

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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.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

I Group Exemption Number. ▶

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

G Web site: ▶ WWW.SAINTTHOMAS.ORG/SUPPORT

J Organization type
(check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS; but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 17,161,780.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:	
a Direct public support	1a 4,664,211.
b Indirect public support	1b
c Government contributions (grants)	1c 752,285.
d Total (add lines 1a through 1c) (cash \$ 5,416,496. noncash \$)	1d 5,416,496.
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	5 632,521.
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 10,603,015. 8a
b Less: cost or other basis and sales expenses	9,758,732. 8b
c Gain or (loss) (attach schedule)	STATEMENT. 1. 844,283. 8c
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 844,283.
9 Special events and activities (attach schedule). If any amount is from gaming, check here: <input type="checkbox"/>	
a Gross revenue (not including \$ 168,220. of contributions reported on line 1a)	9a 509,748.
b Less: direct expenses other than fundraising expenses	9b 175,302.
c Net income or (loss) from special events (subtract line 9b from line 9a)	STATEMENT. 2. 9c 334,446.
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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 7,227,746.
13 Program services (from line 44, column (B))	13 2,282,053.
14 Management and general (from line 44, column (C))	14 273,745.
15 Fundraising (from line 44, column (D))	15 583,152.
16 Payments to affiliates (attach schedule)	16
17 Total expenses (add lines 16 and 44, column (A))	17 3,138,950.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 4,088,796.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 23,113,475.
20 Other changes in net assets or fund balances (attach explanation)	SEE. STATEMENT. 3. 20 -195,125.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 27,007,146.

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
22 Grants and allocations (att sch) SEE STM 4 (cash \$ 2040255. non-cash \$)	22	2,040,255.	2,040,255.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	147,253.	29,451.	29,451.	88,351.
26 Other salaries and wages	26	237,450.	59,363.	59,363.	118,724.
27 Pension plan contributions	27				
28 Other employee benefits	28	90,861.	22,716.	22,716.	45,429.
29 Payroll taxes	29	29,430.	7,358.	7,358.	14,714.
30 Professional fundraising fees	30	61,976.			61,976.
31 Accounting fees	31	22,494.		22,494.	
32 Legal fees	32				
33 Supplies	33	6,460.	1,938.	1,938.	2,584.
34 Telephone	34	2,491.	498.	498.	1,495.
35 Postage and shipping	35	37,471.	3,747.	11,241.	22,483.
36 Occupancy	36	38,964.	12,859.	12,859.	13,246.
37 Equipment rental and maintenance	37	18,472.	6,096.	6,097.	6,279.
38 Printing and publications	38	128,793.		25,760.	103,033.
39 Travel	39	8,045.		4,023.	4,022.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	21,560.	7,115.	7,114.	7,331.
43 Other expenses not covered above (itemize): a SEE STATEMENT 5	43a	246,975.	90,657.	62,833.	93,485.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,138,950.	2,282,053.	273,745.	583,152.

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 \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III **Statement of Program Service 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a SEE STATEMENT 7

(Grants and allocations \$ 2,040,255.)	2,282,053.
(Grants and allocations \$)	
(Grants and allocations \$)	
(Grants and allocations \$)	
(Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,282,053.

