expanded access in Tennessee Results All Tennessee legislators from all counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Offic er or senior leaders during the months of the legislative sessions listed above In additi on, meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities During the Summer and Fall, legislator s are engaged as well during hospital ministry tours or Summer study meetings, but less fr equently Chief Advocacy Officer conducted follow-up Federal legislators and staff visits made in person and engaged regularly in Washington and in local districts regarding healt h policy More than 25 Legisla

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 A, 8	<p>tive visits were scheduled--including visit with Governor Lee The Chief Advocacy Officer was appointed to Tennessee Access to Care Board Health Policies that were discussed and m onitored included---</p> <p>100% Access and 100% Coverage for All, Medicaid Expansion, Insure Tenn essee, 3-Star Healthy Plan, Hospital Assessment, Expansion of Ascension PACE, Opioid Epide mic Policy, Balanced Billing, Compact Medicine Policy, Nurse Practice Act, Certificate of Need, 340B, Corporate Practice of Medicine, Sexual Assault, Transports, Psych Patient Tran sports, Rural Hospitals, Rural Health Access, Behavioral, Health/Substance Abuse, Future o f Medicaid Strategy 2 Increase access to healthcare by removing traditional financial and insurance hurdles, through financial assistance and emergency care policies Results Pol icy change enacted July 1, 2016 (FY17) to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Sa int Thomas Health Financial Assistance Policy Strategy 3 Implement community-wide Medica l Missions at Home that integrate medical, dental, vision and behavioral health, along wit h broader community resources Results Saint Thomas Health conducted 4 events in FY19, on e in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (Septem ber 22, 2018) serving 667 patients , one in Rutherford County (April 13, 2019), serving 37 0 patients, and and one in Warren County (June 22, 2019) serving 211 patients, each held w ithin a low-income community FY19, these events served 1,605 community members in over 3, 536 encounters resulting in 164 scheduled follow-up appointments Strategy 4 Increase bre ast cancer screening compliance through Our Mission in Motion Mobile Mammography Results One event Strategy 5 Expand access to primary care through expanded presence and availab ility of providers, allowing more community members to access preventive and other service s through a medical home Results During this CHNA cycle, increased partnerships with loc al providers defined and solidified In FY19 additional Primary Care Physician employed in White County Strategy 6 Strengthen and expand the specialty care services available wit hin the community to increase access to needed care (orthopedic and surgical services) Re sults Saint Thomas Highlands has orthopedic surgeons on staff and additional visiting sur geons with orthopedic surgeries occurring at the hospital Additionally, the hospital has added new equipment to provide two new endoscopic procedures performed by the general surg eon on staff In addition - Cardiac services have also been expanded with STMP Sparta Hear t Clinic offering clinic appointments on Mondays, allowing for patients to obtain these sp ecialty services closer to home Strategy 7 Improve access to care via telemedicine consu ltations when acute stroke symptoms are present Results Telemedicine stroke services imp lemented at Saint Thomas Highl</p>

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 A, 8	ands Hospital in FY17 with management of services through Saint Thomas Health transfer center Nine consults completed in FY17 This service remains in place 138 consults were completed in FY19 Consults coming from Henry County, 29, Lincoln Medical Center, 5, Maury Regional Medical Center, 45, Saint Thomas Dekalb, 10, Saint Thomas Hickman, 2, Saint Thomas Highlands, 11, Saint Thomas RiverPark, 36 Additional Strategies Provide community-based organizations with financial support toward their work addressing need of Access to Care Results Tennessee Justice Center funded work to increase access to care in target communities through individual advocacy, education, and policy improvement Hope Smiles funded work to provide outreach dental care to areas with increased need and lack of dental resources Additional Strategies Provide screenings within the community to impact health knowledge and access Results Guest Speakers/Cancer Care - Senior Center, Rotary Club, Women's Auxiliary Luncheon

