

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Saint Thomas West Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4220 Harding Rd

City or town, state or province, country, and ZIP or foreign postal code
Nashville, TN 37205

D Employer identification number
62-0347580

E Telephone number
(314) 733-8000

G Gross receipts \$ 475,590,033

F Name and address of principal officer:
Tim Adams
4220 Harding Rd
Nashville, TN 37205

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ <https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Nashville-Saint-Thomas-West-Hospital>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1898

M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To improve the health and well-being of all people in the communities we serve.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,431
6 Total number of volunteers (estimate if necessary)	6	194
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	232,138	252,721
9 Program service revenue (Part VIII, line 2g)	460,866,575	469,180,564
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,360	1,042,728
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,595,090	4,954,985
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	464,696,163	475,430,998
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,635,576	1,411,335
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)	118,871,614	121,001,699
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	296,801,729	306,042,044
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	418,308,919	428,455,078
19 Revenue less expenses. Subtract line 18 from line 12	46,387,244	46,975,920
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	310,811,151	319,532,820
21 Total liabilities (Part X, line 26)	175,824,435	170,860,417
22 Net assets or fund balances. Subtract line 21 from line 20	134,986,716	148,672,403

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.

Sign Here

Signature of officer
Date 2020-05-13

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 397,949,666 including grants of \$ 1,411,335) (Revenue \$ 469,180,998)
See Additional Data

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 ▶ 397,949,666

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee), 9 (Officer/director/trustee).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Joint ventures), 16b (Joint venture policies).

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include: 17 (States for Form 990), 18 (Public inspection), 19 (Governing documents), 20 (Books and records).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	252,721		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		252,721		

Program Service Revenue			Business Code				
	2a Net Patient Service Revenue		621990	448,070,819	448,070,819		
	b Reimbursement Under Provider Tax Program		900099	16,043,916	16,043,916		
	c Income from Joint Ventures		900099	2,805,816	2,805,816		
	d Pharmacy Revenue		446110	1,458,104	1,458,104		
	e Services to Affiliates		561000	763,648	763,648		
	f All other program service revenue.			38,261	38,261	0	0
	g Total. Add lines 2a-2f			469,180,564			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,591			1,591	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			1,347,216					
		b Less: rental expenses		100,172				
		c Rental income or (loss)		1,247,044		0		
	d Net rental income or (loss)			1,247,044			1,247,044	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
					1,100,000			
		b Less: cost or other basis and sales expenses				58,863		
		c Gain or (loss)		0		1,041,137		
	d Net gain or (loss)			1,041,137			1,041,137	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a Cafeteria/Vending Revenue	722514	2,688,475				2,688,475		
b Fitness Club Revenue	713940	236,461				236,461		
c Escheatment Revenue	900099	59,544				59,544		
d All other revenue		723,461	434	0		723,027		
e Total. Add lines 11a-11d		3,707,941						
12 Total revenue. See Instructions.		475,430,998	469,180,998	0		5,997,279		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,411,335	1,411,335		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	652,392		652,392	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	98,033,936	95,933,978	2,099,958	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,174,767	3,106,761	68,006	
9 Other employee benefits	12,077,659	11,818,947	258,712	
10 Payroll taxes	7,062,945	6,869,265	193,680	
11 Fees for services (non-employees):				
a Management				
b Legal	9,900		9,900	
c Accounting				
d Lobbying	4,276		4,276	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,394,030	9,317,097	76,933	0
12 Advertising and promotion	19,241	17,589	1,652	
13 Office expenses	383,893	255,530	128,363	
14 Information technology	244,275	188,291	55,984	
15 Royalties				
16 Occupancy	5,011,056	4,870,897	140,159	
17 Travel	78,288	72,305	5,983	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,867	63,867		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,849,993	18,333,090	516,903	
23 Insurance	2,530,257		2,530,257	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	102,525,081	101,437,465	1,087,616	
b Management Fee to Affiliate	83,222,354	83,222,354		
c Purchased Services	44,071,081	27,463,834	16,607,247	
d Provider Tax	16,043,916	16,043,916		
e All other expenses	23,590,536	17,523,145	6,067,391	0
25 Total functional expenses. Add lines 1 through 24e	428,455,078	397,949,666	30,505,412	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,560	1	8,547
	2 Savings and temporary cash investments	15,082,487	2	12,042,293
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	55,168,421	4	55,099,992
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,153,039	8	11,136,944
	9 Prepaid expenses and deferred charges	1,499,456	9	241,653
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	511,589,333		
	b Less: accumulated depreciation	378,056,456		
		128,798,508	10c	133,532,877
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	7,407,377	13	8,002,756
	14 Intangible assets	214,580	14	74,295
15 Other assets. See Part IV, line 11	91,478,723	15	99,393,463	
16 Total assets. Add lines 1 through 15 (must equal line 34)	310,811,151	16	319,532,820	
Liabilities	17 Accounts payable and accrued expenses	23,095,223	17	31,353,541
	18 Grants payable		18	
	19 Deferred revenue	263,924	19	266,710
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	152,465,288	25	139,240,166
	26 Total liabilities. Add lines 17 through 25	175,824,435	26	170,860,417
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	134,986,716	27	148,672,403
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	134,986,716	33	148,672,403
	34 Total liabilities and net assets/fund balances	310,811,151	34	319,532,820

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	475,430,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	428,455,078
3	Revenue less expenses. Subtract line 2 from line 1	3	46,975,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,986,716
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33,290,233
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,672,403

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 62-0347580

Name: Saint Thomas West Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

Saint Thomas West Hospital is a 448-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2019, Saint Thomas West Hospital treated 17,914 adults and children for a total of 96,737 patient days of service. The hospital also provided services for 110,971 outpatient visits, which included 3,847 outpatient surgeries and 35,967 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY HEARD CHAIR	1.0 8.0	X		X				0	0	0
LEE MOSS VICE CHAIR	1.0 8.0	X		X				0	0	0
PATRICK R SHEPHERD SECRETARY	1.0 8.0	X		X				0	0	0
DELL CROSSLIN TREASURER	1.0 8.0	X		X				0	0	0
SISTER CATHERINE BROWN DC DIRECTOR	1.0 8.0	X						0	0	0
MARTHA CROMBIE DIRECTOR	1.0 8.0	X						0	0	0
EMIL HASSAN DIRECTOR	1.0 8.0	X						0	0	0
WANDA LYLE DIRECTOR	1.0 8.0	X						0	0	0
STEVE SCHWAB MD DIRECTOR	1.0 8.0	X						0	0	0
SCOTT STANDARD MD DIRECTOR	1.0 8.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN WEST PhD DIRECTOR	1.0	X						0	0	0
BRIAN WILCOX MD DIRECTOR	1.0	X						0	0	0
TIMOTHY P ADAMS DIRECTOR	9.0	X						0	924,219	37,295
FAHAD TAHIR CEO	0.0			X				0	467,359	40,891
LISA R DAVIS CFO, MINISTRY MARKET	0.0			X				0	497,259	30,070
MARK E MARSDEN MD CMO	50.0				X			422,556	0	39,098
SAMANTHA STRATON VP, NURSING	50.0				X			182,353	0	8,384
WILLIAM J MASON MD PHYSICIAN	50.0					X		395,483	0	40,161
STEVEN A EMBRY MD PHYSICIAN	50.0					X		308,396	0	46,050
CHRIS HOFFMAN MD PHYSICIAN	50.0					X		248,255	0	39,480