Part IV Balance Sheets (See 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.....	575,985.	45	-108,849.	
	46 Savings and temporary cash investments.....	2,427,531.	46	4,158,763.	
	47 a Accounts receivable.....	47 a		47 c	
	b Less: allowance for doubtful accounts.....	47 b			
	48 a Pledges receivable.....	48 a	557,340.	48 c	
	b Less: allowance for doubtful accounts.....	48 b	19,768.	49	
	49 Grants receivable.....			151,751.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....			50	
	51 a Other notes & loans receivable (attach sch)... SEE ST. 8.	51 a	2,319,371.	51 c	
	b Less: allowance for doubtful accounts.....	51 b			
	52 Inventories for sale or use.....			52	
	53 Prepaid expenses and deferred charges.....		1,351.	53	
	54 Investments — securities (attach schedule)... SEE ST. 9. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		17,599,871.	54	
	55 a Investments — land, buildings, & equipment: basis.	55 a		55 c	
	b Less: accumulated depreciation (attach schedule).....	55 b			
56 Investments — other (attach schedule)..... SEE STMT. 10		133,747.	56		
57 a Land, buildings, and equipment: basis.....	57 a	115,038.	57 c		
b Less: accumulated depreciation (attach schedule)..... STATEMENT 11..	57 b	78,950.			
58 Other assets (describe ► SEE STATEMENT 12.....)		1,171,446.	58		
59 Total assets (add lines 45 through 58) (must equal line 74).....		25,001,201.	59		
LIABILITIES	60 Accounts payable and accrued expenses.....	479,278.	60	23,630.	
	61 Grants payable.....	339,834.	61	304,183.	
	62 Deferred revenue.....	375,295.	62	311,393.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63		
	64 a Tax-exempt bond liabilities (attach schedule).....		64 a		
	b Mortgages and other notes payable (attach schedule).....		64 b		
	65 Other liabilities (describe ► SEE STATEMENT 13.....)		693,319.	65	
	66 Total liabilities (add lines 60 through 65).....		1,887,726.	66	
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted.....		8,765,196.	67	
68 Temporarily restricted.....		11,628,537.	68		
69 Permanently restricted.....		2,719,742.	69		
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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		23,113,475.	73		
74 Total liabilities and net assets/fund balances (add lines 66 and 73).....		25,001,201.	74		

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.

BAA

Part IV B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? SEE STATEMENT 17.... ☒ Yes ☐ No
If 'Yes,' attach schedule – see instructions.

Part V Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
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?	X	
b If 'Yes,' enter the name of the organization <u>SEE STATEMENT 18</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
b Did the organization file Form 1120-POL for this year?		X
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?	X	
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	333,579.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		N/A
c Dues, assessments, and similar amounts from members.	85c	N/A
d Section 162(e) lobbying and political expenditures.	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 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.		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a List the states with which a copy of this return is filed <u>TENNESSEE</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	8
91 The books are in care of <u>KEN VENUTO</u> Telephone number <u>615-222-6837</u> Located at <u>4220 HARDING ROAD, NASHVILLE, TN</u> ZIP + 4 <u>37205</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

Part VII Analysis of Income-Producing Activities (See 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 & contracts from government agencies...					
94 Membership dues and assessments..					
95 Interest on savings & temporary cash invmnts..					
96 Dividends & interest from securities..			14	632,521.	
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....			18	844,283.	
101 Net income or (loss) from special events.....			1	334,446.	
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)).....				1,811,250.	
105 Total (add line 104, columns (B), (D), and (E)).....					1,811,250.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

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 <u><i>A. Aug. P. Jr.</i></u> Type or print name and title. <u>Vice President / C.O.O.</u>	Date <u>12/27/05</u>
Paid Preparer's Use Only	Preparer's signature <u><i>Bob Wleadow</i></u>	Date <u>12-28-05</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>FRASIER, DEAN & HOWARD, PLLC</u> <u>3310 WEST END AVENUE, STE. 550</u> <u>NASHVILLE, TN 37203</u>	Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/> N/A Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u> EIN <u>N/A</u> Phone no. <u>(615) 383-6592</u>

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 Section 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

2004

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
NONE				
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
GURLEY DIRECT MARKETING		
278 FRANKLIN RD, STE 290, BRENTWOOD, TN 37027	DIRECT MAIL/MARKETIN	116,759.
SOUTHEAST VENTURE		
3011 ARMORY DRIVE, NASHVILLE, TN 37204	ARCHITECH SVCS	86,635.
Total number of others receiving over \$50,000 for professional services	0	

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. . . . \$ N/A
- (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

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 Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a

X

b Do you have a section 403(b) annuity plan for your employees?

3b

X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a

X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b

X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,643,145.	5,086,995.	3,867,493.	2,737,213.	17,334,846.
16 Membership fees received					
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	65,689.	48,800.	57,381.	73,066.	244,936.
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	701,117.	538,068.	490,470.	595,038.	2,324,693.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6,409,951.	5,673,863.	4,415,344.	3,405,317.	19,904,475.
24 Line 23 minus line 17	6,344,262.	5,625,063.	4,357,963.	3,332,251.	19,659,539.
25 Enter 1% of line 23	64,100.	56,739.	44,153.	34,053.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 393,191.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,736,513.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 19,659,539.
d Add: Amounts from column (e) for lines: 18 2,324,693. 19					26d 4,061,206.
22					26e 15,598,333.
e Public support (line 26c minus line 26d total)					26f 79.34 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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 11, 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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 2000 through 2003, 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 instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

Yes

No

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 VI-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 —		
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	
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	
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.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 VI-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:

- 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.)

