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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

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

C Name of organization
SAINT THOMAS HEALTH SERVICES FUND

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

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

D Employer identification number
58-1663055

E Telephone number
(615) 222-6837

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates ▶

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ WWW STTHOMAS ORG/SUPPORT

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 21,964,620

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	7,198,787	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 7,198,787 noncash $)		1e	7,198,787
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	619,879
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶)		7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	13,430,800	8a	
b	Less cost or other basis and sales expenses	12,181,536	8b	
c	Gain or (loss) (attach schedule)	1,249,264	8c	

	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d	1,249,264
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a 89,502	
	b	Less direct expenses other than fundraising expenses	9b 67,155	
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c	647,999
	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	9,715,929
Expenses	13	Program services (from line 44, column (B))	13	5,217,824
	14	Management and general (from line 44, column (C))	14	422,172
	15	Fundraising (from line 44, column (D))	15	682,807
	16	Payments to affiliates (attach schedule)	16	
	17	**Total expenses** Add lines 16 and 44, column (A)	17	6,322,803
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	3,393,126
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	36,389,944
	20	Other changes in net assets or fund balances (attach explanation)	20	-3,669,163
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	36,113,907

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 4,345,963 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	22b	4,345,963	4,345,963		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	0	0	0	0
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	0	0	0	0
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	732,535	162,230	251,180	319,125
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28	135,460	31,376	49,145	54,939
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	71,170	468	2,812	67,890
34 Telephone	34	2,686		1,343	1,343
35 Postage and shipping	35	18,167		8,137	10,030
36 Occupancy	36	62,960	31,480	15,740	15,740
37 Equipment rental and maintenance	37	6,308		6,308	
38 Printing and publications	38	60,539		50	60,489
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	14,943	7,471	3,736	3,736
43 Other expenses not covered above (itemize)					
a FUNDRAISING-OTHER	43a	124,113			124,113
b BROKERAGE FEES	43b	105,014	78,761	26,253	
c PROFESSIONAL FEES	43c	24,773		24,773	
d DUES AND SUBSCRIPTIONS	43d	20,588	5,147	10,294	5,147
e GIFTS AND ENTERTAINMENT	43e	3,454			3,454
f GUARANTEE EXPENSE	43f	546,075	546,075		
g MISCELLANEOUS	43g	48,055	8,853	22,401	16,801
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	6,322,803	5,217,824	422,172	682,807

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 0, **(ii)** the amount allocated to Program services $ 0, **(iii)** the amount allocated to Management and general $0, and **(iv)** the amount allocated to Fundraising $0

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ FUNDING FOR RESEARCH, EDUCATION, AND CHARITY PROGRAMS All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a ST THOMAS HEALTH SERVICES FUND SUPPORTS AND BENEFITS SAINT THOMAS HEALTH SERVICES, SAINT THOMAS NETOWRK AND ITS AFFILIATES AS WELL AS THE SURROUNDING COMMUNITY BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, AND CHARITY (Grants and allocations $ 4,345,963) If this amount includes foreign grants, check here ▶ ☐	5,217,824
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	5,217,824

Part IV **Balance Sheets** ***(See the instructions.)***

Note:	*Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			-49,537	45	-24,182
	46 Savings and temporary cash investments			3,438,678	46	4,277,149
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a	2,600,362			
	b Less allowance for doubtful accounts	48b	136,628	989,902	48c	2,463,734
	49 Grants receivable			9,883	49	495
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			0	53	0
	54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			31,388,774	54a	29,322,317
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)			148,676	56	153,147
	57a Land, buildings, and equipment basis	57a	115,038			
	b Less accumulated depreciation (attach schedule)	57b	112,492	17,490	57c	2,546
	58 Other assets, including program-related investments (describe ▶)			1,701,650	58	1,729,830
	59 **Total assets** (must equal line 74) Add lines 45 through 58			37,645,516	59	37,925,036
Liabilities	60 Accounts payable and accrued expenses			1,284	60	72,753
	61 Grants payable			6,315	61	22,389
	62 Deferred revenue			578,866	62	839,869
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liablilities (describe ▶)			669,107	65	876,118
	66 **Total liabilities** Add lines 60 through 65			1,255,572	66	1,811,129
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			17,469,160	67	15,985,278
	68 Temporarily restricted			16,089,686	68	17,247,560
	69 Permanently restricted			2,831,098	69	2,881,069
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			36,389,944	73	36,113,907
	74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			37,645,516	74	37,925,036

