

## 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)

OMB No. 1545-0047

2006

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

## 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  
instruc-  
tions.C SAINT THOMAS HEALTH SERVICES FUND  
P.O. BOX 380  
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

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.

## I Group Exemption Number ... ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ... ▶ 13,626,958.

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

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	4,372,703.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	332,691.			
e Total (add lines 1a through 1d) (cash \$ 4,651,198. noncash \$ 54,196.)	1e			4,705,394.	
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			779,629.	
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				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	7,413,714.	8b			
c Gain or (loss) (attach schedule)	6,503,926.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	909,788.	8d		909,788.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ... <input type="checkbox"/>					
a Gross revenue (not including \$ 52,227. of contributions reported on line 1b)	9a	728,221.			
b Less: direct expenses other than fundraising expenses	9b	183,744.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	STATEMENT. 2		544,477.	
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			6,939,288.	
13 Program services (from line 44, column (B))	13			3,222,493.	
14 Management and general (from line 44, column (C))	14			259,780.	
15 Fundraising (from line 44, column (D))	15			533,889.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			4,016,162.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			2,923,126.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			29,687,472.	
20 Other changes in net assets or fund balances (attach explanation)	20	SEE. STATEMENT. 3		3,779,346.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			36,389,944.	

**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.

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) SEE STM 4 (cash \$ 2860318. non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>22b</b> 2,860,318.	2,860,318.		
<b>23</b> Specific assistance to individuals (attach schedule).....	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule).....	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch).....	<b>25a</b> 0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	<b>25c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.....	<b>26</b> 529,914.	175,010.	120,030.	234,874.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.....	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27.....	<b>28</b> 105,118.	36,055.	20,183.	48,880.
<b>29</b> Payroll taxes.....	<b>29</b> 40,538.	13,905.	7,783.	18,850.
<b>30</b> Professional fundraising fees.....	<b>30</b>			
<b>31</b> Accounting fees.....	<b>31</b>			
<b>32</b> Legal fees.....	<b>32</b>			
<b>33</b> Supplies.....	<b>33</b> 62,022.	6,736.	2,024.	53,262.
<b>34</b> Telephone.....	<b>34</b> 3,708.	818.	1,445.	1,445.
<b>35</b> Postage and shipping.....	<b>35</b> 24,169.		350.	23,819.
<b>36</b> Occupancy.....	<b>36</b> 38,260.	19,130.	9,565.	9,565.
<b>37</b> Equipment rental and maintenance....	<b>37</b> 13,952.		13,952.	
<b>38</b> Printing and publications.....	<b>38</b> 55,511.		91.	55,420.
<b>39</b> Travel.....	<b>39</b> 8,235.	3,964.	2,267.	2,004.
<b>40</b> Conferences, conventions, and meetings.....	<b>40</b> 5,684.	2,736.	1,565.	1,383.
<b>41</b> Interest.....	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)....	<b>42</b> 1,954.	978.	488.	488.
<b>43</b> Other expenses not covered above (itemize): <b>a</b> SEE STATEMENT 5.....	<b>43a</b> 266,779.	102,843.	80,037.	83,899.
<b>b</b> .....	<b>43b</b>			
<b>c</b> .....	<b>43c</b>			
<b>d</b> .....	<b>43d</b>			
<b>e</b> .....	<b>43e</b>			
<b>f</b> .....	<b>43f</b>			
<b>g</b> .....	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)....	<b>44</b> 4,016,162.	3,222,493.	259,780.	533,889.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported i(B) Program services?..... ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Statement of Program Service Accomplishments**

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? ► **SEE STATEMENT 6**

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) organizations and  
4947(a)(1) trusts; but  
optional for others.)

**a** ST. THOMAS HEALTH SERVICES FUND SUPPORTS AND BENEFITS SAINT THOMAS  
HEALTH SERVICES, SAINT THOMAS NETWORK AND ITS AFFILIATES AS WELL AS  
THE SURROUNDING COMMUNITY BY PROVIDING FUNDS FOR RESEARCH, EDUCATION,  
AND CHARITY.

(Grants and allocations \$ 2,860,318. ) If this amount includes foreign grants, check here ► ☐

3,222,493.

**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 \_\_\_\_\_  
(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) ►

3,222,493.

BAA

Form 990 (2006)