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN G LEFFLER DIRECTOR, PHARMACY	50.0 0					X		202,254	0	22,272
STEPHEN D HOLCOMB PHYSICIST	50.0 0					X		191,964	0	31,175
CRAIG A POLKOW FORMER OFFICER (END 8/2015)	0.0 50.0						X	0	291,659	37,997
BERNARD J SHERRY FORMER OFFICER (END 8/2015)	0.0 50.0						X	0	1,384,012	44,944
MICHAEL H SCHATZLEIN MD FORMER OFFICER (END 3/2016)	0.0 0.0						X	0	1,010,804	0
PAMELA M HESS FORMER OFFICER (END 7/2016)	0.0 50.0						X	0	420,756	35,788
DON E KING FORMER OFFICER (END 12/2017)	0.0 50.0						X	0	708,767	40,797
KAREN L SPRINGER FORMER OFFICER (END 12/2017)	0.0 50.0						X	0	1,414,594	22,127
JOSEPH R PINO FORMER KEY EMPLOYEE (END 6/2018)	0.0 0.0						X	128,168	0	17,348

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Thomas West Hospital

Employer identification number
62-0347580

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 62-0347580

Name: Saint Thomas West Hospital

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Saint Thomas West Hospital	Employer identification number 62-0347580
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		4,276
j Total. Add lines 1c through 1i			4,276
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to state hospital associations that are specifically allocable to lobbying. Saint Thomas West Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Saint Thomas West Hospital

Employer identification number
62-0347580

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,875,780	3,587,562	3,162,120	3,819,145	3,730,246
b Contributions	750	250	2,336	75,343	-74,437
c Net investment earnings, gains, and losses	228,111	322,007	450,949	-264,255	129,591
d Grants or scholarships					
e Other expenditures for facilities and programs	30,179	34,039	27,843	468,113	-33,745
f Administrative expenses					
g End of year balance	4,074,462	3,875,780	3,587,562	3,162,120	3,819,145

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 43.09 %
 - c** Temporarily restricted endowment ▶ 56.91 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,458,348		4,458,348
b Buildings		334,055,498	239,822,004	94,233,494
c Leasehold improvements		2,769,430	2,088,243	681,187
d Equipment		160,356,691	130,543,433	29,813,258
e Other		9,949,366	5,602,776	4,346,590
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				133,532,877

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from Affiliates	83,624,775
(2) Other Receivables	12,851,645
(3) Deferred Compensation/Retirement/Pension Asset	15,899
(4) Physician Guarantee Asset	641,072
(5) Security Deposit	
(6) Estimated 3rd Party Payor Settlements	2,256,309
(7) Deferred Tax Asset	3,763
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 99,393,463

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	1,981
Due to Affiliates	38,619,308
Deferred Compensation/Retirement/Pension Liability	15,899
Estimated 3rd Party Payor Settlement	333,011
Physician Guarantee Liability	
Recovery Tail Liability	4,419,257
Accrued Tax Liability	103,291
Intercompany Debt with Ascension Health Alliance	95,663,366
Lease Liability	84,053
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 139,240,166

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 62-0347580

Name: Saint Thomas West Hospital

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
OTHER LIABILITIES	1,981
Due to Affiliates	38,619,308
Deferred Compensation/Retirement/Pension Liability	15,899
Estimated 3rd Party Payor Settlement	333,011
Physician Guarantee Liability	
Recovery Tail Liability	4,419,257
Accrued Tax Liability	103,291
Intercompany Debt with Ascension Health Alliance	95,663,366
Lease Liability	84,053

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowment funds are held by Saint Thomas Health Foundations. The endowment funds are specifically designated pools of assets held and invested by the Foundation to provide long-term growth, interest and dividends. Only the income from the endowment fund is used.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2019.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2018
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 Saint Thomas West Hospital

Employer identification number
 62-0347580

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			13,546,701		13,546,701	3.16 %
b Medicaid (from Worksheet 3, column a)			37,886,472	34,405,594	3,480,878	0.81 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	51,433,173	34,405,594	17,027,579	3.97 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1		21,343		21,343	0 %
f Health professions education (from Worksheet 5)			4,457,396	1,002,045	3,455,351	0.81 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	28	12	1,443,668		1,443,668	0.34 %
j Total. Other Benefits	29	12	5,922,407	1,002,045	4,920,362	1.15 %
k Total. Add lines 7d and 7j	29	12	57,355,580	35,407,639	21,947,941	5.12 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2		134,052		134,052	0.03 %
2 Economic development					0	0 %
3 Community support	1		5,000		5,000	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy	1		12,500		12,500	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	4	0	151,552	0	151,552	0.04 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 4,073,984	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 207,738,612
6 Enter Medicare allowable costs of care relating to payments on line 5	6 246,793,826
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -39,055,214
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

	Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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3				
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12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://healthcare.ascension.org/CHNA</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://healthcare.ascension.org/CHNA</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Saint Thomas West Hospital

