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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

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

C Name of organization
SAINT THOMAS HEALTH SERVICES FUND

Doing Business As

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

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

D Employer identification number
58-1663055

E Telephone number
(615) 222-6837

G Gross receipts $ 13,800,501

F Name and address of Principal Officer
ALAN STRAUSS
4220 HARDING ROAD
NASHVILLE,TN 37205

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

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

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW STTHOMAS ORG/SUPPORT

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1979

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE THE CARING MINISTRY AND MEDICAL EXCELLENCE OF SAINT THOMAS HEALTH SERVICES AND ITS AFFILIATED HOSPITALS AND OUTREACH PROGRAMS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,198,787	9,102,451
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,869,143	538,279
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	647,999	63,759
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,715,929	9,704,489
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,345,963	6,535,341
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	867,995	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 767,510)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,108,845	1,462,974
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	6,322,803	7,998,315
	19	Revenue less expenses Subtract line 18 from line 12	3,393,126	1,706,174

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	37,925,036	36,006,395
	21	Total liabilities (Part X, line 26)	1,811,129	4,478,617
	22	Net assets or fund balances Subtract line 21 from line 20	36,113,907	31,527,778

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-03-31
Signature of officer | Date

ALAN STRAUSS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ RICHARD M WINSTEAD | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROSSLIN & ASSOCIATES PC
2525 WEST END SUITE 1100
NASHVILLE, TN 37203

EIN ▶

Phone no ▶ (615) 320-5500

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,763,814 including grants of $ 6,535,341) (Revenue $)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 6,763,814 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

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

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a 31			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country BF , CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 26		
b	Enter the number of voting members that are independent . .	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ALAN STRAUSS
4220 HARDING ROAD
NASHVILLE,TN 37205
(615) 284-6826

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . . ▶								0	3,948,559	145,745

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEGIANT DIRECT 278 FRANKLIN ROAD BRENTWOOD, TN 37207	MARKETING	123,774

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 1

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 589,515				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,425,847				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,087,089				
	g Noncash contributions included in lines 1a-1f $ 1,438,505					
	h **Total (Add lines 1a-1f)** ▶		9,102,451			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total. Add lines 2a-2f** ▶ $ 0					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) ▶		446,239			446,239
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	4,123,736				
	b Less cost or other basis and sales expenses	4,031,696				
	c Gain or (loss)	92,040				
	d Net gain or (loss) ▶		92,040			92,040
	8a Gross income from fundraising events (not including $ 128,075 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 589,515				
	b Less direct expenses	b 64,316				
	c Net income or (loss) from fundraising events ▶		63,759	63,759		
	9a Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total. Add lines 11a-11d** ▶ $ 0					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		9,704,489	63,759		538,279

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,309,119	6,309,119		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	226,222	226,222		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	13,818		13,818	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	92,544	69,408	23,136	
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	62,960	31,480	15,740	15,740
17 Travel	0			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,018	509	255	254
23 Insurance	0			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATED SALARIES & BENEFITS	975,105	112,054	365,632	497,419
b SPECIAL PROJECTS	112,167			112,167
c PRINTING	51,759		93	51,666
d OTHER	50,219	4,352	20,838	25,029
e SUPPLIES	35,423	3,091	2,963	29,369
f All other expenses	67,961	7,579	24,516	35,866
25 **Total functional expenses.** Add lines 1 through 24f	7,998,315	6,763,814	466,991	767,510
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-24,182	1	-97,136
	2	Savings and temporary cash investments		4,277,149	2	6,996,068
	3	Pledges and grants receivable, net		2,464,229	3	3,945,576
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost basis	10a 115,038			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 113,510	2,546	10c	1,528
	11	Investments—publicly traded securities		29,322,317	11	23,265,739
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		153,147	12	157,647
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		1,729,830	15	1,736,973
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		37,925,036	16	36,006,395
Liabilities	17	Accounts payable and accrued expenses		72,753	17	31,988
	18	Grants payable		22,389	18	225,303
	19	Deferred revenue		839,869	19	325,865
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		876,118	25	3,895,461
	26	**Total liabilities.** *Add lines 17 through 25*		1,811,129	26	4,478,617
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		15,985,278	27	13,857,660
	28	Temporarily restricted net assets		17,247,560	28	15,549,541
	29	Permanently restricted net assets		2,881,069	29	2,120,577
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		36,113,907	33	31,527,778
	34	Total liabilities and net assets/fund balances		37,925,036	34	36,006,395