**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
<b>ASSETS</b>	45 Cash -- non-interest-bearing .....	-32,663.	45	-49,537.
	46 Savings and temporary cash investments .....	2,081,986.	46	3,438,678.
	47a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....		47c	
	48a Pledges receivable .....	999,928.		
	b Less: allowance for doubtful accounts .....	10,026.	48c	989,902.
	49 Grants receivable .....	21,543.	49	9,883.
	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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	4,273.	53	
	54a Investments -- publicly-traded securities ... STMT. 7 ... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	26,479,369.	54a	31,388,774.
	b Investments -- other securities (attach sch.) .....		54b	
55a Investments -- land, buildings, & equipment: basis .....				
b Less: accumulated depreciation (attach schedule) .....		55c		
56 Investments -- other (attach schedule) .....	SEE STMT. 8.	56	148,676.	
57a Land, buildings, and equipment: basis .....	115,038.			
b Less: accumulated depreciation (attach schedule) ... STATEMENT 9 ...	97,548.	57c	17,490.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 10)	1,190,315.	58	1,701,650.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	30,606,457.	59	37,645,516.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	1,003.	60	1,284.
	61 Grants payable .....	174,312.	61	6,315.
	62 Deferred revenue .....	389,741.	62	578,866.
	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 liabilities (describe ► SEE STATEMENT 11)	353,929.	65	669,107.
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	918,985.	66	1,255,572.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	12,633,120.	67	17,469,160.
	68 Temporarily restricted .....	14,223,254.	68	16,089,686.
	69 Permanently restricted .....	2,831,098.	69	2,831,098.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	29,687,472.	73	36,389,944.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	30,606,457.	74	37,645,516.	

BAA

Form 990 (2006)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements.....	<b>a</b>	10,971,642.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	<b>b1</b>	3,278,067.
	2 Donated services and use of facilities.....	<b>b2</b>	339,264.
	3 Recoveries of prior year grants.....	<b>b3</b>	
	4 Other (specify): SEE STM 12.....	<b>b4</b>	415,023.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	4,032,354.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,939,288.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b.....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,939,288.

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
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<b>a</b>	Total expenses and losses per audited financial statements.....	<b>a</b>	4,539,170.
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	<b>b1</b>	339,264.
	2 Prior year adjustments reported on Part I, line 20.....	<b>b2</b>	
	3 Losses reported on Part I, line 20.....	<b>b3</b>	
	4 Other (specify): _____		
	<u>SEE STMT 13</u> .....	<b>b4</b>	183,744.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	523,008.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	4,016,162.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	<b>d1</b>	
	2 Other (specify): _____		
	_____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	4,016,162.

**Part 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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 14		0.	0.	0.

	Yes	No
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1000

75b	X
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75c	X	
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1	2	3
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75d	X	
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**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.)

[illegible]

	Yes	No
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78a	X
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78b	N/A
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79		X
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81b	X
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**Part VII Other Information (continued)**

Yes No

<b>82 a</b> 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? .....	<b>82a</b>	X	
<b>b</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.) .....	<b>82b</b>	339,264.	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	N/A	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	N/A	
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 for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b>	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b>	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	N/A	
<b>h</b> 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? .....	<b>85h</b>	N/A	
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12. ....	<b>86a</b>	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	N/A	
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders .....	<b>87a</b>	N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	N/A	
<b>88 a</b> 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 .....	<b>88a</b>		X
<b>b</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 .....	<b>88b</b>		X
<b>89 a 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>			
<b>b 501(c)(3) and 501(c)(4) organizations. 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 .....</b>	<b>89b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.	
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.	
<b>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ..</b>	<b>89e</b>		X
<b>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....</b>	<b>89f</b>		X
<b>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? .....</b>	<b>89g</b>		X
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) .....	<b>90b</b>		12
<b>91 a</b> The books are in care of ▶ <u>ALAN STRAUSS</u> Telephone number ▶ <u>615-284-6826</u>			
Located at ▶ <u>4220 HARDING ROAD, NASHVILLE, TN,</u> ZIP + 4 ▶ <u>37205</u>			
<b>b</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)? .....	<b>91b</b>		X
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.			

BAA

Form 990 (2006)

**Part V Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes ☐ No ☒ X  
 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 ☐ N/A ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year: **92** \_\_\_\_\_ N/A

**Part VI 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	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts					
<b>96</b> Dividends & interest from securities			14	779,629.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop.					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	909,788.	
<b>101</b> Net income or (loss) from special events			1	544,477.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				2,233,894.	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,233,894.

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

**Part VII 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).

N/A

**Part VIII 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
N/A	%			
	%			
	%			
	%			

**Part IX 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.....					X

	(A) Name, 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.....					X

	(A) Name, 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 interest, rents, royalties, and annuities described in question 107 above?.....					X

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 ▶ Alan Strauss		Date 2-14-08	
Paid Pre- parer's Use Only	Type or print name and title. ▶ Alan Strauss, E.V.P., Chief Financial Officer			
	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	1-29-08	<input checked="" type="checkbox"/>	N/A  EIN ▶ N/A Phone no. ▶ (615) 383-6592

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2006**

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 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 and deferred compensation	(e) Expense account and other allowances
MARY B. RIGBY NASHVILLE, TN	DIR DEVELOPMENT 40	86,412.	15,821.	0.
WILLIAM MARCUS STAMPS NASHVILLE, TN	DIR PLAN/GIVING 40	64,620.	0.	0.
KRISTIE P. RYAN NASHVILLE, TN	DIR LEADERSHIP 40	62,589.	6,274.	0.
Total number of other employees paid over \$50,000		0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals 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 MEMPHIS, TN	CONSULTING	57,497.
CATHOLIC CHARITIES NASHVILLE, TN	CARE COORDINATION	195,395.
NASHVILLE ACADEMY OF MEDICINE NASHVILLE, TN	CARE COORDINATION	70,975.
Total number of others receiving over \$50,000 for professional services		0