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
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Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART II	Lutheran Services in Tennessee: provide funds to support the healthy gardens initiative, an individualized raised-bed garden program based in low-income housing communities that teaches families in poverty to grow their own vegetables, increasing the amount of nutritious food available and consumed. (community health need: wellness, obesity, and disease prevention/management) Nashville Downtown Partnership: provide support to the b-cycle station at the downtown farmers market. This shared bike program is implemented to increase active transportation and is aligned with healthy people 2020 goals. (community health need: physical activity and wellness) Mathew Walker: provided funds for expansion of dental clinic at Matthew Walker. (community health need: access to care) Metro Public Health Department: provided funds to support the healthynashville.org database. (community health need: social determinants) New Beginnings: provide funds to support its healthy lifestyle program for low-income women. the program uses physical fitness training, nutrition and health education, along with life coaching to improve overall health and well-being. (community health need: wellness, obesity, disease prevention/management) Preston Taylor Ministries: provide funds to support its mission to empower children and youth to reach their potential through the Preston Taylor ministries one-on-one mentoring programs. (community health need: social determinants and youth issues) Room In the Inn: provide funds to support its mission of support for persons experiencing homelessness. the funds are restricted to holistic support of homeless individuals who have experienced a recent hospitalization and who would benefit from a transitional supportive living environment, including navigation of the health care system and obtaining necessary mental health services. (community health need: access to care/care coordination) Sexual Assault Center: provide funds to support their mission to provide healing for those affected by sexual assault and end sexual violence. the funds are restricted to provide treatment and mental health support to low-income clients. (community health need: mental and emotional health) Siloam Health: supported the work of the Siloam clinic which serves the uninsured and underserved in Nashville with a focus on refugees. their patients come from over 80 countries and speak over 70 languages. (community health need: access to care) Tennessee Justice Center (TJC): work together with TJC to improve access to care through providing enrollment assistance and training. the hospitals also provide financial support to TJC for this collaborative work. (community health need: access to care)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART II</p>	<p>Our mission in motion: the mobile mammography outreach program is designed to increase access to high quality screening mammography for all women, with special attention to the poor and vulnerable in Middle Tennessee. The program provides screening mammograms in collaboration with local employers, communities, and safety net clinics, reducing the barrier of transportation and inability to afford time away from work. Screening mammograms are available to the uninsured. When indicated, Our Mission In Motion works with women to connect them to follow up care. It is the goal of the program to improve the compliance rates for screening mammography by making services accessible and affordable, thus decreasing the late stage detections of breast cancer for women in Middle Tennessee. Women delay their annual mammograms for numerous reasons, with the most common including lack of insurance, financial barriers, and the inability to take time off work to receive one. In fiscal year 2019, 3,132 screenings were performed at 203 stops. 388 women received mammography screening for the first time, and 1,117 women were screened who had not had a mammogram in over two years. (community Health need: access to care)</p> <p>Advocacy for Health: Saint Thomas Health is a founding member and active member of the middle Tennessee consortium of safety net providers, which works to provide quality, affordable medical homes for the uninsured and specialty care services on a sliding scale based on household income. Saint Thomas Health Foundation serves as the legal and fiduciary agent to the consortium. the board of directors that governs the consortium is comprised of health care providers and local business leaders who serve the low-income and uninsured. Saint Thomas Health is committed to ensuring 100% access to care for everyone, with special attention to those who live in poverty and struggle the most; saint Thomas health actively advocates for healthcare access and coverage for all persons through grassroots outreach and ongoing educational meetings with elected officials. Saint Thomas Health's advocacy work communicates CHNA findings and works with federal, state, and local officials to create and shape public policy to meet the needs identified by the community. Saint Thomas Health provides sponsorship of community events as well as presentations to increase awareness and educate the public regarding healthcare reform and access. Saint Thomas Health senior leaders participate as active board members of non-profit organizations whose mission is aligned with community health improvement. Saint Thomas health representatives also participate in county health councils. (community health needs: access to care).</p> <p>Dispensary of Hope Charitable Pharmacies: Since 2006, the Dispensary of Hope pharmacy has provided medication assistance for uninsured and underinsured individuals who are experiencing financial hardship. In fiscal year 2019, 22,137 prescriptions were filled, a total value of \$406,160 in 4,969 total patient encounters at the Saint Thomas West Hospital location. The pharmacy located in Rutherford county dispensed 40,758 prescriptions in a total of 17,294 patient encounters at a value of \$520,476 in fiscal year 2019. A third pharmacy located on the Saint Thomas Midtown Hospital campus filled 27,977 prescriptions, a total value of \$369,885 in 6,311 patient encounters during fiscal year 2019; a fourth location on the Saint Thomas Hickman Hospital campus dispensed 5,060 prescriptions in a total of 1,134 patient encounters at a value of \$185,975 in fiscal year 2019. (community health need: access to care and wellness).</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Saint Thomas Health, EIN: 58-1716804