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	6,113,921
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	-3,683,568		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	81,560		
	Add lines **b1** through **b4**			b	-3,602,008
c	Subtract line **b** from line **a**			c	9,715,929
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	-3,602,008
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	9,715,929

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	6,389,958
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4	67,155		
	Add lines **b1** through **b4**			b	67,155
c	Subtract line **b** from line **a**			c	6,322,803
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	6,322,803

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 21			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a** 0			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	**82a**	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	**83a**	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	**83b**	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	**84a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**84b**		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	**85a**		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**85b**		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	**85g**		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	**85h**		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a** 0			
b	Gross receipts, included on line 12, for public use of club facilities **86b** 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a** 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b** 0			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	**88a**		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	**88b**		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	**89b**		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	**89e**		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	**89f**		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**89g**		No

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 11

91a The books are in care of ▶ ALAN STRAUSS Telephone no ▶ (615) 284-6826

Located at ▶ 4220 HARDING ROAD NASHVILLE, TN ZIP + 4 ▶ 37205

		Yes	No
b	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)?	**91b**		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	619,879	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	1,249,264	
101	Net income or (loss) from special events			01	647,999	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				2,517,142	
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					2,517,142

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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 — Date: 2009-02-11

ALAN STRAUSS CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RICHARD M WINSTEAD	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: CROSSLIN & ASSOCIATES PC 2525 WEST END SUITE 1100 NASHVILLE, TN 37203			EIN Phone no (615) 320-5500

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
MARY RIGBY 4220 HARDING ROAD NASHVILLE,TN 37205	DEVELOPMENT DIRECTOR 40 0	86,831	13,618	0
KRISTIE RYAN 4220 HARDING ROAD NASHVILLE,TN 37205	DEVELOPMENT DIRECTOR 40 0	68,745	9,843	0
DENISE CIMELEY 4220 HARDING ROAD NASHVILLE,TN 37205	FINANCE COORDINATOR 40 0	47,723	23,668	0
Total number of other employees paid over $50,000 ▶				

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
CONSULTING SERVICES GROUP 6075 POPLAR AVENUE MEMPHIS,TN 38119	CONSULTING	59,004
MAIL ENTERPRISES 3810 5TH COURT N BIRMINGHAM,AL 35222	MARKETING	76,239
STERLING INDEPENDENT SERVICES 6300 POWERS FERRY ROAD ATLANTA,GA 30339	RESEARCH CONSULTING	58,950
Total number of others receiving over $50,000 for professional services ▶		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0 _____			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

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

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,705,394	6,188,676	6,746,511	5,643,145	23,283,726
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	728,221	506,550	509,748	65,689	1,810,208
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	779,629	979,834	632,521	701,117	3,093,101
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	6,213,244	7,675,060	7,888,780	6,409,951	28,187,035
24 Line 23 minus line 17	5,485,023	7,168,510	7,379,032	6,344,262	26,376,827
25 Enter 1% of line 23	62,132	76,751	78,888	64,100	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 527,537

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 2,495,618

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 26,376,827

d Add Amounts from column (e) for lines 18 3,093,101 19 0
22 _____ 26b 2,495,618 ▶ **26d** 5,588,719

e Public support (line 26c minus line 26d total) ▶ **26e** 20,788,108

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 78 81 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 / 20% of the amount on line 40			
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	**41**		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	**Yes**	**No**	**Amount**
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Additional Data