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 A, 9	Facility A, 9 - SAINT THOMAS HIGHLANDS HOSPITAL - PART III SOCIAL DETERMINANTS Strategy 1 Implement an anti-human trafficking initiative throughout Saint Thomas Health so that victims of human trafficking who seek medical care will be identified and connected with the assistance they need Results Anti-human trafficking initiative started with charter in place Four training modules and localized protocols have been developed for roll-out to all Saint Thomas Health employees The training modules are available for all employees currently Training has begun in Davidson County One clinic, UT Internal Med, has had all staff including physicians trained Saint Thomas Midtown ED has trained the majority of staff/physicians Roll-out and training will continue to occur throughout all Saint Thomas Health facilities Strategy 2 Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual's and a community's health Results This is part of a more complex comprehensive care coordination center being built Progress has slowed on this initiative Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision, and behavioral health, along with broader community resources Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients , one in Rutherford County (April 13, 2019), serving 370 patients, and and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments Strategy 4 Create a comprehensive resource guide to equip both community members and service providers to best connect those in need with available services Results This action was to be in conjunction with Upper Cumberland Human Resource Agency and the Chamber of Commerce This work was more intense than anticipated The development of the website https //www auntbertha com/ has helped to meet this need within the community

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 A, 10	Facility A, 10 - SAINT THOMAS STONES RIVER HOSPITAL - PART I For the Tax Year 2018 CHNA, the results of the data review, community interviews, listening sessions and the online co mmunity survey were presented to the community representatives and leaders and each County Health Summit meeting, which included local health department staff, and Saint Thomas Hea lth A diverse group of individuals attended They were asked to provide collective input into the needs of the community Stakeholders present decided upon the needs of Mental Hea lth/Substance Abuse, Physical Inactivity/Obesity, Access to Care, Education, Child Health, Socio-economics and Poverty During the CHNA and Implementation Strategy brainstorming ph ase across the Ascension Tennessee ministry (7 counties), community benefit and hospital l eaders agreed to a collective impact model toward addressing needs that appeared in multip le counties This model is an effort to allocate resources in ways that can more meaningfu lly impact priority areas The 4 needs chosen appeared in 5 or more of the counties survey ed The ministry is committed to addressing Summit-specific needs within the 4 broader cat egories over the course of this cycle Additionally, our Community Benefit work will utili ze an equity and advocacy framework This will ensure we are aware of how systems need to change to decrease inequities and increase equity Effective and sustainable change is mos t successful when people and communities impacted by the change are included throughout th e process The Tax Year 2018 prioritized unmet health needs identified for Warren County, Tennessee, by this CHNA are 1) Access to Care 2) Mental Health 3) Obesity (Healthy Weight) 4) Substance Abuse All priority health needs will be addressed Prioritized Need #1 Ac cess to Care GOAL Improve access to comprehensive, quality healthcare services through in creasing availability and affordability of care while advocating for increased health insu rance coverage Strategy 1 Maximize use of mobile health units, including breast cancer s creening compliance through Our Mission in Motion Mobile Mammography Strategy 2 Improve access to care via telemedicine consultations, including when acute stroke symptoms are pr esent Strategy 3 Provide resource navigation support to community members in need, recog nizing how critical economic stability and social environments that promote good health ar e to improve an individual's and a community's health Prioritized Need #2 Mental Health GOAL Support mental and emotional health, decrease stigma and increase access to behavior al health services Strategy 1 Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved Cannon County res idents Strategy 2 Empower victims of sexual assault through the provision of Sexual Assa ult Nurse Examiner care and advocacy, ensuring that victims receive trauma-informed care a nd are connected to appropriat

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 A, 10	<p>e resources Strategy 3 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas Prioritized Need #3 Obesity (Healthy Weight) GOAL Promote and support a healthy lifestyle through strengthening community resources that will positively impact nutrition, exercise, and healthy living Strategy 1 Explore opportunities to increase active living and healthy eating, including educational opportunities with Cannon County schools Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas Prioritized Need #4 Substance Abuse GOAL Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need Strategy 1 Increase knowledge, awareness and participation around substance abuse Strategy 2 Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas</p>