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. SAINT THOMAS WEST HOSPITAL uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>SOCIAL DETERMINATES ARE THE CONDITIONS OF COMMUNITIES WITHIN WHICH PEOPLE LIVE THAT AFFECT THEIR HEALTH AND WELL-BEING AND INCLUDE HOUSING, CRIME, POVERTY, EDUCATION, DISCRIMINATION, AND OTHERS. ADDRESSING THE SOCIAL DETERMINATES OF HEALTH THROUGH COMMUNITY BUILDING IS AN IMPORTANT COMPONENT IN IMPROVING THE CONTRIBUTING FACTORS THAT DETERMINE THE HEALTH OF THE COMMUNITY. SAINT THOMAS WEST HOSPITAL SUPPORTS A VARIETY OF EFFORTS AND CONTINUES TO WORK IN COLLABORATION WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND WELL-BEING OF THE COMMUNITY, ESPECIALLY THE POOR AND VULNERABLE, INCLUDING REPRESENTATION ON COMMUNITY/NON-PROFIT BOARDS AND COMMITTEES WHICH WORK TO IMPROVE THE HEALTH AND ADDRESS ITS SOCIAL DETERMINATES. COMMUNITY SUPPORT: SAINT THOMAS WEST HOSPITAL SUPPORTED THE METRO HEALTH DEPARTMENT WEBSITE: HEALTHYNASHVILLE.ORG THROUGH FINANCIAL DONATION. ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT/SAFETY: THE CHIEF ADVOCACY OFFICER SPENDS TIME ADVOCATING FOR POLICY CHANGE THAT DIRECTLY IMPACT THE POOR AND VULNERABLE. THIS IS DONE THROUGH INDIVIDUAL MEETINGS, COMMITTEE INVOLVEMENT, AND STATE LEGISLATIVE INVOLVEMENT. WORKFORCE DEVELOPMENT: UNDERSTANDING THE STRONG CORRELATION BETWEEN INCOME LEVEL AND PHYSICAL HEALTH, SAINT THOMAS WEST HOSPITAL SUPPORTS WORKFORCE DEVELOPMENT THROUGH ENGAGEMENT WITH METRO NASHVILLE PUBLIC SCHOOLS. THROUGH HOSPITAL TOURS AND JOB SHADOWS WITH SAINT THOMAS WEST HOSPITAL ASSOCIATES, LOW-INCOME HIGH SCHOOL STUDENTS ARE EXPOSED TO VIABLE, WELL-PAYING CAREERS IN HEALTHCARE, ENCOURAGING THEM TO CONSIDER THESE CAREER PATHS WHICH CAN LEAD TO FINANCIAL SECURITY AND, ULTIMATELY, BETTER OVERALL HEALTH FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES. PHYSICAL IMPROVEMENTS/HOUSING: SAINT THOMAS WEST HOSPITAL PROVIDED \$1.5 MILLION TO MATTHEW WALKER FQHC CLINIC IN NASHVILLE TO SUPPORT THE INFRASTRUCTURE CHANGES THAT NEEDED TO OCCUR TO BEGIN A MUCH-NEEDED DENTAL RESIDENCY PROGRAM - A PARTNERSHIP WITH MATTHEW WALKER CLINIC/UT SCHOOL OF DENTISTRY/SAINT THOMAS WEST HOSPITAL. COALITION BUILDING: SAINT THOMAS WEST HOSPITAL SUPPORTS COALITION BUILDING THROUGH HOSPITAL LEADERS' PARTICIPATION ON COMMUNITY BOARDS. REPRESENTING SAINT THOMAS WEST HOSPITAL, ASSOCIATES USE THEIR TIME TO HELP LEAD NONPROFIT ORGANIZATIONS AS THEY WORK TO IMPROVE THE OVERALL WELL-BEING OF THE COMMUNITY. THIS COLLABORATIVE WORK ENCOMPASSES THE ISSUES OF HEALTHCARE, ECONOMIC VITALITY, EDUCATION, HOUSING/HOMELESSNESS, YOUTH ISSUES, AND MORE. ORGANIZATIONS INCLUDE: BETTER BUSINESS BUREAU, WILLIAMSON COUNTY CHAMBER OF COMMERCE, NASHVILLE AREA CHAMBER OF COMMERCE/COE COUNCIL OF ACADEMY PROGRAMS - METRO NASHVILLE PUBLIC SCHOOLS, SILOAM HEALTH, AMERICAN HEART ASSOCIATION, ROOM IN THE INN, SAINT VINCENT DE PAUL SOCIETY, BOY SCOUTS OF AMERICA, AMAZIMA MINISTRIES, HOSPITAL HOSPITALITY HOUSE, HABITAT FOR HUMANITY, NASHVILLE HEALTH, UK MHA BOARD OF ADVISORS, TENNESSEE HOSPITAL ASSOCIATION, NASHVILLE HEALTH CARE COUNCIL, TENNESSEE BUSINESS ROUNDTABLE, ALIVE HOSPICE, AND DIOCESE OF NASHVILLE BOARD.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2019 was \$22,633,243 at charges, (\$4,073,984 at cost).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Saint Thomas West Hospital has a very robust financial assistance program; therefore, no estimate is made for bad debt attributable to financial assistance eligible patients.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH FOOTNOTE #2 DISCUSSES BAD DEBT EXPENSE (IMPLICIT PRICE CONCESSIONS) AND IS LOCATED ON PAGES 18-20.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SAINT THOMAS WEST HOSPITAL FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Saint Thomas West Hospital: Line 16b URL: https://healthcare.ascension.org/Financial-Assistance;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Saint Thomas West Hospital: Line 16c URL: https://healthcare.ascension.org/Financial-Assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>IN ADDITION TO THE CHNA COLLABORATION, SAINT THOMAS WEST HOSPITAL AND THE CHNA partnering organizations are committed to improving the health of the community beyond the services each provides. It is this shared commitment and goal of a healthy community for all that brings the partnering organizations. Reliable, third party reports, including data from government sources to assess the health care needs of the communities it serves. These reports provide information about key health, socioeconomic, and demographic indicators that point to areas of need and include but are not limited to reports from: -Tennessee Department of Health -Nashville Metropolitan Planning -Tennessee Department of Education -Tennessee Department of Labor -University of Wisconsin Population Health -County Health Rankings -Family & Children's Services -Metro Nashville Social Services -Tennessee Bureau of Investigation -Feeding America -Enroll America -US Department of Health and Human Services -Healthy Nashville -U.S. Central Intelligence Agency -U.S. Census Bureau -Centers for Disease Control and Prevention Saint Thomas Health to Health Care That Leaves No One Behind goes well beyond delivering the highest quality care and medicine. This is a commitment to improving health both inside and outside hospital walls and within the community with special attention to the poor and vulnerable. Saint Thomas Health's Mission, Vision and Values are key factors influencing the approach and commitment to addressing community health needs through community benefit activities and utilizing information from these secondary sources to develop programs and provide services throughout the region. Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, Saint Thomas West Hospital, and Saint Thomas Health considers the health care needs of the overall community when evaluating internal financial and operational decisions.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Education of eligibility for assistance at Saint Thomas West Hospital begins at registration with signage displayed at all registration points notifying patients that we have a Financial Assistance Program, as well as contact information for the patient to use should they need assistance. Plain Language Summaries of the FAP containing this information are also offered to patients at all registration points. The FAP, FAP Application and Plain Language Summary are also available in multiple languages based on LEP requirements in our community. Saint Thomas West Hospital's registration associates discuss the estimated balance that will be due with both insured and self-pay patients. Should the associate identify that the patient may need assistance with that balance he/she will provide the patient with a Financial Assistance Application and help them complete it, if needed. All self-pay and underinsured patients are screened by Saint Thomas West Hospital for alternative coverage including Medicaid, SSI/SSD, Cobra, student coverage, and crime victims' compensation. If no alternative is identified then an associate will work with the patient to complete a Financial Assistance Application. Also, contact information is listed on Saint Thomas West Hospital billing statements for the patient to use in the event they need assistance with their balances. A Plain Language Summary is also mailed 30 days in advance of an Extraordinary Collection Activity occurring. Collections associates have been trained to offer patients a Financial Assistance application if needed by the patient. Saint Thomas West Hospital works with third party collection vendors who are required to follow the Hospital's Financial Assistance Policy. A third party vendor is also used to perform presumptive charity scoring on all accounts prior to bad debt placement to identify any accounts that may qualify presumptively for financial assistance even if a patient did not request to apply for financial assistance. A plain language summary of the Financial Assistance Policy, FAP, FAP Application and list of Providers Covered under the FAP can all be found on our website at https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Nashville-Saint-Thomas-West-Hospital/Financial-Assistance in all required LEP languages.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>LOCATED IN NASHVILLE, TENNESSEE, SAINT THOMAS WEST HOSPITAL, PRIMARILY SERVES RESIDENTS OF DAVIDSON COUNTY AND ADJACENT SURROUNDING COUNTIES OF MIDDLE TENNESSEE AND HAS A STRONG CARDIAC SERVICE LINE AND TRANSPLANT SERVICES (HEART AND KIDNEY). A MAJORITY OF A Saint Thomas West Hospital'S EMERGENCY VISITS ARE FROM DAVIDSON COUNTY. Davidson county is one of 95 counties within the state of Tennessee and is located in the Middle Tennessee region. Tennessee is located in the southeastern region of the United States. Davidson county has urban, suburban and rural areas and encompasses 504 square miles, having a population density of 1243.3 persons per square mile. As of 2017, Davidson County was home to approximately 691,000 individuals. It is a young county with a median age of 34, compared to the state (38) and nation (37). Seniors (persons aged 65+) consist of 11.9% of the population. Davidson County is more racially and ethnically diverse than both the state and nation with just over half (56%) identified as White, 27% identified as African-American or Black, 4% as Asian, and 3% as "more than one race." There is a high percentage of residents that are Hispanic (10%) or speak a language other than English at home (15.7%). This is higher compared to the state (7%) but, is lower when compared to the nation (21.3%) (U.S. Census Bureau, 2017). Davidson County is experiencing rapid growth with a 10.3% increase in population between 2010 and 2017 which is two times faster than the state. There is an estimated 15% increase in population and a 22% increase in jobs between 2015 and 2025 (Nashville Metro Planning Organization, 2019). About 12% (84,672) of residents in Davidson County are foreign-born, a 2% increase from 2007. Foreign-born is someone born outside of their country of residence. Foreign-born can be non-citizens, naturalized citizens of the country in which they live, or citizens by descent, typically through a parent. The largest portion of these residents are from Latin America (43%) followed by Asia (30%), and Africa (19%). Of these foreign-born residents, 16.7% speak a language other than English at home and 8.8% reported speaking English less than very well (U.S. Census Bureau, 2017). In 2018, the FPL was \$12,140 for an individual and \$25,100 for a family of four. 16.9% of Davidson County residents live in poverty; higher than both the state (16.7%) and the nation (14.6%). Poverty is more prevalent in some geographic areas of the county, with highest rates of poverty (~78.7%). Poverty varies by race. Native Hawaiian and Pacific Islanders (62.7%) have the highest percent of poverty in Davidson County, followed by residents who identify as some other race (24%) and Hispanic or Latino Origin (29.9%). In Tennessee, individuals that identify as some other race have the highest percent of poverty (34.2%) followed by Native Hawaiian and Pacific Islanders (32.7%). In the nation, American Indian and Alaska Natives have the highest percent of poverty (26.8%) followed by Black or African Americans (25.2%) (U.S. Census Bureau, 2018). The challenges of poverty also extend to children, with 27.75% living in poverty. This equates to more than 37,000 children in Davidson County. Davidson County has more children living in poverty when compared to the state (24.25%) and the nation (20.31%) (Community Commons, 2018). In Davidson County, 12% of the population under the age of 25 does not have a high school diploma, this is lower than the state (13.5%) and lower than the nation (12.7%). These rates also vary by geography and race. In Davidson County, 9.7% of Whites do not have a high school diploma compared to 14.4% of African Americans. 39.1% of residents in the County have a bachelor's degree or higher. This is a 2% increase since 2015 and 10% higher than the amount of the State's residents that hold a bachelor's degree (26.1%) (U.S. Census Bureau, 2018). 80.1% of students in Davidson County graduated on time in 2017, which is lower than the state (89.1%) and the nation (84%) (The Annie E. Casey Foundation, 2017). The 2017 county rate decreased 1.5% from 2015; while state and national rates continue to increase. In Davidson County, 17.8% of working-age adults are uninsured. This is higher than both the state (15.9%) and national (14.8%) rates of uninsured. The racial disparities in insurance coverage throughout Davidson County is 40.2% of Hispanic or Latino residents lack insurance, while Whites of non-Hispanic origin are uninsured at a rate of 9.4% overall. Whites and Blacks have the lowest uninsured rates in the county, while those of Asian origin, of mixed race, and other groups have far higher rates (U.S. Census Bureau, n.d.). In Davidson County, 6.9% of children under 19 years of age are uninsured. This is higher than the state rate overall (4.8%) and slightly lower than the national rate (5.7%). According to the Tennessee Department of Health's 2016 joint annual report of hospitals, Davidson county has 14 hospitals:</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	10 general and specialty hospitals with a combined 3,339 staffed beds (3,790 licensed beds); one mental health hospital with 207 staffed beds out of 370 licensed beds; and 3 long term/rehab hospitals with 206 staffed beds out of 210 licensed beds. There are areas designated as medically underserved within Davidson county. For a complete description of the community demographics please review the CHNA at healthcare.Ascension.org/chna .