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,746,511	6,188,676	4,705,394	7,198,787	9,102,451	33,941,819
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	6,746,511	6,188,676	4,705,394	7,198,787	9,102,451	33,941,819
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						4,006,308
6 **Public Support** subtract line 5 from line 4						29,935,511

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,746,511	979,834	4,705,394	7,198,787	9,102,451	33,941,819
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	632,521	979,834	779,629	619,879	446,239	3,458,102
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						37,399,921

12 Gross receipts from related activities, etc (See instructions) **12** 2,587,748

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	**14**	**80.042 %**
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	**15**	**78.812 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	5,217,749				
b Contributions	164,237				
c Investment earnings or losses	-812,035				
d Grants or scholarships					
e Other expenditures for facilities and programs	877,359				
f Administrative expenses					
g End of year balance	3,692,592				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0 538 %

b Permanent endowment ▶ 57 428 %

c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		115,038	113,510	1,528
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,528

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CSV - LIFE INSURANCE	157,647	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
BENEFICIAL INTEREST IN TRUST	1,620,684
INTEREST RECEIVABLE	116,289
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,736,973

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATE	3,349,386
GUARANTEE LIABILITY	546,075
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,895,461

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,704,489
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,998,315
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,706,174
4	Net unrealized gains (losses) on investments	4	-6,302,564
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,261
9	Total adjustments (net) Add lines 4 - 8	9	-6,292,303
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,586,129

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

1	Total revenue, gains, and other support per audited financial statements			1	3,476,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-6,302,564		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	10,261		
e	Add lines **2a** through **2d**			2e	-6,292,303
3	Subtract line **2e** from line **1**			3	9,768,805
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-64,316		
c	Add lines **4a** and **4b**			4c	-64,316
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,704,489

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	8,062,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	64,316		
e	Add lines **2a** through **2d**			2e	64,316
3	Subtract line **2e** from line **1**			3	7,998,315
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,998,315

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D	PART XI LINE 8	$10,261 CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS
SCHEDULE D	PART XII LINE 2D	$10,261 CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS
SCHEDULE D	PART XII LINE 4B	$64,316 DIRECT FUNDRAISING EXPENSES LISTED ON PART VIII LINE 8B NETTED AGAINST GROSS INCOME FROM FUNDRAISING EVENTS
SCHEDULE D	PART XIII LINE 2D	$64,316 DIRECT FUNDRAISING EXPENSES LISTED ON PART VIII LINE 8B NETTED AGAINST GROSS INCOME FROM FUNDRAISING EVENTS
SCHEDULE D	PART V LINE 4	The endowed funds are used to support areas of education, charity-care and clinical excellence within Saint Thomas Health Services Fund

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SETON CELEBRATI (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	418,085	166,035	133,470	717,590
	2 Less Charitable contributions	383,355	120,910	85,250	589,515
	3 Gross revenue (line 1 minus line 2)	34,730	45,125	48,220	128,075
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	58,520	3,075	2,721	64,316
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				64,316
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				63,759

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 30

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I	PART I LINE 2	VIRTUALLY ALL GRANTS ARE MADE BY PAYING THE THIRD PARTY FOR GOODS AND SERVICES BASED ON INVOICES OR REIMBURSING THE GRANTEE FOR EXPENSES BASED ON RECEIPTS such as reimbursing for salary and benefits expense, reimbursing for equipment purchases, reimbursing for construction expenses, reimbursing for conference and seminar registration and travel IN INSTANCES WHERE GRANTS ARE MADE TO OUTSIDE ORGANIZATIONS, THE GRANTEE WILL SUBSEQUENTLY PROVIDE A REPORT OF THEIR EXPENDITURES