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 A, 11	Facility A, 11 - SAINT THOMAS STONES RIVER HOSPITAL - PART II ACTIONS TAKEN DURING FISCAL YEAR 2019 ON TAX YEAR 2015 CHNA - PARTS II-III MENTAL HEALTH & SUBSTANCE ABUSE Strategy 1 Integrate behavioral health services with primary medical care to care for the behaviora l as well as physical needs of community members Results Due to lack of providers, this initiative has proved difficult to implement and remains in progress Strategy 2 Offer in patient geriatric psychiatric services to care for the mental and emotional needs of elder ly community members Results Saint Thomas Stones River Hospital continues to offer inpat ient geriatric psychiatric services Strategy 3 Provide community-based organizations wit h financial support toward their work addressing needs of Mental Health & Substance Abuse Results Haven of Hope funding to provide mental health services to those who may not ot herwise be able to afford services due to lack of insurance coverage or high deductibles Additional Strategies Increase inpatient psychiatric services to include adult population Results Saint Thomas Stones River Hospital opened a 6-bed inpatient adult psychiatry unit in April 2018 in to serve Cannon and surrounding counties Additional Strategies Suppo rt the community with partnerships and programs that provide education on mental health an d substance abuse Results Multiple programs and screening geared towards students during this CHNA cycle including Kick Butts Day partner/anti-tobacco Mental Health Awareness Mo nth - guest speakers at multiple locations WELLNESS & DISEASE PREVENTION Strategy 1 Impro ve the health of community students and impact obesity rates through expanding wellness sc reenings and other programming Results Multiple programs and screenings geared towards s tudents during this CHNA cycle including Healthy Heart Choices Booth Partnership with Coo rdinated School Health - Try It Day (healthy food samples) Health Habits Day - Guest Speak er at Cannon County Elementary Schools/Woodbury Grammar, West Side Elementary, Eastside El ementary Strategy 2 Provide community-based organizations with financial support toward t heir work addressing needs of Wellness & Disease Prevention Results FY19 Second Harvest Food Bank Funded food boxes in Cannon County SOCIAL DETERMINANTS Strategy 1 Implement an anti-human trafficking initiative throughout Saint Thomas Health so that victims of human trafficking who seek medical care will be identified and connected with the assistance th ey need Results Anti-human trafficking initiative started with charter in place Four tr aining modules and localized protocols have been developed for roll-out to all Saint Thoma s Health employees The training modules are available for all employees currently Traini ng has begun in Davidson County One clinic, UT Internal Med, has had all staff including physicians trained Saint Thomas Midtown ED has trained the majority of staff/physicians Roll-out and training will con

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 A, 11	<p>tinue to occur throughout all Saint Thomas Health facilities</p> <p>Strategy 2 Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual's and a community's health</p> <p>Results This is part of a more complex comprehensive care coordination center being built Progress has slowed on this initiative</p> <p>Strategy 3 Implement community-wide Medical Missions at Home that integrate medical, dental, vision, and behavioral health, along with broader community resources</p> <p>Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davidson County (September 22, 2018) serving 667 patients , one in Rutherford County (April 13, 2019), serving 370 patients, and one in Warren County (June 22, 2019) serving 211 patients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments</p> <p>Strategy 4 Create a comprehensive resource guide to equip both community members and service providers to best connect those in need with available services</p> <p>Results This action was to be in conjunction with Upper Cumberland Human Resource Agency and the Chamber of Commerce This work was more intense than anticipated The development of the website https://www.auntbertha.com/ has helped to meet this need within the community</p> <p>ACCESS TO CARE Strategy 1 Engage state legislators and other key stakeholders to advocate for expanded access to care in Tennessee</p> <p>Results All Tennessee legislators from all counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions listed above In addition, meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities During the Summer and Fall, legislators are engaged as well during hospital ministry tours or Summer study meetings, but less frequently</p> <p>Chief Advocacy Officer conducted follow-up Federal legislator s and staff visits made in person and engaged regularly in Washington and in local districts regarding health policy More than 25 Legislative visits were scheduled--including visit with Governor Lee The Chief Advocacy Officer was appointed to Tennessee Access to Care Board</p> <p>Health Policies that were discussed and monitored included---100% Access and 100% Coverage for All, Medicaid Expansion, Insure Tennessee, 3-Star Healthy Plan, Hospital Assessment, Expansion of Ascension PACE, Opioid Epidemic Policy, Balanced Billing, Compact Medicine Policy, Nurse Practice Act, Certificate of Need, 340B, Corporate Practice of Medicine , Sexual Assault, Transports, Psych Patient Transports, Rural Hospitals, Rural Health Access, Behavioral, Health/Substan</p>