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Saint Thomas Health's governing body is comprised of persons representing diverse aspects and interests of the community. Many members of the Saint Thomas Health governing body reside in the organization's primary service area; who are neither employees nor independent contractors of the organization, nor family members thereof. Medical Staff: the organization extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties. Patient Care: Operates an emergency room open to all persons, regardless of ability to pay. The hospital participates in Medicaid, Medicare, TennCare, Champus, Tricare, and other government-sponsored health care programs. Financial assistance is offered, both full and partial adjustments, to those who cannot afford to pay (both insured and uninsured). Saint Thomas Foundation: The Saint Thomas Health Foundation's primary aim is to support building access to care for underserved and to aid needy patients once they leave our care. In fiscal year 2019 the Foundation granted \$81,090 from our two largest needy patient funds (Irene & Melvin Lewis Needy Patient Fund and the Watson Benevolent Fund) to support discharged patients who needed extra care to heal. We supported such things as grocery cards, electricity bills, pharmaceutical costs and more. In addition to these funds, over \$15,000 was spent for gas cards, short term stays in the Seton Inn and other pharmaceutical needs from smaller auxiliary funds for cancer, NICU and transplant patients. Furthermore, one of the most active funds in the foundation is the Community Health Outreach Fund which expended over \$252,000 in FY19 to support the needs of patients treated at our family health centers and clinics which help an underserved segment of our community population. The Foundation also administers a fund available to all employees of Saint Thomas Health who are experiencing hardship. This Fund, the Sister Juliana Bauerlein Employee Financial Assistance Fund, offered system-wide almost \$78,000 in assistance in FY19. Saint Thomas Health senior leaders and associates participate as active board members of non-profit organizations whose missions align with community health improvement and addresses social determinants of health. Health Professions Education: Saint Thomas West Hospital serves as a clinical site for students attending many of the area nursing and allied health schools. On average more than 142 students per month had clinical training at the hospital in fiscal year 2019, with more than 68,800 hours of clinical instruction on the hospital campus during the year. Additionally, Saint Thomas West supports a clinical pastoral education program, offering chaplaincy training in the clinical setting. (Community Health Need: health education and access to care) Medical missions at home: a medical mission event was held in Davidson county within a low-income community on September 22, 2018. Volunteers from all Saint Thomas Health entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, lab/pharmacy services, radiology services, and a health ministry presence to persons who otherwise have limited access to health care. This one-day event, which included multiple volunteers and community partners, served 667 community members. 78 follow-up appointments scheduled. (Community Health Need: Access to Care) Saint Thomas Health Scholars: In partnership with Metropolitan Nashville Public Schools (MNPS), the PENICIL Foundation, and the Nashville Area Chamber of Commerce, Saint Thomas Health supports the Saint Thomas Health Scholars, a cohort of roughly 55 MNPS seniors across 3 public high schools in FY19. Through the mentorship of a Saint Thomas Health licensed practicing nurse, students are given job readiness and exam preparation training to sit for the Clinical Certified Medical Assistant (CCMA) certification exam at the end of their senior year. The Saint Thomas Health mentor travels to all 3 schools weekly to teach and mentor, and scholars are brought to Saint Thomas West Hospital and Saint Thomas Midtown hospital for various job shadowing and skills testing events throughout the school year. (Community Health Need: Social Determinants and Youth Issues) Shared linen services for Ronald McDonald House and Room in the Inn: Saint Thomas Midtown and Saint Thomas West Hospital participate in cost sharing of linen expenses for two area non-profits, one which addresses needs of the homeless and one addressing temporary housing for families of hospitalized families. Community Benefit Cash and in-kind contributions: A variety of support efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including: In Kind: the hospital has provided access to its conference rooms at no charge</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>to some community organizations whose programs align with its mission. the hospital also grants certain nonprofits whose work aligns with its mission the use of some clinic, office, and storage space free of charge. Agape: provide funds in support of agape's sliding-fee payment scale for counseling, including Spanish-language counseling. (community health need: mental and emotional health) Begin Anew: provide funds to support its mission to empower individuals to break harmful cycles caused by poverty by providing education, mentoring and resources. programs offered include GED test preparation, life and job skills, and conversational English classes. (community health need: mental and emotional health) Building Lives Foundation: provide funds to support building lives, which provides job readiness training, healthcare coordination, vehicle, and housing assistance to homeless veterans. (community health need: mental and emotional health, care coordination) Catholic Charities: Funds to support its work as the lead agency at the united way's south Nashville Family Resource Center and McGruder Family Resource Center to provide health education, access to healthy food, mental health services, job readiness training, ESL and tutoring opportunities, and other social services. (community health need: wellness, social determinants, and youth issues) Catholic Media Productions: provide funds to support its programming intended to support the mental and emotional health of community members who listen to the radio programming, with a special focus on developing Spanish-language broadcasting. (community health need: mental and emotional health) End Slavery Tennessee: provided support to end slavery to provide specialized case management and comprehensive aftercare for human trafficking survivors which tactically addressing the problem through advocacy, prevention and training front line professionals. (community health need: mental health) Family & Children's Services: provide funds to connect under and uninsured consumers to affordable health coverage and/or community based low and no-cost healthcare. (Community Need: Access to care, Care coordination) Fannie Battle Day Home for Children: provide support for fresh fruits and vegetables to be provided during meals and snacks. (community health need: health education and access to healthy food) First Steps: provide funds to support its pediatric out patient therapy program, specifically to ensure services can be received regardless of ability to pay. (community health need: access to care) Habitat for Humanity: provide funds to support a house build in Davidson County. (community Health need: social determinants) Hope Clinic for Women: Provide funds to support its mission to equip women, men and families to make healthy choices with unplanned pregnancies, prevention, pregnancy loss and postpartum depression, through its prenatal & parenting education and their mentoring and professional counseling programs and health care for women. (community health need: mental health and access to care) Hope Smiles: provide funds to support its participation in the health system's four medical missions at home events. (community health need: access to care) Interfaith Dental Clinic: provide funds to support its mission to provide oral health care and oral health education for uninsured, low-income working people, their families and the elderly. (community health need: access to care)</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Saint Thomas West hospital (St. Thomas West), established in 1898, is a 541-bed hospital in Nashville, Tennessee. It provides emergency room services and comprehensive inpatient and outpatient care, including transplantation, cardiac, and oncology services. The hospital is part of Saint Thomas Health System and Ascension health. Saint Thomas Health (STH) is Middle Tennessee's faith-based, not-for-profit health care system united as one healing community. Saint Thomas health is focused on transforming the healthcare experience and helping people live healthier lives, with special attention to the poor and vulnerable. The regional health system included, in FY19, nine (9) hospitals: Saint Thomas Hospital for Specialty Surgery, Saint Thomas midtown hospital and Saint Thomas West Hospital in Nashville, Saint Thomas Rutherford hospital in Murfreesboro, Saint Thomas Hickman Hospital in Centerville, Saint Thomas Stones River Hospital in Woodbury, Saint Thomas DeKalb Hospital in Smithville, Saint Thomas Highlands Hospital in Sparta, and Saint Thomas River Park Hospital in McMinnville. A comprehensive network of affiliated joint ventures, medical practices, clinics and rehabilitation facilities complements the hospital services. These ministries work together to care for patients, joined by common systems and a philosophy of serving as a healing presence with special concern for our neighbors especially those who are vulnerable. This community benefit happens through its focus on patient care, education, and research. The organizations work together to serve their communities at the local, regional, state, and national level. Saint Thomas health is a member of Ascension, a Catholic organization that is the largest not-for-profit health system in the United States. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. Saint Thomas Health's mission provides a strong foundation and guidance for its work as a caring ministry of healing, including its commitment to community service and to provide access to quality healthcare for all. The Saint Thomas Health mission, vision and values are the key factors influencing their approach and commitment to addressing community health needs through their community benefit activity. Ascension's socially just wage and benefits policy, established in 2001, applies to all of Ascension, including subsidiary entities and contractual third-party vendor relationships. Saint Thomas Health and Ascension are committed to providing a livable wage to all associates. Minimum wage within Ascension was raised to \$11/hour during FY15. Catholic Social Teaching recognizes that everyone has a fundamental right to share in the fruits of her or his labor and to have basic needs met, including access to healthcare. An essential component of the socially just wage policy is the employer subsidization of the cost of healthcare insurance for lower-paid associates. This employer subsidy, combined with the minimum hourly wage rate, provides affected associates with a decent standard of living and affordable access to healthcare. (community health need: access to care and wellness) Saint Thomas Health supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including restricted cash donations to outside organizations, in-kind donation of employee time/services to outside organizations and representation on community/non-profit boards and committees which work to improve the health and quality of life of the communities we serve. As a system, Saint Thomas Health supports a variety of efforts specifically aimed at providing services for persons who are poor and vulnerable, and at improving the health of the community. For example, in fiscal year 2019: Continuing Medical Education: STH offers a variety of online accredited continuing medical education courses. Additionally, in-person seminars on various health topics are offered. The courses are open to all physicians and health professionals. During FY19, 9</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>educational courses/seminars were offered with total attendance of 535. (community health need: health education and access to care) Graduate Medical Education: STH and its affiliates serves as training sites for university of Tennessee, Meharry Medical College and Van derbilt University medical residents. In fiscal year 2019, 121 medical and dental residents received graduate medical education training at a Saint Thomas health site. (community health need: health education and access to care) Medical Missions at Home: Saint Thomas health organized three medical mission events, one in Davidson County, one in Warren County, and one in Rutherford County. All of these were held within a low-income community. Volunteers from all Saint Thomas Health entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, lab/pharmacy services, and a health ministry presence to persons who otherwise have limited access to health care. In FY19, these events served 1,394 community members resulting in 205 scheduled follow-up appointments. (community health need: access to care) Saint Thomas Medical Partners Family Health Centers: the mission of the Saint Thomas Medical Partners' network of family health clinics is to serve the community by providing health care to all ages regardless of insurance status or financial resources. All clinics are staffed by licensed medical professionals. For those who do not have insurance, a presumptive charity program is used to determine if the patient is eligible for our charity program for that day of service. If the patient is not eligible, clinic fees are discounted 46% with additional discounts given for paying day of service. For those who qualify for financial assistance, patient balances are adjusted. In addition, private insurance, Medicare and TennCare are accepted. Saint Thomas health operates 8 primary care safety-net clinics (the newest one opened in FY19), with one specifically focused on women's health care. These sites provided 84,761 patient encounters for 28,173 patients in fiscal year 2019. The clinics are committed to providing high-quality primary care to the uninsured and underinsured, and they serve the Davidson, Hickman, Rutherford and Warren county communities. These clinics serve as a medical home for many patients; acute medical care is provided typically on the same day, and patients with chronic illnesses are seen routinely. The clinics offer a broad range of health care. For patients struggling with mental health issues, a psychiatric nurse practitioner and licensed social worker are available at certain clinics; chaplaincy services are also an available support at certain clinics. The clinics utilize the services of the dispensary of hope to provide convenient access to free and reduce cost medications. Social workers and trained nurses also help patients request free medications through the patient assistance program referral services. The clinics work to ensure access to specialty services by linking patients to other resources within the community. The Holy Family South clinic, West clinic, and Saint Louise Clinic also offer additional services: each clinic has a nutritionist available to help patients with better food choices and initiate weight loss if needed, and each has a pharmacist on site to assist with medication management and medication education within their patient population. Additionally, the South Clinic offers Clinica Nueva Vida - a comprehensive prenatal care program for uninsured, low income Hispanic women in greater Nashville, combined with medical monitoring. The Saint Louise clinic offers a pharmacotherapy program with strong focus on congestive heart failure. (community health need: access to care)</p>