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAPTIST HOSPITAL2000 CHURCH STREET NASHVILLE,TN 37236	62-1869474	501(c)(3)	213,916				bioterrorism preparedness
SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	1,676,250				cardiac equipment
DISPENSARY OF HOPE566 MAINSTREAM DRIVE NASHVILLE,TN 37228	58-1663055	501(c)(3)	1,111,979				operating costs, construction, support dispensing sites
SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE 4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501(c)(3)	391,140				support of Bridges to Care and Bridges to Care Plus to assist members of the community without health insurance
HICKMAN COMMUNITY HOSPITAL135 EAST SWAN CENTERVILLE,TN 37033	58-1737573	501(c)(3)	136,485				equipment, salary and expenses of TN Rural Health Chest Pain & Stroke Network
SAINT THOMAS FAMILY HEALTH CENTERS5201 CHARLOTTE PIKE NASHVILLE,TN 37209	62-1284994	501(c)(3)	451,769				operating and salary costs, healthy lifestyles program costs, spanish prenatal classes
SAINT THOMAS HEALTH SERVICES102 WOODMONT BLVD NASHVILLE,TN 37205	58-1716804	501(c)(3)	15,546				continuing medical education for physicians including speaker fees and video production costs
SAINT THOMAS HEALTH SERVICES JOBS IN HEALTH CARE4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501(c)(3)	61,794				salary of coordinator and manager, background checks, TB tests, drug screens, CNA exams for participants
SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	30,228				Seton Support Center salaries, equipment, and programs for patients
SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	14,904				Saint Thomas Chapel supplies, literature, flowers, organist

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	21,627				Worship Network broadcast within Saint Thomas Hospital
NASHVILLE CLINICAL PASTORAL EDUCATION 4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501(c)(3)	78,275				summer supervisor salary, salary & benefits of residents working at other location
MIDDLE TENNESSEE CAMP BLUEBIRD4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501(c)(3)	32,604				support of adult cancer camp held twice a year open to anyone in the community
METHODIST HOSPITAL FOUNDATION8060 EL RIO HOUSTON,TX 77054	76-0094743	501(c)(3)	18,565				cardiovascular MRI training
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	12,716				design and preliminary construction of nursing learning lab
ASSUMPTION ST VINCENT FUND1227 7TH AVENUE NASHVILLE,TN 37208	62-0476286	501(c)(3)	10,000				food, utilities, transportation, medication for north Nashville individuals
BAPTIST HOSPITAL SPORTS MEDICINE2021 CHURCH STREET NASHVILLE,TN 37236	62-1869474	501(c)(3)	106,786				Youth fitness coordinator salary, video production, foot drop system
MIDDLE TENNESSEE MEDICAL CENTER400 NORTH HIGHLAND MURFREESBORO,TN 37130	62-1167917	501(c)(3)	6,075				mammography/biopsy chair
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	37,565				reimburse salary of Ethics Fellow
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	123,841				bioterrorism preparedness