**Part III Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GURLEY DIRECT MARKETING 278 FRANKLIN RD, STE 290 BRENTWOOD, TN 37027	DIRECT MAIL/MARKETING	80,463.
Total number of other contractors receiving over \$50,000 for other services		0

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including 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. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		1	X
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 of property? . . . . .	2a		X
b Lending of money or other extension of credit? . . . . .	2b		X
c Furnishing of goods, services, or facilities? . . . . .	2c		X
SEE FORM 990, PART V			
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e Transfer of any part of its income or assets? . . . . .	2e		X
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	X	
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. . . . .	4a		X
b Did the organization make any taxable distributions under section 4966? . . . . .	4b	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year. . . . . ▶		N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . ▶		N/A	
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 VII Reason for Non-Private Foundation Status** (See 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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 33-1/3% 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 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). (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 instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

**Part VII 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	6,188,676.	6,746,511.	5,643,145.	5,086,995.	23,665,327.
<b>16</b> Membership fees received .....					0.
<b>17</b> 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 .....	506,550.	509,748.	65,689.	48,800.	1,130,787.
<b>18</b> 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 .....	979,834.	632,521.	701,117.	538,068.	2,851,540.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
<b>23</b> Total of lines 15 through 22 .....	7,675,060.	7,888,780.	6,409,951.	5,673,863.	27,647,654.
<b>24</b> Line 23 minus line 17 .....	7,168,510.	7,379,032.	6,344,262.	5,625,063.	26,516,867.
<b>25</b> Enter 1% of line 23 .....	76,751.	78,888.	64,100.	56,739.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 .....					26a 530,337.
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 1,492,458.
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c 26,516,867.
d Add: Amounts from column (e) for lines: 18 2,851,540. 19 .....					26d 4,343,998.
22 .....					26e 22,172,869.
e Public support (line 26c minus line 26d total) .....					26f 83.62 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					
<b>27 Organizations described on line 12:</b> N/A					
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:	(2005) .....	(2004) .....	(2003) .....	(2002) .....	
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:	(2005) .....	(2004) .....	(2003) .....	(2002) .....	
c Add: Amounts from column (e) for lines: 15 .....					27c .....
17 .....					27d .....
20 .....					27e .....
21 .....					27f .....
d Add: Line 27a total .....					27g .....
e Public support (line 27c total minus line 27d total) .....					27h .....
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					
<b>28 Unusual Grants:</b> 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.					

**Private School Questionnaire** (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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 a 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 VII-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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..... 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.....	41	
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	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (150% of line 45(e)).....					
47 Total lobbying expenditures.....					
48 Grassroots non-taxable amount.....					
49 Grassroots ceiling amount (150% of line 48(e)).....					
50 Grassroots lobbying expenditures.....					

**Part VII-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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.....			
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.

BAA

Schedule A (Form 990 or 990-EZ) 2006

## TEEA0406L 01/19/07



Form **8621**  
(Rev. December 2004)

# Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment  
Sequence No. **69**

▶ See separate instructions.

Name of shareholder <b>ST. THOMAS HEALTH SERVICES FUND</b>	Identifying number (see page 2 of instructions) <b>58-1663055</b>
Number, street, and room or suite no. (If a P.O. box, see page 2 of instructions.) <b>P.O. BOX 380</b>	Shareholder tax year: calendar year 20__ or other tax year beginning <b>JULY 1</b> , 20 <b>06</b> and ending <b>JUNE 30</b> , 20 <b>07</b> .
City or town, state, and ZIP code or country <b>NASHVILLE, TN 37202</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>LANX OFFSHORE PARTNERS, LTD CL A-VOTING</b>	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) <b>ONE MONTAGUE PL, 4TH FL, EAST BAY ST. P.O. BOX EE-17758, NASSAU, BAHAMAS</b>	Tax year of company or fund: calendar year 20__ or other tax year beginning __, 20__ and ending __, 20__.

**Part II Elections (See instructions.)**

- A** ☐ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 1a through 2c of Part II.*
- B** ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 10f of Part IV.*
- C** ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 10e of Part IV.*
- D** ☐ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 3a through 4c of Part II to calculate the tax that may be deferred.*  
**Note:** If any portion of line 1a or line 2a of Part II is includible under section 551 or 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- E** ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(e) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qualify, my share of the PFIC's post-1986 earnings and profits deemed distributed, on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 10f of Part IV.*
- F** ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part III.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 1a through 2c. If you are making Election D, also complete lines 3a through 4c. (See page 5 of instructions.)