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

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MIKE EDWARDS PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
JIM HOUSER PO BOX 380 NASHVILLE,TN 37202	STHS CEO 1 0	0	0	0
JAMES BLUMSTEIN PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
CONNIE BRADLEY PO BOX 380 NASHVILLE,TN 37202	PAST-CHAIR 1 0	0	0	0
JAMES CLAYTON III PO BOX 380 NASHVILLE,TN 37202	SECRETARY 1 0	0	0	0
RUSS BURNS PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
RON CORBIN PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
TONY GIARRATANA PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
EDWIN DALE BATCHELOR PO BOX 380 NASHVILLE,TN 37202	STHS EVP/CHFPHY 1 0	0	0	0
ROBERT HARDIN MD PO BOX 380 NASHVILLE,TN 37202	BAPTIST CHF PHY 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
TONY HEARD PO BOX 380 NASHVILLE,TN 37202	CHAIRMAN 1 0	0	0	0
BERNARD SHERRY PO BOX 380 NASHVILLE,TN 37202	STHS-BAPT PRES 1 0	0	0	0
CHARLES O MANN PO BOX 380 NASHVILLE,TN 37202	VICE-CHAIR 1 0	0	0	0
KEN MCDONALD PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
MARTHA OLSEN PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
WILLIAM PIPER PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
DALE POLLEY PO BOX 380 NASHVILLE,TN 37202	TREASURER 1 0	0	0	0
GREG POPE PO BOX 380 NASHVILLE,TN 37202	MEMBER/VP STHS 1 0	0	0	0
CLINT HIGHAM PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
NANCY PETERSON PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CORDIA HARRINGTON PO BOX 380 NASHVILLE,TN 37202	CHAIRMAN ELECT 1 0	0	0	0
LES DONAHUE PO BOX 380 NASHVILLE,TN 37202	PRESIDENT STH 1 0	0	0	0
DR JOHN BRIGHT CAGE PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
LANGLEY GRANBERY PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
SHANNON HINES PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
DOUG SMALL PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
ALAN STRAUSS PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0
SUE DOYLE PO BOX 380 NASHVILLE,TN 37202	MEMBER 1 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
ASCENSION HEALTH	X	
SAINT THOMAS HEALTH SERVICES INC	X	
SAINT THOMAS HOSPITAL	X	
SAINT THOMAS NETWORK	X	
SETON CORPORATION	X	

TY 2007 Cash Grants Paid Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Class of Activity	Recipient's name	Address	Amount	Relationship
	BAPTIST HOSPITAL	2000 CHURCH STREET NASHVILLE, TN 37236	1,628,276	
	SAINT THOMAS HOSPITAL	4220 HARDING ROAD NASHVILLE, TN 37205	653,810	
	DISPENSARY OF HOPE	566 MAINSTREAM DRIVE NASHVILLE, TN 37228	493,942	
	SAFETY NET CONSORTIUM OF MIDDLE TEN	4220 HARDING ROAD NASHVILLE, TN 37205	433,321	
	HICKMAN COMMUNITY HOSPITAL	135 EAST SWAN CENTERVILLE, TN 37033	355,532	
	SAINT THOMAS FAMILY HEALTH CENTERS	5201 CHARLOTTE PIKE NASHVILLE, TN 37209	300,443	
	SAINT THOMAS HEALTH SERVICES EMPLOY	4220 HARDING ROAD NASHVILLE, TN 37205	81,600	
	SAINT THOMAS HEALTH SERVICES JOBS I	4220 HARDING ROAD NASHVILLE, TN 37205	80,010	

Class of Activity	Recipient's name	Address	Amount	Relationship
	SAINT THOMAS HEALTH SERVICES EMPLOY	4220 HARDING ROAD NASHVILLE, TN 37205	70,723	
	SAINT THOMAS HOSPITAL INDIGENT PATI	4220 HARDING ROAD NASHVILLE, TN 37205	59,482	
	SAINT THOMAS RESEARCH INSTITUTE	4220 HARDING ROAD NASHVILLE, TN 37205	57,304	
	NASHVILLE CLINICAL PASTORAL EDUCATI	4220 HARDING ROAD NASHVILLE, TN 37205	40,845	
	MIDDLE TENNESSEE CAMP BLUEBIRD	4220 HARDING ROAD NASHVILLE, TN 37205	26,929	
	RICHARD M LIGHT MD PULMONARY RESEA	VUMC 1161 21ST AVENUE NASHVILLE, TN 37232	16,422	
	SAINT THOMAS HEART	102 WOODMONT BLVD NASHVILLE, TN 37205	15,900	
	ASSUMPTION ST VINCENT FUND	1227 7TH AVENUE NASHVILLE, TN 37208	10,299	

Class of Activity	Recipient's name	Address	Amount	Relationship
	BAPTIST HOSPITAL INDIGENT PATIENT C	2000 CHURCH STREET NASHVILLE, TN 37236	8,524	
	MIDDLE TENNESSEE MEDICAL CENTER	400 NORTH HIGHLAND MURFREESBORO, TN 37130	5,500	
	CATHOLIC CHARITIES USA	PO BOX 7068 MERRIFIELD, VA 22116	2,500	
	NASHVILLE MULTIPLE SCLEROSIS SOCIET	4219 HILLSBORO ROAD NASHVILLE, TN 37215	1,500	
	ASCENSION COUNCIL OF PHILANTHROPY	5300 MILITARY ROAD LEWISTON, NY 14092	1,000	
	THE BREAST CANCER ALLIANCE	PO BOX 30260 CINCINNATI, OH 45230	1,000	
	ASSOCIATION FOR HEALTHCARE PHILANTH	313 PARK AVENUE FALLS CHURCH, VA 22046	500	
	INTERNATIONAL HEALTH CARE FOUNDATIO	102 LOCUST STREET SEARSY, AR 72143	500	