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOOT FOR THE HEART 4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501(c)(3)	71,090				support for event that benefited Saint Thomas Health Services
BAPTIST HOSPITAL 2000 CHURCH STREET NASHVILLE,TN 37236	62-1869474	501(c)(3)	27,855				Healthy Tomorrows program to reimburse salary of a bilingual nurse advocate
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	114,197				ultrasound for breast center
VANDERBILT UNIVERSITY MEDICAL CENTERDEPT AT 40303 ATLANTA,GA 31192	62-0476822	501(c)(3)	22,540				VISION study participants fMRI expenses, and pulmonary research associate stipends, assistant salary, and animals for research
BAPTIST HOSPITAL 2000 CHURCH STREET NASHVILLE,TN 37236	62-1869474	501(c)(3)	686,713				NICU renovation
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	11,406				nursing research consulting expenses
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	29,172				video cabling between Nathanson Center and Medical Learning Center
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	8,575				various equipment
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	5,795				Schwartz Center Rounds for staff
SAINT THOMAS HOSPITAL4220 HARDING ROAD NASHVILLE,TN 37205	58-1716804	501(c)(3)	725,033				renovation of Williams Conference Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OTHER GRANTS OR ASSISTANCE LESS THAN 5000			54,678				OTHER GRANTS OR ASSISTANE TO ORGANIZATIONS IN THE U S LESS THAN $5,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
SCHOLARSHIPS FOR ST THOMAS EMPLOYEES-HEALTHCARE	11	36,591			
SCHOLARSHIPS FOR BAPTIST HOSPITAL EMPLOYEES	10	29,989			
FINANCIAL ASSISTANCE FOR ST THOMAS HEALTH SVCS EMP	124	61,764			
FINANCIAL ASSISTANCE FOR BAPTIST HOSPITAL PATIENTS	87	10,596			
MAMMOGRAMS FOR PATIENTS IN FINANCIAL NEED	398	50,397			
FINANCIAL ASSISTANCE FOR ST THOMAS PATIENTS TO PAY	66	21,684			
CONTINUING EDUCATION FOR ST THOMAS EMPLOYEES	17	9,375			
CONTINUING EDUCATION FOR BAPTIST HOSPITAL EMPLOYEE	13	5,826			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JIM HOUSER	(i)	0	0	0	0	0	0	0
	(ii)	553,387	181,970	142,854	4,600	16,745	899,556	0
DR EDWIN DALE BATCHELOR	(i)	0	0	0	0	0	0	0
	(ii)	289,392	36,000	192,515	4,511	15,677	538,095	0
BERNARD SHERRY	(i)	0	0	0	0	0	0	0
	(ii)	355,551	66,282	195,165	4,600	18,660	640,258	0
GREG POPE	(i)	0	0	0	0	0	0	0
	(ii)	176,270	25,237	53,820	4,384	15,549	275,260	0
LES DONAHUE	(i)	0	0	0	0	0	0	0
	(ii)	383,113	80,562	75,721	4,600	18,642	562,638	0
DR JOHN BRIGHT CAGE	(i)	0	0	0	0	0	0	0
	(ii)	336,737	151,596	20,500	0	12,070	520,903	0
ALAN STRAUSS	(i)	0	0	0	0	0	0	0
	(ii)	411,091	76,501	144,295	4,600	21,107	657,594	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
990 SCHEDULE J	PART I LINE 4B	JIM HOUSER PARTICIPATED IN THE ASCENSION HEALTH 457(F) PLAN AND DID NOT RECEIVE ANY DISTRIBUTIONS DURING 2008 HIS DEFERMENT FOR 2008 WAS $149,986

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe IN-KIND SALARY AND EMPLOYEE BENEFITS)	X	1	1,371,900	FAIR MARKET VALUE
26 Other (describe VARIOUS GIFT CARDS/CERTIFICATES)	X	7	12,140	FAIR MARKET VALUE
27 Other (describe VACATION PACKAGES/AIRFARE)	X	4	11,818	FAIR MARKET VALUE
28 Other (describe MISC SUPPLIES AND PRODUCTS FOR OFFICE AND EVENTS)	X	11	11,285	FAIR MARKET VALUE
Other (describe VARIOUS SERVICES)	X	2	440	FAIR MARKET VALUE
Other (describe ADVERTISEMENT AND BANNERS)	X	3	1,340	FAIR MARKET VALUE
Other (describe BEVERAGES)	X	1	987	FAIR MARKET VALUE
Other (describe TWO DAY DEER HUNT)	X	1	2,500	FAIR MARKET VALUE
Other (describe REMINGTON SHOTGUN)	X	1	1,100	FAIR MARKET VALUE
Other (describe MISCELLANEOUS NONCASH GIFTS)	X	2	296	FAIR MARKET VALUE
Other (describe IN-KIND RENT)	X	1	24,700	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**		No
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Identifier	Return Reference	Explanation
PART VI 990	SECTION A LINE 2	JAMES CLAYTON III AND E ANTHONY HEARD ARE BOTH EMPLOYEES OF INFOWORKS, INC ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP WITH OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES THROUGH SHARING THE RESPONSIBILITIES OF FULFILLING THE PURPOSE OF SAINT THOMAS HEALTH SERVICES FUND THERE IS A BUSINESS RELATIONSHIP BETWEEN OFFICERS, DIRECTORS, AND KEY EMPLOYEES WHO ARE ALSO OFFICERS, DIRECTORS, OR EMPLOYEES OF ORGANIZATIONS WHICH THE FUND WAS ORGANIZED TO SUPPORT