<b>1a</b> Enter your pro rata share of the ordinary earnings of the QEF...	<b>1a</b>		
<b>b</b> Enter the portion of line 1a that is included in income under section 551 or 951 or that may be excluded under section 1293(g)	<b>1b</b>		
<b>c</b> Subtract line 1b from line 1a. Enter this amount on your tax return as dividend income ....	<b>1c</b>		0.
<b>2a</b> Enter your pro rata share of the total net capital gain of the QEF	<b>2a</b>		
<b>b</b> Enter the portion of line 2a that is included in income under section 551 or 951 or that may be excluded under section 1293(g)	<b>2b</b>		
<b>c</b> Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.) .....	<b>2c</b>		0.
<b>3a</b> Add lines 1c and 2c .....	<b>3a</b>		0.
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.) .....	<b>3b</b>		
<b>c</b> Enter the portion of line 3a not already included in line 3b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year .....	<b>3c</b>		
<b>d</b> Add lines 3b and 3c .....	<b>3d</b>		0.
<b>e</b> Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets) <b>Important:</b> If line 3e is greater than zero, and no portion of line 1a or 2a is includible in income under section 551 or 951, you may make Election D with respect to the amount on line 3e.	<b>3e</b>		0.
<b>4a</b> Enter the total tax for the tax year (See instructions.) .....	<b>4a</b>		
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered on line 3e .....	<b>4b</b>		
<b>c</b> Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is extended by making Election D. See instructions .....	<b>4c</b>		0.

For Paperwork Reduction Act Notice, see page 7 of separate instructions.

VDA

Form **8621** (Rev. 12-2004)

Form 8621 (Rev. 12-2004)

Page 2

**Part III Gain or (Loss) From Mark-to-Market Election** (See page 5 of instructions.)

5	Enter the fair market value of your PFIC stock at the end of the tax year .....	5	
6	Enter your adjusted basis in the stock at the end of the tax year .....	6	
7	Excess. Subtract line 6 from line 5. If a gain, <b>stop here</b> . Include this amount as ordinary income on your tax return. If a loss, go to line 8 .....	7	0.
8	Enter any unreversed inclusions (as defined in section 1296(d)). See instructions. ....	8	
9	Enter the smaller of line 7 or line 8. Include this amount as an ordinary loss on your tax return .....	9	0.

**Part IV Distributions From and Dispositions of Stock of a Section 1291 Fund** (See page 6 of instructions.)  
Complete a separate Part IV for each excess distribution (see instructions).

10a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	10a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year).....	10b	
c	Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.) ..	10c	
d	Multiply line 10c by 125% (1.25) .....	10d	0.
e	Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	10e	0.
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 11. If a loss, show it in brackets and do not complete line 11 ..	10f	SEE ATTACHED STATEMENT
11a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income .....	11b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) .....	11c	
d	Foreign tax credit. (See instructions.) .....	11d	
e	Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.) .....	11e	0.
f	Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) ...	11f	

**Part V Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 Tax year of outstanding election						
2 Undistributed earnings to which the election relates						
3 Deferred tax .....						
4 Interest accrued on deferred tax (line 3) as of the filing date						
5 Event terminating election						
6 Earnings distributed or deemed distributed during the tax year ...						
7 Deferred tax due with this return .....						
8 Accrued interest due with this return .....						
9 Deferred tax outstanding after partial termination of election						
10 Interest accrued after partial termination of election ....						

ST. THOMAS HEALTH SERVICES FUND  
EIN: 58-1663055

**ATTACHMENT TO FORM 8621**  
**PART IV, LINE 10f**

ST. THOMAS HEALTH SERVICES FUND STOCK INTEREST IN LANX  
OFFSHORE PARTNERS, LTD CLASS A-VOTING WAS REDEEMED ON 5/9/07.  
THE TAX AND INTEREST RULES OF IRS SECTION 1291 DO NOT APPLY  
BECAUSE THE DIVIDENDS FROM AND GAIN ON SALE OF THIS PASSIVE  
FOREIGN INVESTMENT COMPANY ARE NOT TAXABLE TO ST. THOMAS  
HEALTH SERVICES FUND UNDER SUBCHAPTER F OF THE INTERNAL  
REVENUE CODE. THE AMOUNT OF REALIZED GAIN FOR THE YEAR ENDED  
6/30/07 IS \$216,847.53.

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Attach to your income tax return.

OMB No. 1545-0026

Attachment  
Sequence No. **128**

## Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

**SAINT THOMAS HEALTH SERVICES FUND**

**58-1663055**

**1** If the transferor was a corporation, complete questions 1a, 1b, and 1c.

**a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?.....

☐ Yes ☐ No

**b** Did the transferor remain in existence after the transfer?.....

☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

**c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?.....

☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

## Part II Transferee Foreign Corporation Information (see instructions)

**3** Name of transferee (foreign corporation)

**LANX OFFSHORE PARTNERS, LTD.-CLASS A**

**4** Identifying number, if any

**5** Address (including country) **ONE MONTAGUE PL, 4TH FL, EAST BAY ST.**

**P.O. BOX EE-17758, NASSAU BAHAMAS**

**6** Country of incorporation or organization

**BAHAMAS**

**7** Foreign law characterization (see instructions)

**CORPORATION**

**8** Is the transferee foreign corporation a controlled foreign corporation?.....

☐ Yes ☒ No

**BAA Paperwork Reduction Act Notice, see separate instructions.**

Form **926** (Rev 12-2005)

**Part III Information Regarding Transfer of Property (see instructions)**

9 Date of transfer  
5/18/2007

10 Type of nonrecognition transaction (see instructions)  
N/A-CASH REG. 1.6038B-1 (B) (3)

11 Description of property transferred:

CASH

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No

13 Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc)?..... ☐ Yes ☒ No

14a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No

b If yes, describe the nature of the rights to the intangible property that was transferred in the transfer:

Form **926**

(Rev December 2005)

Department of the Treasury  
Internal Revenue Service**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

▶ Attach to your income tax return.