Yes	No	Amount

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

2004

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: 10,603,015.
COST OR OTHER BASIS: 9,758,732.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 844,283.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 844,283.

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.					
	348,576.	46,076.	302,500.	87,527.	214,973.
SETON CELEBRATION DINNER	244,119.	95,144.	148,975.	87,775.	61,200.
SHOOT FOR THE HEART	85,273.	27,000.	58,273.	0.	58,273.
TOTAL	\$ <u>677,968.</u>	\$ <u>168,220.</u>	\$ <u>509,748.</u>	\$ <u>175,302.</u>	\$ <u>334,446.</u>

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

UNREALIZED CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT..... \$ 31,143.
UNREALIZED LOSS ON INVESTMENTS..... -226,268.
TOTAL \$ -195,125.

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

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: SEE "ATTACHMENT A" FOR DETAIL
AMOUNT GIVEN: \$ 2,040,255.

TOTAL GRANTS AND ALLOCATIONS \$ 2,040,255.

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
BANK CHARGES	5,232.	2,616.	2,616.	
BOOKS, TAPES & FILMS	5,055.	1,668.	1,668.	1,719.
DUES & SUBSCRIPTIONS	16,064.		8,032.	8,032.
EMPLOYEE TRAINING	16,920.	5,588.	5,587.	5,745.
INSURANCE	5,237.	1,728.	1,728.	1,781.
INVESTMENT FEES	89,958.	71,966.	17,992.	
MISCELLANEOUS	32,623.		16,312.	16,311.
OUTSIDE GIFTS & ENTERTAINMENT	18,067.		1,807.	16,260.
OUTSIDE LABOR	52,133.	5,214.	5,214.	41,705.
TRANSFER DIETARY/PLANT SVCS	5,686.	1,877.	1,877.	1,932.
TOTAL	<u>\$ 246,975.</u>	<u>\$ 90,657.</u>	<u>\$ 62,833.</u>	<u>\$ 93,485.</u>

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

FUNDING FOR RESEARCH, EDUCATION, AND CHARITY PROGRAMS.

STATEMENT 7
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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.	2,040,255.	2,282,053.
	<u>\$ 2,040,255.</u>	<u>\$ 2,282,053.</u>

STATEMENT 8
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

OTHER NOTES AND LOANS	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
BAPTIST HOSPITAL	\$ 2,319,371.	\$ 0.
TOTAL OTHER NOTES AND LOANS	<u>\$ 2,319,371.</u>	<u>\$ 0.</u>
TOTAL NET RECEIVABLES		<u>\$ 2,319,371.</u>

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 9
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
EQUITIES	MARKET VALUE	\$ 4,409,819.
MUTUAL FUNDS	MARKET VALUE	9,898,469.
	TOTAL	\$ 14,308,288.

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
FIXED INCOME SECURITIES	MARKET VALUE	5,795,752.
	TOTAL	\$ 5,795,752.

<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
U.S. SAVINGS BONDS	MARKET VALUE	220,000.
	TOTAL	\$ 220,000.

TOTAL INVESTMENTS - SECURITIES \$ 20,324,040.

STATEMENT 10
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

<u>DESCRIPTION OF INVESTMENT</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>
CASH SURRENDER VALUE LIFE INSURANCE	MARKET VALUE	\$ 138,536.
	TOTAL	\$ 138,536.