Identifier	Return Reference	Explanation
PART VI 990	SECTION A LINE 10	Form 990 was made available for Saint Thomas Health Services Fund Board members to review at committee meetings and an electronic copy was provided to those members who did not attend committee meetings prior to filing of the return

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

Identifier	Return Reference	Explanation
PART VI 990	SECTION B LINE 15B	In determining compensation of the organization's CEO, Executive Director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensation, the CEO, Executive Director, and top management were compared to other organizations in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the board minutes Individuals were not present when their compensation was decided In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensations, the other officers or key employees of the organization were compared to other organizations employees in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the board minutes

Identifier	Return Reference	Explanation
PART VI 990	SECTION B LINE 19	Saint Thomas Health Services Fund's governing documents and conflict of interest policy are available upon request Summarized financial results are published in a printed financial report Detailed financial statements are available to donors and grantors upon request

Identifier	Return Reference	Explanation
PART VI 990	LINES 6, 7A, & 7B	SAINT THOMAS NETWORK IS THE SOLE CORPORATE MEMBER OF SAINT THOMAS HEALTH SERVICES FUND SAINT THOMAS NETWORK MAY APPOINT AN OFFICER(S), DIRECTOR(S), OR ANYONE ELSE TO ACT ON ITS BEHALF IN THE CAPACITY OF THE CORPORATE MEMBER OF SAINT THOMAS HEALTH SERVICES FUND THE BUSINESS, PROPERTY, AND AFFAIRS OF SAINT THOMAS HEALTH SERVICES FUND ARE MANAGEMENT AND CONTROLLED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE POLICIES ESTABLISHED BY SAINT THOMAS NETWORK AND BY ASCENSION

Identifier	Return Reference	Explanation
SCHEDULE R	PART V LINE 2 REPORTED ON SCHEDULE R-1	Payments reflected on Schedule R-1 as "sharing of paid employees" include salaries paid by related organizations for work performed for those organizations, not for the individuals' service to Saint Thomas Health Services Fund as board members

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT THOMAS HEALTH SERVICES FUND

Employer identification number
58-1663055

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
BAPTIST WOMENS HEALTH CENTER LLC 2000 CHURCH STREET NASHVILLE, TN37236 62-1772195	HOSPITAL SUPPORT	TN	BAPTIST HEALTH	RELATED	0	0		No			No
MIDDLE TN AMBULATORY SURGERY CENTER LP 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130	HEALTHCARE SUPPOR	TN	MID TN MEDICAL	RELATED	0	0		No			No
MIDDLE TENNESSEE IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 01-0570490	DIAG IMAGING CTR	TN	MID TN MEDICAL	RELATED	0	0		No			No
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 20-0291952	DIAG IMAGING CTR	TN	MID TN MEDICAL	RELATED	0	0		No			No
NASHVILLE DIAGNOSTIC IMAGING LLC 4220 HARDING ROAD NASHVILLE, TN37205	INACTIVE	TN	ST THOMAS NETWO	RELATED	0	0		No			No
ST THOMAS OUTPATIENT CARDIAC CATHETERIZA 4220 HARDING ROAD NASHVILLE, TN37205 62-1775306	HEALTHCARE	TN	ST THOMAS NETWO	RELATED	0	0		No			No
STHS SLEEP CENTER LLC 4220 HARDING ROAD NASHVILLE, TN37205 20-3664894	SLEEP CENTER	TN	ST THOMAS NETWO	RELATED	0	0		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