OMB No. 1545-0026

Attachment  
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)

Name of transferor

Identifying number (see instructions)

**SAINT THOMAS HEALTH SERVICES FUND****58-1663055****1** If the transferor was a corporation, complete questions 1a, 1b, and 1c.**a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by  
5 or fewer domestic corporations?.....☐ Yes ☐ No**b** Did the transferor remain in existence after the transfer?.....☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

**c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?..... ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

**Part II Transferee Foreign Corporation Information** (see instructions)**3** Name of transferee (foreign corporation)**IRONWOOD INTERNATIONAL LTD. (CL C&D SHS)****4** Identifying number, if any**5** Address (including country) **CORPORATE CENTRE, WEST BAY RD. P.O. BOX  
31106 SMB, GRAND CAYMON CAYMAN ISLANDS****6** Country of incorporation or organization**CAYMAN ISLANDS****7** Foreign law characterization (see instructions)**CORPORATION****8** Is the transferee foreign corporation a controlled foreign corporation?.....☐ Yes ☒ No**BAA Paperwork Reduction Act Notice, see separate instructions.**Form **926** (Rev 12-2005)

**Part III Information Regarding Transfer of Property (see instructions)****9** Date of transfer

5/01/2007

**10** Type of nonrecognition transaction (see instructions)

N/A-CASH REG.1.6038B-1 (B) (3)

**11** Description of property transferred:CASH**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?..... ☐ Yes ☒ No**13** Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc)?..... ☐ Yes ☒ No**14a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?..... ☐ Yes ☒ No**b** If yes, describe the nature of the rights to the intangible property that was transferred in the transfer:

**Application for Extension of Time To File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐**All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>SAINT THOMAS HEALTH SERVICES FUND</b>	<b>58-1663055</b>
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	<b>P.O. BOX 380</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>NASHVILLE, TN 37202</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ▶ **ALAN STRAUSS**

Telephone No. ▶ **615-222-6837**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 08, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶ ☐ calendar year 20\_\_\_\_ or
- ▶ ☒ tax year beginning 7/01, 20 06, and ending 6/30, 20 07.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2007)

27 11/14/07



2006

## FEDERAL STATEMENTS

PAGE 1

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 7,413,714.  
 COST OR OTHER BASIS: 6,503,926.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 909,788.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 909,788.

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
GOOD HEALTH CLASSIC GOLF TOURN.	392,125.	7,925.	384,200.	72,368.	311,832.
SHOOT FOR THE HEART	197,846.	42,592.	155,254.	8,325.	146,929.
SETON CELEBRATION DINNER	190,477.	1,710.	188,767.	103,051.	85,716.
TOTAL	\$ 780,448.	\$ 52,227.	\$ 728,221.	\$ 183,744.	\$ 544,477.

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD AUDIT ADJUSTMENT	\$ 270,000.
UNREALIZED CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	231,279.
UNREALIZED GAIN ON INVESTMENTS	3,278,067.
TOTAL	\$ 3,779,346.

**STATEMENT 4**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: SEE "ATTACHMENT A" FOR DETAIL  
 AMOUNT GIVEN: \$ 2,860,318.

TOTAL GRANTS AND ALLOCATIONS \$ 2,860,318.

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 5  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ANNUITY EXPENSE	13,437.	6,469.	3,699.	3,269.
BANK CHARGES	8,439.	4,063.	2,323.	2,053.
DUES & SUBSCRIPTIONS	20,016.	5,004.	10,008.	5,004.
EMPLOYEE TRAINING	6,345.	3,054.	1,747.	1,544.
FUNDRAISING - OTHER	63,364.			63,364.
INVESTMENT FEES	99,378.	74,534.	24,844.	
MISCELLANEOUS	18,365.	8,842.	5,055.	4,468.
OTHER PROFESSIONAL SVCS.	27,459.		27,459.	
OUTSIDE GIFTS & ENTERTAINMENT	8,158.		4,403.	3,755.
TRANSFERS DIETARY/PLANT SVCS	1,818.	877.	499.	442.
TOTAL	\$ 266,779.	\$ 102,843.	\$ 80,037.	\$ 83,899.

STATEMENT 6  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FUNDING FOR RESEARCH, EDUCATION, AND CHARITY PROGRAMS.