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 62-0347580**Name:** Saint Thomas West Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Saint Thomas West Hospital 4220 Harding Road Nashville, TN 37205 https://healthcare.ascension.org/Locations/Tennessee/TNNAS/Nashville-Saint-Thomas-West-Hospital 000000024	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - Saint Thomas West Hospital - Part I. IN DAVIDSON COUNTY, SAINT THOMAS COLLABORATED WITH VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC) AND THE METRO PUBLIC HEALTH DEPARTMENT DURING FISCAL YEAR 2019 TO COLLECT DATA FOR THE TAX YEAR 2018 CHNA. The process included a review of secondary health data, a systematic review of existing community agency reports, an online community survey, interviews of community representatives and leaders, community listening sessions, and a community health summit to review findings and discern unmet health needs. The collaborating team received input from public health experts, including the local public health department. Saint Thomas Health, Vanderbilt University Medical Center and the Metro Public Health Department to design, direct and conduct the CHNA. Saint Thomas Health (STH) and Vanderbilt University Medical Center (VUMC) participated in the CHNA process on behalf of their non-profit hospitals and health systems. Input from persons representing the broad interests of the community, including those with expertise in public health, was obtained through face-to-face interviews, community listening sessions, and via an online community survey (distributed in English and Spanish). Saint Thomas Mid town Hospital, Saint Thomas West Hospital, and The Hospital for Specialty Surgery, and its collaborators also conducted a comprehensive review of relevant secondary data. The partnering team reviewed publicly available secondary data for the following health indicator topics: demographics and socioeconomic status, social and natural environment, access to health care, morbidity/mortality, birth outcomes, preventive care/risk factors behaviors, infectious disease, and mental health. Social determinants are the conditions of communities within which people live that affect their health and well-being and include housing, crime, poverty, education, discrimination, and others. Social determinants are included in assessments of health and well-being. Addressing the social determinants of health through community building and improvement initiatives is a key component in improving the contributing factors that determine the health of the community. The partnering organizations, therefore, also reviewed indicators of health related to social determinants as part of this assessment. In addition, these hospitals solicited written feedback on the most recent CHNA on the Saint Community Benefit website. Specifics of each method are described in depth in each corresponding section of the report. The partnering organizations used the MAPP (Mobilizing for Action through Planning and Partnerships) process to guide their Davidson County CHNA work. MAPP is a community-wide strategic planning process for improving public and community health; this framework helps communities prioritize public health issues, identify resources for addressing them, and act to improve conditions that support healthy living. The process encompasses</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>four separate assessments that measure the health of the community in several ways. Please note that two of the four MAPP assessments conducted (Local Public Health System Assessment and Forces of Change) are considered supplemental and will be included in the Appendices of the CHNA report. The partnering organizations worked together to design, direct and conduct the assessments of the communities served. Representatives of the organization include those with special knowledge of and/or expertise in public health. STH, VUMC, and MPH had one community served which overlapped: Davidson County, TN. The partnering organizations collaborated and shared in the analysis of interview and community listening session results. Additionally, STH and VUMC worked together in reviewing secondary data and preparation for community meetings in three other counties: Hickman County, TN; Rutherford County, TN; and Williamson County, TN. Using MAPP, the partnering organizations also collaborated with members of the community to understand the current health needs of Davidson County, including organizations such as, but not limited to: Metro Social Services; Family and Children's Services; United Way of Nashville and the Family Resource Centers; Tennessee Department of Health; Juvenile Justice Center; Mayor's Office of Nashville; Metro Planning Department; Metro Parks Department; Metro Nashville Public Schools, Matthew Walker Comprehensive Health Clinic, ConnectUs Health, Metro Arts, Healthy Nashville Leadership Council, mental health experts, law enforcement officers; and regional health council representatives. While the partnering organizations collaborated with many community agencies and experts, hired consultants were not used during the CHNA process. Community representatives and leaders, who represented a broad interest of the community, were identified by Saint Thomas Health entities, Vanderbilt University Medical Center, the Metro Public Health Department, and Community Input Committee. The interviewee constituency was diverse and included those with professional experience and/or the ability to represent populations which are medically underserved, low-income, minority and/or with chronic disease needs. Community representatives and leaders also included those with special knowledge of and/or expertise in public health. Interviewees represented areas of healthcare services, law enforcement, education, non-profit agencies, faith communities, government representatives, safety net service providers, economic and workforce development, mental/behavioral health services, housing and homelessness and other interest groups working with vulnerable populations. To gather more widespread input from the community, an electronic intercept survey was disseminated to various organizations in the community. The online community survey (English and Spanish), which can be found in the appendix of the CHNA, consisted of four open-ended questions as well as close-ended questions.</p>