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

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

(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income ($)	(E) End-of-year assets ($)	(F) Direct Controlling Entity
SAINT THOMAS RESEARCH INSTITUTE LLC 4220 HARDING ROAD NASHVILLE, TN 37205 20-8018726	RESEARCH	TN	0	0	ST THOMAS NE
SAINT THOMAS EMERGENCY MEDICAL SERVICES 4220 HARDING ROAD NASHVILLE, TN 37205 20-8957092	AMBULANCE SVC	TN	0	0	ST THOMAS NE
BELLEVUE MEDICAL GROUP LLC 135 BELLE FOREST CIRCLE NASHVILLE, TN 37221 62-1868848	PHYSICIAN PRA	TN	0	0	ST THOMAS NE
RICHLAND INTERNAL MEDICINE LLC 4220 HARDING ROAD NASHVILLE, TN 37205 62-1868762	PHYSICIAN PRA	TN	0	0	ST THOMAS NE
CHILDREN & ADULTS MEDICAL GROUP LLC 4220 HARDING ROAD NASHVILLE, TN 37205 62-1868855	PHYSICIAN PRA	TN	0	0	ST THOMAS NE
USLIFELINK INC 4220 HARDING ROAD NASHVILLE, TN 37205	HEALTHCARE	TN	0	0	ST THOMAS NE
STHS HEART LLC 4220 HARDING ROAD NASHVILLE, TN 37205 20-5753831	HEALTHCARE	TN	0	0	ST THOMAS HE
BAPTIST MEDICAL EQUIPMENT & SUPPLIES LLC 4220 HARDING ROAD NASHVILLE, TN 37205	SHELL	TN	0	0	SETON CORPOR
CMC-ST THOMAS HEART INSTITUTE LLC 421 SOUTH MAIN STREET CROSSVILLE, TN 38555	CARDIAC CTR	TN	0	0	CST COMMUNIT
DISPENSARY OF HOPE LLC 566 MAINSTREAM NASHVILLE, TN 37228	PHARMACEUTICA	TN	623,231	233,945	ST THOMAS HE
MTMC HOSPITALIST SERVICES LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN 37310 62-1792824	EMPLOYS HOSPI	TN	0	0	MIDDLE TN ME
SAFETY NET CONSORTIUM OF MIDDLE TN LLC 2000 CHURCH STREET NASHVILLE, TN 37236	SHELL	TN	253,634	403,797	BAPTIST HOSP
SMITHVILLE HEALTHCARE VENTURES LLC 4220 HARDING ROAD NASHVILLE, TN 37205 62-1337069	SUPPORT HOSPI	TN	0	0	ST THOMAS HE
ST THOMAS NP LLC 4220 HARDING ROAD NASHVILLE, TN 37205 26-1614782	BILLING NPs	TN	0	0	ST THOMAS NE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ASCENSION HEALTH P O BOX 45998 ST LOUIS, MO 631455998 31-1662309	HEALTH SYSTEM	MO	501(c)(3)	11	N/A
SAINT THOMAS HEALTH SERVICES 4220 HARDING ROAD NASHVILLE, TN37205 58-1716804	HEALTH SYSTEM	TN	501(c)(3)	11	ASCENSION HE
SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE, TN37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	ST THOMAS HE
SAINT THOMAS NETWORK 4220 HARDING ROAD NASHVILLE, TN37205 62-1284994	HEALTH PGMS	TN	501(c)(3)	9	ST THOMAS HE
SETON CORPORATION 4220 HARDING ROAD NASHVILLE, TN37205 62-1869474	ACUTE CARE	TN	501(c)(3)	3	ST THOMAS HE
BAPTIST HEALTH CARE AFFILIATES INC 2000 CHURCH STREET NASHVILLE, TN37236 58-1509251	HEALTH CARE	TN	501 (C) (3)	11A	SETON CORPOR
BAPTIST HEALTHCARE GROUP 2000 CHURCH STREET NASHVILLE, TN37236 62-1529858	HEALTHCARE	TN	501 (C) (3)	3	SETON CORPOR
BAPTIST SAINT THOMAS HOME CARE 2000 CHURCH STREET NASHVILLE, TN37236 51-0172298	HOME HEALTH	TN	501 (C) (3)	9	SETON CORPO
HICKMAN COMMUNITY HOME CARE INC 135 EAST SWAN CENTERVILLE, TN37033 62-1836937	HEALTHCARE	TN	501 (C) (3)	11	HICKMAN COMM
MIDDLE TN MEDICAL CTR DEVELOPMENT FOUNDA 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 62-1167917	FOUNDATION	TN	501 (C) (3)	11A	MID TN MEDIC
MIDDLE TENNESSEE MEDICAL CENTER INC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 62-0475842	HOSPITAL	TN	501 (C) (3)	3	ST THOMAS HE
HICKMAN COMMUNITY HEALTH CARE SERVICES 135 EAST SWAN CENTERVILLE, TN37033 58-1737573	HOSPITAL	TN	501 (C) (3)	3	BAPTIST HEAL