STATEMENT 7  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
EQUITIES	MARKET VALUE	\$ 9,072,724.
MUTUAL FUNDS	MARKET VALUE	15,467,253.
	TOTAL	\$ 24,539,977.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
FIXED INCOME SECURITIES	MARKET VALUE	6,848,797.
	TOTAL	\$ 6,848,797.

PUBLICLY TRADED SECURITIES \$ 31,388,774.

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 8  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
CASH SURRENDER VALUE LIFE INSURANCE	MARKET VALUE	\$ 148,676.
	TOTAL	<u>\$ 148,676.</u>

STATEMENT 9  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 115,038.	\$ 97,548.	\$ 17,490.
TOTAL	<u>\$ 115,038.</u>	<u>\$ 97,548.</u>	<u>\$ 17,490.</u>

STATEMENT 10  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

BENEFICIAL INTEREST IN TRUST.....	\$ 1,596,020.
INTEREST RECEIVABLE.....	105,630.
TOTAL	<u>\$ 1,701,650.</u>

STATEMENT 11  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

DUE TO AFFILIATE.....	\$ 669,107.
TOTAL	<u>\$ 669,107.</u>

STATEMENT 12  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENT DIRECT EXPENSES.....	\$ 183,744.
UNREAL. CHANGE IN VALUE-SPLIT INT AGREMT.....	231,279.
TOTAL	<u>\$ 415,023.</u>

2006

## FEDERAL STATEMENTS

PAGE 4

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 13  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENT DIRECT EXPENSES.....  
TOTAL \$ 183,744.  
\$ 183,744.

STATEMENT 14  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE EDWARDS	MEMBER \$ 1	0. \$	0. \$	0.
NASHVILLE, TN				
JIM HOUSER	STHS CEO 1	0.	0.	0.
NASHVILLE, TN				
JAMES BLUMSTEIN	MEMBER 1	0.	0.	0.
NASHVILLE, TN				
CONNIE BRADLEY	PAST-CHAIR 1	0.	0.	0.
NASHVILLE, TN				
JAMES CLAYTON, III	SECRETARY 1	0.	0.	0.
NASHVILLE, TN				
RUSS BURNS	MEMBER 1	0.	0.	0.
BRENTWOOD, TN				
RON CORBIN	MEMBER 1	0.	0.	0.
NASHVILLE, TN				
TONY GIARRATANA	MEMBER 1	0.	0.	0.
NASHVILLE, TN				
EDWIN DALE BATCHELOR	STHS EVP/CHFPHY 1	0.	0.	0.
NASHVILLE, TN				
ROBERT HARDIN, M.D.	BAPTIST CHF PHY 1	0.	0.	0.
NASHVILLE, TN				

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

## STATEMENT 14 (CONTINUED)

FORM 990, PART V-A

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TONY HEARD NASHVILLE, TN	CHAIRMAN 1	\$ 0.	\$ 0.	0.
JAMES HOLLEMAN CLARKSVILLE, TN	MEMBER 1	0.	0.	0.
BERNARD SHERRY NASHVILLE, TN	STHS-BAPT. PRES 1	0.	0.	0.
CHARLES O. MANN NASHVILLE, TN	VICE-CHAIR 1	0.	0.	0.
KEN MCDONALD NASHVILLE, TN	MEMBER 1	0.	0.	0.
MARTHA OLSEN NASHVILLE, TN	MEMBER 1	0.	0.	0.
REV. DAVID PERKIN NASHVILLE, TN	MEMBER 1	0.	0.	0.
WILLIAM PIPER FRANKLIN, TN	MEMBER 1	0.	0.	0.
DALE POLLEY BRENTWOOD, TN	TREASURER 1	0.	0.	0.
GREG POPE NASHVILLE, TN	MEMBER/VP STHS 40	0.	0.	0.
FRANK TACKER BRENTWOOD, TN	NON-VOTE MEMBER 1	0.	0.	0.
BEN RECHTER NASHVILLE, TN	MEMBER 1	0.	0.	0.

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 14 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH ROBERTS CENTERVILLE, TN	MEMBER 1	\$ 0.	\$ 0.	0.
CLINT HIGHAM GALLATIN, TN	MEMBER 1	0.	0.	0.
NANCY PETERSON NASHVILLE, TN	MEMBER 1	0.	0.	0.
BYRON SMITH NASHVILLE, TN	MEMBER 1	0.	0.	0.
CORDIA HARRINGTON FRANKLIN, TN	MEMBER 1	0.	0.	0.
LES DONAHUE NASHVILLE, TN	PRESIDENT STH 1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 15  
FORM 990, PART V-A, LINE 75C  
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

JAMES HOUSER

RELATED ORGANIZATION:	SAINT THOMAS HEALTH SERVICES
FEIN:	58-1716804
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND SETON CORP. DBA BAPTIST HOSPITAL).
COMPENSATION PAID:	\$ 602,615.
BENEFIT PLAN CONTRIBUTIONS:	\$ 61,407.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION IS DETERMINED BY ST. THOMAS HEALTH SERVICES.