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 A, 11	<p>ce Abuse, Future of Medicaid Strategy 2 Increase access to healthcare by removing tradit ional financial and insurance hurdles, through financial assistance and emergency care pol icies Results Policy change enacted July 1, 2016 (FY17) to provide community members wit h income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy Strategy 3 Implement co mmunity-wide Medical Missions at Home that integrate medical, dental, vision and behaviora l health, along with broader community resources Results Saint Thomas Health conducted 4 events in FY19, one in Warren County (July 28, 2018) serving 357 patients and one in Davi dson County (September 22, 2018) serving 667 patients , one in Rutherford County (April 13 , 2019), serving 370 patients, and and one in Warren County (June 22, 2019) serving 211 pa tients, each held within a low-income community FY19, these events served 1,605 community members in over 3,536 encounters resulting in 164 scheduled follow-up appointments Strat egy 4 Increase breast cancer screening compliance through Our Mission in Motion Mobile Ma mmography Results One event in Cannon County serving 13 patients 4 patients had never h ad a mammogram and for 5 it had been greater than two years Strategy 5 Expand access to primary care through expanded presence and availability of providers, allowing more commun ity members to access preventive and other services through a medical home Results Durin g this CHNA cycle, increased partnerships with local providers defined and solidified Str ategy 6 Strengthen and expand the specialty care services available within the community to increase access to needed care Results In February 2019, new contract in place with M iddle Tennessee Emergency Physicians (MTEP) to provide emergency services Additionally, t here is STMP Woodbury Heart Clinic cardiologist services available every other Wednesday, so patients may access that specialized care within their county Strategy 7 Improve acce ss to care via telemedicine consultations when acute stroke symptoms are present Results Telemedicine stroke services implemented at Saint Thomas Highlands Hospital in FY17 with m anagement of services through Saint Thomas Health transfer center Nine consults completed in FY17 This service remains in place 138 consults were completed in FY19 Consulta com ing from Henry County, 29, Lincoln Medical Center,5, Maury Regional Medical Center,45, Sa int Thomas Dekalb,10, Saint Thomas Hickman,2, Saint Thomas Highlands,11, Saint Thomas Rive rPark, 36</p>

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 A, 12	Facility A, 12 - SAINT THOMAS STONES RIVER HOSPITAL - PART III Additional Strategies Support the community with partnerships and programs that provide education on access to care Results Multiple programs and screenings geared towards access to care this CHNA cycle including Breakfast with a Healthcare Professional held at Senior Center Saint Thomas Cancer Care - Guest speaker Q&A at Senior Center Additional Strategies Provide community-based organizations with financial support toward their work addressing need for Access to Care Results Hope Smiles funded work to provide outreach dental care to areas with increased need and lack of dental resources Tennessee Justice Center funded work to increase access to care in target communities through individual advocacy, education, and policy improvement Family and Children's Services funding for Healthcare Access Program for in-person and phone-based individual case management to connect people with affordable health care options

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Saint Thomas Regional Hospitals

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
47-4063046

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 7

3 Enter total number of other organizations listed in the line 1 table 0

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: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

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
Haven of Hope of Dekalb County 301 West Main Street Smithville, TN 37166	26-4275807	501(c)(3)	25,000				Mental Health Assistance
Hope Smiles 115 Penn Warren Drive Brentwood, TN 37027	26-0829468	501(c)(3)	19,500				To improve access to dental care for the underserved in Middle Tennessee

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
Childrens Advocacy Center PO box 7287 McMinnville, TN 37111	62-1824566	501(c)(3)	15,000				Victim advocacy
Dekalb County Government One Public Square Smithville, TN 37166	62-6000572	170(b)(1)(A)(v)	12,000				Wellness and Disease Prevention

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
Tennessee Justice Center Inc 301 Charlotte Avenue Nashville, TN 37201	62-1630417	501(c)(3)	8,000				Help vulnerable families access health coverage
Second Harvest Food Bank of Middle Tennessee 331 Great Circle Road Nashville, TN 37228	62-1049447	501(c)(3)	6,000				Mobile Food Pantry

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
One Generation Away 1715 Columbia Avenue Franklin, TN 37064	46-2741214	501(c)(3)	5,233				Food Distribution at Medical Mission

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Saint Thomas Regional Hospitals	Employer identification number 47-4063046	

Part I Questions Regarding Compensation		
	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

[illegible]

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	A related organization of Saint Thomas Regional Hospitals, uses the following to establish the compensation of the organization's President & CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee