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>stions to gather demographic information from respondents. The questions utilized on the s urvey were adapted from the Kansas City Health Department and the MAPP process with input from the Community Input Sub-Committee. The open-ended questions focused on community asse ts, issues/concerns, and future goals for the community. Following development of the ques tions, the survey was translated into Spanish, converted into an electronic survey using R EDCap, and piloted for accuracy and timing. The survey was distributed to several networks of the health department as well as health system and community partners. Finally, the qu alitative data was analyzed by a team of four reviewers to determine themes and the demogr aphic data was analyzed using Excel. The survey was distributed by the health system, comm unity, and public health networks. 277 responses were fielded from the community survey wi th all respondents living in Davidson County. 79% of respondents identified female, and 21 % identified male. 48% of respondents were between the ages of 40-64, while another 36% we re aged 26-39. 81% of respondents were white and15% of respondents were African-American. Approximately 24 of total responses were from the survey distributed in Spanish; an additi onal 4% of the respondents from the English survey identified as Latino/a, Hispanic or Spa nish. In Davidson County, six listening sessions were conducted to identify the first-hand opinions of community members. The goal was to understand individuals' viewpoints on issu es facing their community, what health and healthcare barriers exist, and what resources a re available or absent. Listening sessions were moderated by the Needs Assessment partners and held at six locations around Davidson County including Hadley Park, Hartman Park, Eli zabeth Park Senior Center, Building Lives Foundation, Outreach Base, and Salahadeen Center . Each session had twelve to fifteen individuals in attendance. The participants completed a demographic survey in order to provide insight into the composition of each group, but all responses during the conversation were kept anonymous. The main topics explored in the se sessions included quality of life, community assets, obstacles or challenges, and prior ities for the future. The listening session guide can be found in Appendix C of the CHNA. The majority of participants were female, 27% were Hispanic or Latino, and 41% were Black or African American. Nearly half of participants spoke a language other than English in th e home, and most individuals completed some college, have a college degree, or have a grad uate degree. 41% of participants were uninsured or enrolled in Medicaid or Medicare.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Saint Thomas West Hospital - Part II. Results of the systematic review, community interviews, community listening sessions, and secondary data analysis were presented on January 11, 2019 at the West End Community Church for the Healthy Nashville Summit. 159 persons attended, and invitees included all participants in interviews and community listening sessions, as well as community members with expertise in public health or who work with medically under-served, minority, or low-income populations. The purpose of the summit was to solicit input and consider the broad interests of the community in identifying and prioritizing the community's health needs. In Davidson County, the Summit was facilitated jointly by VUMC, Saint Thomas Health, and the Metro Public Health Department. After being presented with primary and secondary data on several needs, summit attendees provided input into prioritizing the most important health needs within the community. Attendees individually selected between one and three health issues and then discussed these needs with their tablemates, guided by a facilitator. The table consolidated the needs into three health need buckets. These buckets were then entered into an electronic voting system. All participants voted on their top three priorities via the voting system called RedCap. The four health needs with the greatest number of votes were selected as the identified health needs.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Saint Thomas West Hospital. The Tax Year 2018 CHNA was conducted with Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, and Vanderbilt University Medical Center .