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
BAPTIST WOMENS HEALTH CENTER LLC 2000 CHURCH STREET NASHVILLE, TN37236 62-1772195	HOSPITAL SUPPORT	TN	BAPTIST HEALTH	RELATED	0	0		No			No
MIDDLE TN AMBULATORY SURGERY CENTER LP 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130	HEALTHCARE SUPPOR	TN	MID TN MEDICAL	RELATED	0	0		No			No
MIDDLE TENNESSEE IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 01-0570490	DIAG IMAGING CTR	TN	MID TN MEDICAL	RELATED	0	0		No			No
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 20-0291952	DIAG IMAGING CTR	TN	MID TN MEDICAL	RELATED	0	0		No			No
NASHVILLE DIAGNOSTIC IMAGING LLC 4220 HARDING ROAD NASHVILLE, TN37205	INACTIVE	TN	ST THOMAS NETWO	RELATED	0	0		No			No
ST THOMAS OUTPATIENT CARDIAC CATHETERIZA 4220 HARDING ROAD NASHVILLE, TN37205 62-1775306	HEALTHCARE	TN	ST THOMAS NETWO	RELATED	0	0		No			No
STHS SLEEP CENTER LLC 4220 HARDING ROAD NASHVILLE, TN37205 20-3664894	SLEEP CENTER	TN	ST THOMAS NETWO	RELATED	0	0		No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1232018	PHARMACY	TN	BAPTIST HEALTH	CORPORATION	0	0	0 %
SOVA INC 4220 HARDING ROAD NASHVILLE, TN37205 26-1319638	HEALTH SERVICES	TN	ST THOMAS HEALT	CORPORATION	0	0	0 %
VINCENTIAN VENTURES INC 4220 HARDING ROAD NASHVILLE, TN37205 62-1331896	HEALTH SERVICES	TN	ST THOMAS NETWO	CORPORATION	0	0	0 %
COMP PLUS INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1626010	HEALTHCARE	TN	MIDSTATE PROPER	CORPORATION	0	0	0 %
MANACO MANAGEMENT SERVICES INC 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN37130 62-1718479	HEALTH SERVICES	TN	MID TN MEDICAL	CORPORATION	0	0	0 %
ST THOMAS MEDICAL CLINIC 4220 HARDING ROAD NASHVILLE, TN37205 62-1583605	HEALTH SERVICES	TN	ST THOMAS NETWO	CORPORATION	0	0	0 %
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN37236 62-0469214	HOLDING COMPANY	TN	SETON CORPORATI	CORPORATION	0	0	0 %
MIDDLE TENNESSEE NETWORK INC 4220 HARDING ROAD NASHVILLE, TN37205 62-1570989	HEALTH SERVICES	TN	ST THOMAS HEALT	CORPORATION	0	0	0 %
HEALTH NET RESERVE INC 2000 CHURCH STREET NASHVILLE, TN37236 62-1540604	HEALTH MANAGEMENT	TN	SETON CORPORATI	CORPORATION	0	0	0 %