STATEMENT 11
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 115,038.	\$ 78,950.	\$ 36,088.
TOTAL	<u>\$ 115,038.</u>	<u>\$ 78,950.</u>	<u>\$ 36,088.</u>

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 12
FORM 990, PART IV, LINE 58
OTHER ASSETS

BENEFICIAL INTEREST IN TRUST	\$	1,127,495.
INTEREST RECEIVABLE		82,929.
TOTAL	\$	<u>1,210,424.</u>

STATEMENT 13
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO AFFILIATE	\$	1,121,344.
TOTAL	\$	<u>1,121,344.</u>

STATEMENT 14
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT DIRECT EXPENSES	\$	175,302.
UNREAL. CHANGE IN VALUE-SPLIT INT AGREMT		31,143.
TOTAL	\$	<u>206,445.</u>

STATEMENT 15
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT DIRECT EXPENSES	\$	175,302.
TOTAL	\$	<u>175,302.</u>

STATEMENT 16
FORM 990, PART V
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
THOMAS BEEMAN NASHVILLE, TN	PRESIDENT STHS .23	\$ 0.	\$ 0.	0.
JIM HOUSER NASHVILLE, TN	PRESIDENT .23	0.	0.	0.

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 16 (CONTINUED)
 FORM 990, PART V
 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
JAMES BLUMSTEIN NASHVILLE, TN	MEMBER .23	\$ 0.	\$ 0.	\$ 0.
CONNIE BRADLEY NASHVILLE, TN	CHAIR .23	0.	0.	0.
JAMES CLAYTON, III NASHVILLE, TN	MEMBER .23	0.	0.	0.
RUSS BURNS BRENTWOOD, TN	MEMBER .23	0.	0.	0.
RON CORBIN NASHVILLE, TN	MEMBER .23	0.	0.	0.
MARTY DICKENS NASHVILLE, TN	PAST-CHAIR .23	0.	0.	0.
JACK DILLER NASHVILLE, TN	MEMBER .23	0.	0.	0.
RICH FORD BRENTWOOD, TN	MEMBER .23	0.	0.	0.
EDWIN DALE BATCHELOR NASHVILLE, TN	STHS EVP/CHFPHY NONE	0.	0.	0.
DONNA HILLEY NASHVILLE, TN	MEMBER .23	0.	0.	0.
ROBERT HARDIN, M.D. NASHVILLE, TN	MEMBER .23	0.	0.	0.
TONY HEARD NASHVILLE, TN	VICE-CHAIR .33	0.	0.	0.

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 16 (CONTINUED)
 FORM 990, PART V
 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
JAMES HOLLEMAN CLARKSVILLE, TN	MEMBER .23	\$ 0.	\$ 0.	\$ 0.
REBA PINNEY NASHVILLE, TN	MEMBER .23	0.	0.	0.
BERNARD SHERRY NASHVILLE, TN	STHS - BAPTIST NONE	0.	0.	0.
CHARLES O. MANN NASHVILLE, TN	MEMBER .23	0.	0.	0.
KEN MCDONALD NASHVILLE, TN	MEMBER .23	0.	0.	0.
MARTHA OLSEN NASHVILLE, TN	SECRETARY .33	0.	0.	0.
REV. DAVID PERKIN NASHVILLE, TN	MEMBER .23	0.	0.	0.
WILLIAM PIPER FRANKLIN, TN	MEMBER .23	0.	0.	0.
DALE POLLEY BRENTWOOD, TN	TREASURER .33	0.	0.	0.
GREG POPE NASHVILLE, TN	MEMBER/VP STHS .40	0.	0.	0.
BARBARA RICHARDS BRENTWOOD, TN	MEMBER .23	0.	0.	0.
BEN RECHTER NASHVILLE, TN	MEMBER .23	0.	0.	0.

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 16 (CONTINUED)
 FORM 990, PART V
 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 ROSS NASHVILLE, TN	MEMBER .23	\$ 0.	\$ 0.	\$ 0.
DALE BATCHELOR NASHVILLE, TN	MEMBER .23	0.	0.	0.
BERNIE SHERRY NASHVILLE, TN	MEMBER .23	0.	0.	0.
BEVERLY SMALL NASHVILLE, TN	MEMBER .23	0.	0.	0.
JOHN STEIN NASHVILLE, TN	MEMBER .23	0.	0.	0.
MARY RIGBY BRENTWOOD, TN	DIR. OF DEVELOP 40	85,899.	21,647.	0.
KRISTIE RYAN BRENTWOOD, TN	DIR LEADERSHIP 40	61,354.	15,461.	0.
TOTAL		\$ 147,253.	\$ 37,108.	\$ 0.