Return Reference	Explanation
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 in calendar year 2018 Robert A Wachtel - \$142,154

Return Reference	Explanation
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 payment from the supplemental nonqualified retirement plan in calendar year 2018.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

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				
TIMOTHY P ADAMS	(i)	0	0	0	0	0	0	0
PRESIDENT & CEO/MINISTRY MARKET EXECUTIVE	(ii)	705,531	100,000	118,688	13,750	23,545	961,514	0
KAREN L SPRINGER	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 12/2017)	(ii)	939,685	313,335	161,575	15,125	7,002	1,436,721	0
ROBERT WACHTEL	(i)	71,505	0	160,039	3,850	7,279	242,673	0
FORMER OFFICER (END 4/2018)	(ii)	0	0	0	0	0	0	0
GORDON B FERGUSON	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2018)	(ii)	416,405	42,500	72,314	17,875	24,916	574,010	0
LISA R DAVIS	(i)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET	(ii)	382,204	51,555	63,500	17,875	12,195	527,329	0
TIMOTHY BODE MD	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2017)	(ii)	352,895	0	38,817	13,750	17,632	423,094	0
ROBERT D HUMPHREY	(i)	214,592	0	8,988	11,250	26,517	261,346	0
ADMINISTRATOR, ST THOMAS RIVER PARK HOSPITAL	(ii)	0	0	0	0	0	0	0
ROBERT A PEGLOW II	(i)	148,799	0	7,748	3,697	23,787	184,031	0
VP, NURSING	(ii)	0	0	0	0	0	0	0
REGINA L TURNER	(i)	154,857	0	282	9,324	2,642	167,105	0
MANAGER, PHARMACY	(ii)	0	0	0	0	0	0	0
JEREMY L SANDERS	(i)	134,802	0	12,586	7,837	23,410	178,635	0
PHARMACIST	(ii)	0	0	0	0	0	0	0
DANIEL J CRIPPS	(i)	136,693	0	6,016	4,966	22,783	170,458	0
PHARMACIST	(ii)	0	0	0	0	0	0	0
JARED B HENDRIX	(i)	137,260	0	260	8,695	21,932	168,146	0
MANAGER, PHARMACY	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Saint Thomas Regional Hospitals**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

47-4063046

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b EXPLANATION OF FINANCIAL STATEMENTS	THE ACTIVITY OF SAINT THOMAS REGIONAL HOSPITALS IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF SAINT THOMAS REGIONAL HOSPITALS IS COMPLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF SAINT THOMAS REGIONAL HOSPITALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY A RELATED ORGANIZATION THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS OR KEY EMPLOYEES IS PERFORMED BY A RELATED ORGANIZATION THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	SAINT THOMAS REGIONAL HOSPITALS 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 Regional Hospitals has a single corporate member, Saint Thomas Health, who has the ability to elect members to the governing body of Saint Thomas Regional Hospitals

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 the Saint Thomas Regional Hospitals financial information or corporation as a whole are subject to approval by its sole corporate member, Saint Thomas Health

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 WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX, IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.</p>

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 employer analysis is used to determine whether the hours and compensation/benefits are reportable 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 reporting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue 22788, Related or Exempt Function Revenue , Unrela ted Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 22788, Late Penalty Fees - Total Revenue -120, Related or Exempt Function Revenue , Unrelated B usiness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 -120,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with ALPHA - 9166303, Transfer with Affiliates - 6140,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Audit	Saint Thomas Regional Hospitals' activity is part of Ascension Health Alliance's consolidated financial statements which are audited by E&Y. Ascension Health Alliance's Audit Committee is responsible for the oversight of the audit of consolidated financial statements and the selection of the independent auditor.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Box J WEBSITE	Saint Thomas Regional Hospitals is comprised of four individual hospitals named Saint Thomas Stones River Hospital, Saint Thomas DeKalb Hospital, Saint Thomas Highlands Hospital, and Saint Thomas River Park Hospital with respective websites as follows https //healthcare ascension org/Locations/Tennessee/TNNAS/Woodbury-Saint-Thomas-Stones-River-Hospital https //healthcare ascension org/Locations/Tennessee/TNNAS/Smithville-Saint-Thomas-DeKalb-Hospital https //healthcare ascension org/Locations/Tennessee/TNNAS/Sparta-Saint-Thomas-Highlands-Hospital https //healthcare ascension org/Locations/Tennessee/TNNAS/McMinnville-Saint-Thomas-River-Park-Hospital