BERNARD SHERRY

RELATED ORGANIZATION:	SETON CORP. DBA BAPTIST HOSPIT
FEIN:	62-1869474
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 15 (CONTINUED)  
FORM 990, PART V-A, LINE 75C  
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

COMPENSATION PAID:	HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND SETON CORP. DBA BAPTIST HOSPITAL).
BENEFIT PLAN CONTRIBUTIONS:	\$ 495,447.
EXPENSE ACCOUNT:	\$ 42,933.
COMPENSATION ARRANGEMENT:	\$ 0.
	COMPENSATION IS DETERMINED BY BAPTIST HOSPITAL.

## GREGORY POPE

RELATED ORGANIZATION:	STHS - SAINT THOMAS HOSPITAL
FEIN:	58-1716804
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND SETON CORP. DBA BAPTIST HOSPITAL).
COMPENSATION PAID:	\$ 147,629.
BENEFIT PLAN CONTRIBUTIONS:	\$ 54,269.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION IS DETERMINED BY ST. THOMAS HEALTH SERVICES.

## ROBERT HARDIN

RELATED ORGANIZATION:	SETON CORP. DBA BAPTIST HOSPIT
FEIN:	62-1869474
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND SETON CORP. DBA BAPTIST HOSPITAL).
COMPENSATION PAID:	\$ 211,621.
BENEFIT PLAN CONTRIBUTIONS:	\$ 52,400.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION IS DETERMINED BY ST. THOMAS HEALTH SERVICES.

## EDWIN DALE BATCHELOR

RELATED ORGANIZATION:	SAINT THOMAS HEALTH SERVICES
FEIN:	58-1716804
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND SETON CORP. DBA BAPTIST HOSPITAL).
COMPENSATION PAID:	\$ 491,830.
BENEFIT PLAN CONTRIBUTIONS:	\$ 37,824.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION IS DETERMINED BY ST. THOMAS HEALTH SERVICES.

## LES A. DONAHUE

RELATED ORGANIZATION:	STHS - SAINT THOMAS HOSPITAL
FEIN:	58-1716804
RELATIONSHIP EXPLANATION:	SAINT THOMAS HEALTH SERVICES FUND SUPPORTS AND

## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 15 (CONTINUED)  
FORM 990, PART V-A, LINE 75C  
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

COMPENSATION PAID:  
BENEFIT PLAN CONTRIBUTIONS:  
EXPENSE ACCOUNT:  
COMPENSATION ARRANGEMENT:

ENCOURAGES HEALTH CARE SERVICES OF ST. THOMAS  
HEALTH SERVICES (INCLUDING ST. THOMAS HOSPITAL AND  
SETON CORP. DBA BAPTIST HOSPITAL).

\$ 295,233.

\$ 34,748.

\$ 0.

COMPENSATION IS DETERMINED BY ST. THOMAS HEALTH  
SERVICES.

STATEMENT 16  
FORM 990, PART VI, LINE 80B  
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
ASCENSION HEALTH	X	
SAINT THOMAS HEALTH SERVICES, INC.	X	
SAINT THOMAS HOSPITAL	X	
SAINT THOMAS NETWORK	X	
SETON CORPORATION	X	



## SAINT THOMAS HEALTH SERVICES FUND

58-1663055

990, PART II, LINE 42  
DEPRECIATION EXPENSE

FURNITURE AND EQUIPMENT IS RECORDED AT COST, OR IF CONTRIBUTED, AT FAIR MARKET VALUE AT DATE OF GIFT. DEPRECIATION IS CALCULATED USING THE STRAIGHT-LINE METHOD BASED UPON USEFUL LIVES OF THE RESPECTIVE ASSETS WHICH RANGE FROM FIVE TO FIFTEEN YEARS.

FORM 990, PART V-A, LINE 75C

THE COMPENSATION DATA FOR PART V, LINE 75 IS PRESENTED ON THE 2006 CALENDAR YEAR BASIS PURSUANT TO REG. SECTION 1.6033-2(A)(II)(H).

IN ADDITION, THESE 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 BENEFITS UNDER THE PROGRAM. ANY AMOUNTS ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, PART V, COLUMN C IN THE YEAR PAID.