STATEMENT 17
 FORM 990, PART V, LINE 75
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND RELATED ORGANIZATION	COMPEN- SATION	CONTRIB- TION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS BEEMAN SAINT THOMAS HEALTH SERVICES (STHS) 58-1716804	\$ 717,133.	\$ 53,513.	\$ 5,234.
EDWIN DALE BATCHELOR STHS - ST. THOMAS HOSPITAL 58-1716804	396,729.	85,669.	883.
BERNARD SHERRY SETON CORP. DBA BAPTIST HOSPITAL 62-1869474	393,141.	97,403.	9,356.
GREG POPE			

SAINT THOMAS HEALTH SERVICES FUND

58-1663055

STATEMENT 17 (CONTINUED)
FORM 990, PART V, LINE 75
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND RELATED ORGANIZATION</u>	<u>COMPEN- SATION</u>	<u>CONTRIB- TION TO EBP & DC</u>	<u>EXPENSE ACCOUNT\ OTHER</u>
SAINT THOMAS HEALTH SERVICES (STHS) 58-1716804	\$ 162,400.	\$ 45,937.	\$ 152.
TOTAL	<u>\$ 1,669,403.</u>	<u>\$ 282,522.</u>	<u>\$ 15,625.</u>

STATEMENT 18
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
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, LINE 75

THE COMPENSATION DATA FOR PART V, LINE 75 IS PRESENTED ON THE 2004 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"

Saint Thomas Health Services Fund

Listing of Grants Paid (990)

FY 2005

	Grantee	
13,235.77	Baptist Hospital Indigent Patient Assistance	2000 Church Street, Nashville, TN 37236
260,831.77	Baptist Hospital	2000 Church Street, Nashville, TN 37236
6,122.22	Baptist Hospital Cancer Center	2000 Church Street, Nashville, TN 37236
11,527.01	Baptist Hospital Employee Assistance	2000 Church Street, Nashville, TN 37236
99,468.83	Baptist Hospital Employee Education	2000 Church Street, Nashville, TN 37236
3,000.00	Baptist Hospital Marketing	2000 Church Street, Nashville, TN 37236
2,015.20	Baptist Hospital Patient Education	2000 Church Street, Nashville, TN 37236
175.00	Bridges to Care	2000 Church Street, Nashville, TN 37236
13,453.00	Daughters of Charity	109 Bosley Springs Road, Nashville, TN 37205
2,340.67	DeKalb Hospital Employee Assistance	520 West Main Street, Smithville, TN 37166
17,036.98	Hickman Community Hospital Employee Assistance	135 East Swan Street, Centerville, TN 37033
2,000.00	International Healthcare Foundation	102 North Locust St, Searcy, AR 72143
167,231.22	Jobs in Health Care	3900 Clifton Avenue, Nashville, TN 37209
13,200.00	Lifeguard Medical	821 Fesslers Parkway, Nashville, TN 37210
5,500.00	Missionaries of Africa	1622 21st Street, NW, Washington, DC 20009-10
8,000.00	Sacred Heart Hurricane Relief	5159 9th Avenue North, Pensacola, FL 32504
2,500.00	Saint Matthew Church	535 Sneed Road, Franklin, TN 37069
242,499.20	Saint Thomas Family Health Centers	5201 Charlotte Pike, Nashville, TN 37209
319,662.01	Saint Thomas Hospital	4220 Harding Road, Nashville, TN 37205
45,158.27	Saint Thomas Hospital - Cancer	4220 Harding Road, Nashville, TN 37205
7,671.26	Saint Thomas Hospital - Indigent Patient Assistance	4220 Harding Road, Nashville, TN 37205
46,579.97	Saint Thomas Hospital Employee Assistance	4220 Harding Road, Nashville, TN 37205
114,805.11	Saint Thomas Hospital Employee Education	4220 Harding Road, Nashville, TN 37205
2,234.13	Saint Thomas Hospital Indigent Patient Assistance	4220 Harding Road, Nashville, TN 37205
135.00	Saint Thomas Hospital Library	4220 Harding Road, Nashville, TN 37205
4,400.92	Saint Thomas Hospital Patient Education	4220 Harding Road, Nashville, TN 37205
18,167.46	Saint Thomas Hospital Pastoral Care	4220 Harding Road, Nashville, TN 37205
1,003.36	Saint Thomas Hospital Patient Care	4220 Harding Road, Nashville, TN 37205
52,706.74	Saint Thomas Hospital Research	4220 Harding Road, Nashville, TN 37205
522,349.70	Saint Thomas Hospital Research Institute	4230 Harding Road, Nashville, TN 37205
3,540.00	Saint Thomas Hospital Volunteers	4220 Harding Road, Nashville, TN 37205
1,000.00	Saint Thomas Marketing	4220 Harding Road, Nashville, TN 37205
30,704.00	Seton Institute	1800 Sullivan Avenue, Ste 506, Daly City, CA 940
<u>2,040,254.80</u>	<u>Grand Total</u>	