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Thomas Regional Hospitals

Employer identification number
47-4063046

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAINT THOMAS DEKALB HOSPITAL LLC 520 W MAIN STREET SMITHVILLE, TN 37166 47-4063289	HOSPITAL	TN	9,801,217	7,550,408	SAINT THOMAS REGIONAL HOSPITALS
(2) SAINT THOMAS HIGHLANDS HOSPITAL LLC 401 SEWELL DRIVE SPARTA, TN 38583 47-4063406	HOSPITAL	TN	18,295,238	13,513,130	SAINT THOMAS REGIONAL HOSPITALS
(3) SAINT THOMAS RIVER PARK HOSPITAL 1559 SPARTA STREET MCMINNVILLE, TN 37110 47-4063149	HOSPITAL	TN	38,842,494	32,126,020	SAINT THOMAS REGIONAL HOSPITALS
(4) SAINT THOMAS STONES RIVER HOSPITAL 324 DOOLITTLE ROAD WOODBURY, TN 37190 47-4063232	HOSPITAL	TN	7,536,615	5,616,568	SAINT THOMAS REGIONAL HOPSITALS

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	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.

See Additional Data Table

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

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.

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Ascension Health-IS Inc	Q	99,129	FAIR MARKET VALUE
(2)Saint Thomas Health	P	9,368,390	FAIR MARKET VALUE
(3)Saint Thomas Health	Q	1,208,191	FAIR MARKET VALUE
(4)Saint Thomas West Hospital	S	673,682	FAIR MARKET VALUE

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-4063046
Name: Saint Thomas Regional Hospitals

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
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

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
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
12250 Weber Hill Road St Louis, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 Dequinidre Rd WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ENTER FOUNDATION 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	

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						Yes	No
8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	

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						Yes	No
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

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						Yes	No
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 South Wacker Drive Chicago, IL 60606 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health System	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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						Yes	No
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	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	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
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 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJPMC Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8402 Harcourt Rd Ste 210 INDIANAPOLIS, IN 46260 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
(1) ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(2) AMBROSE PARKWOOD WEST II LLC 55 MONUMENTAL CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924	LAND HOLDINGS	IN	NA	N/A								
(3) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(4) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(6) ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSOIR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
(7) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(8) BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(9) Bonaventure Medical Foundation LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(12) CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749	LAUNDRY SERVICES	TX	NA	N/A								
(13) CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
(14) CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	DE	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(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	
(16) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(1) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(2) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
(3) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(4) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(5) KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
(6) Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
(7) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(9) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(10) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
(11) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
(13) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(14) PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(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	
(31) Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
(1) PROFESSIONAL CLINICAL LABORATORIES LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
(2) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(3) SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
(4) SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(6) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
(7) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(8) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(9) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(10) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(11) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(12) VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
(16) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
(1) ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(2) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(4) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(5) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(6) CARONDELET MEDICAL GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
(7) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
(8) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
(9) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(10) Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(11) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(12) CRITTENTON MEDICAL PHARMACY INC 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 20-3773341	PHARMACY SERVICES	MI	NA	C Corporation				Yes	
(13) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(14) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

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								Yes	No
(31) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
(1) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(2) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(3) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
(4) HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	NA	C Corporation				Yes	
(5) HOWARD YOUNG CLINICS INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706	HEALTHCARE	WI	NA	C Corporation				Yes	
(6) INDIAN CREEK CENTER INC 1000 CARONDELET DRIVE KANSAS CITY, MO 63145 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(7) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(8) MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(9) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
(10) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(11) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(12) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(14) PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	NA	C Corporation				Yes	

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								Yes	No
(46) PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
(1) PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
(2) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(3) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(4) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
(6) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(8) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(9) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(10) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(11) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(12) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(14) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	

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								Yes	No
(61) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(1) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(4) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(5) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
(6) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(7) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(8) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(9) Thelen Corporation 2601 Navistar Drive Lisle, IL 60532 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				Yes	
(10) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
(11) US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
(12) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(14) VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	

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								Yes	No
(76) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(1) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	
(2) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(4) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
(5) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(6) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	
(7) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
(8) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(9) L GILBRAITH INSURANCE SPC LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	