Attachment A

St. Thomas Health Services Fund

#58-1663055

Form 990, Part II, line 22b

Other Grants and Allocations

<u>Grant for Benefit of:</u>	<u>Address</u>	<u>Amount</u>
Abbey at Gethsemanie	3642 Monks Road, Trappist, KY 40051	300
Alive Hospice	1718 Patterson Street, Nashville, TN 37203	1,995
Association for Healthcare Philanthropy	313 Park Avenue, Falls Church, VA 22046	500
Assumption/St Vincent Fund	1227 7th Avenue, Nashville, TN 37208	10,000
Baptist Hospital Employee Education	2000 Church Street, Nashville, TN 37236	26,116
Baptist Hospital	2000 Church Street, Nashville, TN 37236	293,845
Baptist Hospital Indigent Patient Care (anonymous)	2000 Church Street, Nashville, TN 37236	5,062
Christian Medical & Dental Association	P O Box 7500 Bristol, TN 37621	700
De Kalb Hospital	520 West Main, Smithville, TN 37166	4,735
Displaced Hurricane Katrina Victims	4220 Harding Road, Nashville, TN 37205	9,704
Hickman Community Hospital	135 East Swan, Centerville, TN 37033	311,208
Lourdes Hospital Foundation	169 Riverside Drive, Binghamton, NY 13905	5,000
Middle Tennessee Camp Bluebird Program	4220 Harding Road, Nashville, TN 37205	31,043
Middle Tennessee Medical Center	400 North Highland, Murfreesboro, TN 37130	1,825
Safety Net Consortium of Middle Tennessee	4220 Harding Road, Nashville, TN 37205	449,420
Saint Thomas Family Health Centers	5201 Charlotte Pike, Nashville, TN 37209	99,147
Saint Thomas Health Services Employee Assistance (anonymous)	4220 Harding Road, Nashville, TN 37205	58,451
Saint Thomas Health Services Jobs in Health Care Program	4220 Harding Road, Nashville, TN 37205	125,441
Saint Thomas Health Services Physician Education	4220 Harding Road, Nashville, TN 37205	62,386
Saint Thomas Hospital	4220 Harding Road, Nashville, TN 37205	342,420
Saint Thomas Hospital Employee Education	4220 Harding Road, Nashville, TN 37205	106,327
Saint Thomas Hospital Indigent Patient Care (anonymous)	4220 Harding Road, Nashville, TN 37205	50,702
Saint Thomas Hospital Nursing Alumni	4220 Harding Road, Nashville, TN 37205	907
Saint Thomas Hospital Research Institute	4220 Harding Road, Nashville, TN 37205	858,084
TSSAA	P O Box 319, Hermitage, TN 37076	5,000
		<u>2,860,318</u>

## **SAINT THOMAS HEALTH SERVICES FUND GRANTS GUIDELINES**

### **Eligible Grant Requests**

Grant requests are reviewed in light of how they demonstrate one or more of the Core Values of Saint Thomas Health Services: Service of the Poor, Integrity, Reverence, Dedication, Wisdom, and Creativity.

The Saint Thomas Health Services Fund is particularly interested in providing seed money or "venture capital" to enable and test new programs or projects, which can then elicit ongoing support from other sources.

Large strategic capital programs, such as new buildings or centers of excellence, must be considered institutional priorities and agreed to be undertaken by the Fund Board, either in whole or in part. Typically, only one or two of this type would be undertaken in a year.

Other capital requests less than \$100,000 are rarely funded by the STHS Fund Board. It is the view of the Board that ongoing maintenance and equipping of the hospitals should be accomplished through operations and annual budgets, if at all possible. Exceptions to this position are made when a compelling case with support from the Hospital CEO is documented. Additionally, funding for small to medium size capital projects may be funded through the STHSF when a donor(s) make gifts specifically for such a project.

Funds are categorized as follows:

- Charity Care – used to assist needy patients, families and employees
- Education – used for continuing education and scholarships for employees.
- Research and Clinical Trials – used to fund various types of research and promote Saint Thomas Health Services in the field of research
- Community Outreach Programs – programs that reach out to community members with medical or spiritual needs, such as support groups for those dealing with medical issues (regardless of whether they are STHS patients)
- Capital expenditures for facilities to assure the best in patient care and equipment for research and education
- Unrestricted – used for needs not met by any other fund or at the direction of the COO and Grants Committee

### Grant Making Guidelines

A Grant Request Form should be completed and signed by the appropriate level of authority (department manager or line officer) before being submitted to one of the foundations. The request should include a memo explaining the need for the funds and how their use ties to the Core Values.

#### Levels of Approval Authority:

- Grants of \$5,000 and less – Chief Operating Officer/VP of Philanthropy
- Grants between \$5,001 and \$25,000 - Grants Committee
- Grants over \$25,000 – STHS Fund Board

Requests for travel to seminars or conferences must include an estimate of the total cost. Requests from Saint Thomas personnel must be signed by the hospital CEO or CFO before being submitted to the foundation.

Grants which have been approved, but for which there has been no expenditures in 12 months, will be considered void.

Grant funding guidelines restrict the amount that can be expended from a fund during the fiscal year as follows:

- Endowed – 5% of the beginning of the year fund balance, based on a 3 year rolling average
- Non-Endowed – 10% of the beginning the year fund balance, based on a 3 year rolling average
- Pass-Through – 100% of the grant or fund balance

Grant requests that would cause the budget guidelines to be exceeded will require approval of the Grants Committee before they can be granted.

The COO will report grant expenditures to the Fund Board quarterly and to other relevant Boards of Saint Thomas Health Services upon request. Grant expenditures will be reported to the public in the STHSF Annual Report (and the Saint Thomas Annual Report at management's discretion).

This policy shall be reviewed by the Grants Committee at least once every three years. STHS Fund staff will review the policy and any requests for policy updates to the Committee on an annual basis.