Saint Thomas Health Services Fund

GRANTS AND FUNDING GUIDELINES

MISSION

The mission of the Saint Thomas Health Services Fund is to advance the caring ministry and medical excellence of Saint Thomas Health Services by securing funds for research, education and charity programs.

In carrying out its mission, the Fund embraces the Daughters of Charity's core values of Respect, Quality Service, Simplicity, Advocacy for the Poor and Creativity.

AREAS OF INTEREST

The Saint Thomas Health Services Fund extends the ministry of the Daughters of Charity and Saint Thomas Health Services through support of:

- ♦ Charity programs to help needy patients and families
- ♦ Education programs to provide the most up-to-date information for caregivers on treatment and technology
- ♦ Research and clinical programs to improve health outcomes
- ♦ Equipment for research and education
- ♦ Facilities to assure the best in patient care
- ♦ Community programs which are congruent with Saint Thomas' mission "to make a positive difference in the lives and health status of individuals and communities... with a special concern for those who are poor and vulnerable."

ELIGIBLE REQUESTS

The Fund reviews all grant requests in light of how they demonstrate one or more of the Core Values of Saint Thomas Health Services:

Respect
Quality Service
Simplicity
Advocacy for the Poor
Creativity

The 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.

The Fund is unlikely to support:

- ♦ annual campaigns
- ♦ capital campaigns
- ♦ individuals
- ♦ fundraising organizations for specific diseases
- ♦ debt retirement
- ♦ organizations outside service areas
- ♦ multi-year requests

PROCEDURES

A Grant Request Form is available from the Saint Thomas Health Services Fund, P O Box 380, Nashville, TN 37202. Telephone: (615) 222-6800. The form will ask for the following information:

- ◆ a brief statement of the purpose for the funds requested, including background of the problem/issue, time frame and evaluation methods
- ◆ the specific amount requested (if total is for various items, detail these expenses)
- ◆ if the grantee is other than Saint Thomas Health Services, information about the organization which must have a 501(c)(3) ruling.

The deadline for receipt of grant requests is the 1st of each month. A decision is usually possible within three weeks, unless further information is required or Board approval is necessary.

GOVERNANCE

The Saint Thomas Foundation is governed by the Saint Thomas Health Services Fund Board, comprised of community and physician leaders who meet quarterly to advise both the Fund and Saint Thomas Health Services. The Grants Committee approves all requests between \$5,000-25,000, and full Board approval is required for requests over \$25,000.

The Saint Thomas Health Services Fund, with the active oversight of the STHS Fund Board Investment Committee, provides stewardship for over \$20 million in assets and is annually audited.

FUNDING

In order to have the resources to make grants, the Saint Thomas Foundation secures funds through the generous gifts of thousands of donors each year. Donors may restrict their gifts for specific uses (i.e., cancer, education, facilities, heart, needy patients), or may make unrestricted contributions which will be used to meet highest priority needs.

Gifts made to the Saint Thomas Foundation, a 501(c)(3) charitable organization, are tax deductible. The Foundation accepts and manages bequests, trusts and gift annuities.

CONTACT

Greg Pope
Executive Director
Saint Thomas Foundation
P O Box 380
Nashville, TN 37202
Phone (615) 222-6800
Fax (615) 222-6159
Email: gpope@stthomas.org