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	SAINT THOMAS HEALTH SERVICES	C	1,371,900
(2)	DISPENSARY OF HOPE LLC	M	223,945
(3)	SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE LLC	M	403,797
(4)	DISPENSARY OF HOPE LLC	B	1,111,979
(5)	SAINT THOMAS HEALTH SERVICES	B	2,826,855
(6)	HICKMAN COMMUNITY HEALTH CARE SERVICES	B	136,485
(7)	SAINT THOMAS NETWORK	B	451,769
(8)	SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE LLC	B	391,140
(9)	SAINT THOMAS HEALTH SERVICES	N	2,274,259
(10)	SAINT THOMAS HOSPITAL	N	1,057,302
(11)	SETON CORPORATION	N	616,998

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MIKE EDWARDS , MEMBER	1 0	X						0	0	0
CONNIE BRADLEY , MEMBER	1 0	X						0	0	0
JAMES CLAYTON III , SECRETARY	1 0	X		X				0	0	0
RON CORBIN , MEMBER	1 0	X						0	0	0
TONY GIARRATANA , MEMBER	1 0	X						0	0	0
DR EDWIN DALE BATCHELOR , MEMBER	1 0	X						0	517,907	20,188
E ANTHONY HEARD , PAST-CHAIR	1 0	X		X				0	0	0
BERNARD SHERRY , MEMBER	1 0	X						0	616,998	23,260
CHARLES O MANN , MEMBER	1 0	X						0	0	0
KEN MCDONALD , MEMBER	1 0	X						0	0	0
WILLIAM PIPER , MEMBER	1 0	X						0	0	0
DALE POLLEY , TREASURER	1 0	X		X				0	0	0
GREG POPE , VP & COO	40 0	X						0	255,327	19,933
CLINT HIGHAM , MEMBER	1 0	X						0	0	0
NANCY PETERSON HEARN , MEMBER	1 0	X						0	0	0
CORDIA HARRINGTON , CHAIR	1 0	X		X				0	0	0
LES DONAHUE , MEMBER	1 0	X						0	539,396	23,242
DR JOHN BRIGHT CAGE , MEMBER	1 0	X						0	508,833	12,070
LANGLEY GRANBERY , MEMBER	1 0	X						0	0	0
SHANNON HINES , MEMBER	1 0	X						0	0	0
DOUG SMALL , MEMBER	1 0	X						0	0	0
ALAN STRAUSS , MEMBER	1 0	X						0	631,887	25,707
SUE DOYLE , MEMBER	1 0	X						0	0	0
VIC ALEXANDER , MEMBER	1 0	X						0	0	0
DR CONNIE GRAVES , MEMBER	1 0	X						0	0	0
DR JIM LANCASTER , MEMBER	1 0	X						0	0	0
MARTHA BROWN LARKIN , MEMBER	1 0	X						0	0	0
SISTER MARY FRANCES LOFTIN , MEMBER	1 0	X						0	0	0
PATRICK MADDEN , MEMBER	1 0	X						0	0	0
DR RON PRUITT , MEMBER	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SONTAG , MEMBER	10	X						0	0	0
JIM HOUSER , FORMER CEO	10						X	0	878,211	21,345

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

TO ADVANCE THE CARING MINISTRY AND MEDICAL EXCELLENCE OF SAINT THOMAS HEALTH SERVICES AND ITS AFFILIATED HOSPITALS AND OUTREACH PROGRAMS BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, CLINICAL ADVANCEMENT, AND CHARITY PROGRAMS. IN CARRYING OUT ITS MISSION, THE FUND EMBRACES THE CORE VALUES OF SAINT THOMAS HEALTH SERVICES AND ASCENSION HEALTH, INCLUDING SERVICE OF THE POOR, REVERENCE, INTEGRITY, WISDOM, CREATIVITY, AND DEDICATION.