Class of Activity	Recipient's name	Address	Amount	Relationship
	GILDA'S CLUB	1033 18TH AVENUE SOUTH NASHVILLE, TN 37212	100	

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

TY 2007 Compensation Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
JIM HOUSER	SAINT THOMAS HEALTH SERVICES	58-1716804	STHS FUNDS SUPPORTS STHS OPERATIONS	819,338	221,758	0	
EDWIN DALE BATCHELOR	SAINT THOMAS HOSPITAL	58-1716804	STHS FUNDS SUPPORTS STHS OPERATIONS	464,919	8,533	0	
ROBERT HARDIN MD	SETON CORP DBA BAPTIST HOSPITAL	62-1869474	STHS FUND SUPPORTS SETON OPERATIONS	264,248	34,819	0	
BERNARD SHERRY	SETON CORP DBA BAPTIST HOSPITAL	62-1869474	STHS FUND SUPPORTS SETON OPERATION	471,531	34,312	0	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
GREG POPE	STHS - SAINT THOMAS HOSPITAL	58-1716804	STHS FUND SUPPORTS STHS OPERATIONS	184,447	63,849	0	
LES DONAHUE	STHS - SAINT THOMAS HOSPITAL	58-1716804	STHS FUND SUPPORTS STHS OPERATIONS	465,849	32,587	0	
DR JOHN BRIGHT CAGE	SAINT THOMAS HEART LLC	20-5453831	DR CAGE IS A PHYSICIAN EMPLOYEE	395,821	7,745	0	
ALAN STRAUSS	SAINT THOMAS HEALTH SERVICES	58-1716804	STHS FUND SUPPORTS STHS OPERATIONS	566,343	36,308	0	

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	SAINT THOMAS HEALTH SERVICES FUND
EIN:	58-1663055
Gross Sales Price:	13,430,800
Basis:	12,181,536
Sales Expenses:	
Total (net):	1,249,264

TY 2007 Investments - Other Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Book Value	Cost/FMV
CSV - LIFE INSURANCE	153,147	F

TY 2007 Other Assets Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL INTEREST IN TRUST	1,596,020	1,610,423
INTEREST RECEIVABLE	105,630	119,407

TY 2007 Other Changes in Net Assets Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Amount
INTEREST AGREEMENT	14,405
UNREALIZED LOSS ON INVESTMENTS	3,683,568

TY 2007 Other Expenses Included Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Amount
SPECIAL EVENTS EXPENSES	67,155

TY 2007 Other Liabilities Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Beginning of Year Amount	End of Year Amount
DUE TO AFFILIATE	669,107	330,043
GUARANTEE LIABILITY	0	546,075

TY 2007 Other Revenues Included Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Description	Amount
SPLIT-INTEREST AGREEMENTS	14,405
SPECIAL EVENTS EXPENSES	67,155

TY 2007 Special Events Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOOD HEALTH CLASSIC GOLF TOUR	413,930	26,500	413,930	57,107	356,823
SHOOT FOR THE HEART	144,189	25,000	144,189	3,957	140,232
SETON CELEBRATION DINNER	157,035	38,002	157,035	6,091	150,944

TY 2007 Scholarship Award Statement

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Statement: Employees requesting to be considered for a loan for education submit an application along with three letters of recommendation, resume, transcripts, essays describing their career plan and financial need, and sign a two-year work agreement. There is a committee made up of four clinical staff and two foundation staff who review the application packets and recommend the amounts to be awarded to each employee. They are then presented to the Grants Committee for final approval.

TY 2007 Self Dealing Statement

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Line Number	Explanation
2d	SEE FORM 990, PART V

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

TY 2007 Supplemental Support Schedule

Name: SAINT THOMAS HEALTH SERVICES FUND

EIN: 58-1663055

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	4,705,394		728,221	779,629					6,213,244
2005	6,188,676		506,550	979,834					7,675,060
2004	6,746,511		509,748	632,521					7,888,780
2003	5,643,145		65,689	701,117					6,409,951