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Saint Thomas West Hospital. The OTHER ORGANIZATIONS WHO SERVED AS a PARTNER IN THE CONDUCTING OF the tax year 2018 CHNA were Saint Thomas Health and and the Metro Public Health Department.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Saint Thomas West Hospital - Part I. For the Tax Year 2018 CHNA, the results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders at the January 11th, 2019 Davidson County Health Summit meeting, which included local health department staff, Saint Thomas Health, Vanderbilt Medical Center, and more than fifty additional organization perspectives. The meeting attendees represented covered a broad spectrum of the community, including those focusing on the underserved population. They were asked to provide collective input into the needs of the community. Stakeholders present prioritized the following needs for Davidson County: Access to Affordable Healthcare, Access to and Coordination of Resources/Services, Support Mental Health and Reduce Toxic Stress, Address Basic Needs and Social Determinants, and Equity. During the CHNA and Implementation Strategy brainstorming phase across the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple counties. This model is an effort to allocate resources in ways that can more meaningfully impact priority areas across a health system and leverage the local assets of communities. The 4 needs chosen appeared in 5 or more of the counties surveyed. The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle. Ascension Saint Thomas' community benefit department also commits significant resources to helping build capacity in other community plans, including the Davids on County CHIP (Community Health Improvement Plan). We are committed to aligning our strategies when possible and finding other opportunities to collaborate for the betterment of the community. Additionally, our Community Benefit work will utilize an equity and advocacy framework. This will ensure we are aware of how systems need to change to decrease inequities and increase equity. Effective and sustainable change is most successful when people and communities impacted by the change are included throughout the process. The tax year 2018 prioritized unmet health needs identified for Davidson County, Tennessee, by this CHNA are: 1) Access to Care 2) Mental Health 3) Obesity 4) Substance Abuse All priority health needs will be addressed. Prioritized Need 1: Access to Care GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage. Strategy 1: Operate and expand a community-facing breastfeeding outreach clinic to support and educate breastfeeding families. Strategy 2: Operate and expand Dispensary of Hope pharmacies provide medication assistance for uninsured & underinsured individuals who experience financial hardship, as well as assisting patients w</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ith navigating other community resources as needed. Strategy 3: Distribute donated medication to charitable pharmacies and clinics. Strategy 4: Improve maternal and infant health through offering prenatal education via group visits. Strategy 5: Operate Saint Thomas Health Scholars to provide opportunities for students in Metro Nashville Public Schools to advance their experiential learning and obtain industry certification in the healthcare field. Strategy 6: Increase screening compliance through our Mobile Health Units, including Mission in Motion Mobile Mammography. Strategy 7: Implement Community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with community resources. Strategy 8: Improve access to care via telemedicine, including consultations when acute stroke symptoms are present. Strategy 9: Expand access to dental care through dental residency program and practice. Strategy 10: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas. Prioritized Need 2: Mental Health GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services. Strategy 1: Provide mental health screening, counseling, and psychiatric medication management to community members who seek care at Saint Thomas Medical Partners' Davidson Family Health Center PCMH sites. Strategy 2: Support the development of a more coordinated network to meet the behavioral health needs of individuals and communities in Davidson County. Strategy 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas. Prioritized Need 3: Obesity (Healthy Weight) GOAL: Promote and support a healthy lifestyle through strengthening community resources that will positively impact healthy eating, active living, chronic disease management and chronic disease prevention. Strategy 1: Provide access to physical activity and nutrition education and counseling through at least one primary care clinic. Strategy 2: Explore and learn about opportunities to reduce food waste and increase the amount of food donated to food banks with community partners and health systems. Strategy 3: Explore opportunities for community-facing bariatric models of care that would remove barriers for the poor and vulnerable. Strategy 4: Explore opportunities to increase access and knowledge of healthy eating through new partnerships. Strategy 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas. Prioritized Need 4: Substance Abuse GOAL: Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need. Strategy 1: Better meet basic needs and social determinants for individuals in recovery. Strategy 2: Develop a more coordinated network to meet the behavioral health needs of individuals and communities</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	in Davidson County. Strategy 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas. The results of the data review , community interviews, listening sessions and the online community survey were presented to the community representatives and leaders at the January 11th, 2019 Davidson County Health Summit meeting, which included local health department staff, Saint Thomas Health, Van derbilt Medical Center, and more than fifty additional organization perspectives. The meeting attendees represented covered a broad spectrum of the community, including those focusing on the underserved population. They were asked to provide collective input into the needs of the community.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>Facility , 2 - Saint Thomas West Hospital - Part II. ACTIONS TAKEN DURING FISCAL YEAR 2019 ON THE TAX YEAR 2015 CHNA - PARTS II-IV ACCESS TO CARE/CARE COORDINATION Strategy 1: Engage state legislators and other key stakeholders to advocate for expanded access to care in Tennessee. Results: All Tennessee legislators from all counties and neighboring counties/ districts we serve were engaged weekly via in person visits, calls, or emails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions. In addition , meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities. During the Summer and Fall legislators are engaged as well during hospital ministry tours or Summer study meetings, but less frequently. Chief Advocacy Officer conducted followup with Federal legislators and staff visits made in person and engaged regularly in Washington and in the local district regarding health policy. Chief Advocacy Officer appointed to Tennessee Access to Care Board. Health Policies that were discussed and supported included 100% Access and 100% Coverage for All, Medicaid Expansion, Insure Tennessee, 3Star Healthy Plan, Hospital Assessment, Expansion of Ascension PACE, Opioid Epidemic Policy. Balanced Billing, Compact Medicine Policy, Nurse Practice Act, Certificate of Need, 340B, Corporate Practice of Medicine, Sexual Assault Transports, Psych Patient Transports, Rural Hospitals, Rural Health Access, Behavioral Health/Substance Abuse, and Future of Medicaid. Strategy 2: Address the outpatient care needs of recently hospitalized vulnerable individuals by going beyond usual discharge planning. Results: 16 patients received additional healthcare charity resources post discharge. Strategy 3: Operate a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured and underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed. Results: In fiscal year 2019 4,562 people had been served in 8,598 encounters at Saint Thomas West Hospital location. At the Saint Thomas Midtown Hospital location, 5,328 individuals have been served in 10,315 encounters filling a total of 23,572 prescriptions total value of \$427,596 in 10,519 total patient encounters at the Saint Thomas West Hospital location. The Saint Thomas Midtown hospital campus filled 31,783 prescriptions, a total value of \$547,751 in 11,244 patient encounters. Strategy 4: Distribute donated medication to charitable pharmacies and clinics. Results: Dispensary of Hope distribution center has expanded in both relationships with pharmaceutical companies to maintain consistent medication supplies and in # of charitable pharmacies throughout the United States. Strategy 5: Provide a medical home for an increased number of uninsured and underinsured individuals, thus expanding their access to a full range of needed medication.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>al care. Results: Full service primary care with wraparound services and referral systems in place available at the following Saint Thomas Clinics subsidized by the hospitals: Holy Family Clinic, UT Internal Medicine Clinic, UT OB/GYN Clinic, West Clinic, Maplewood Clinic. These clinics have additional focus on serving the poor and vulnerable, with bilingual services and resources available to meet the needs of those served. Strategy 6: Increase access to healthcare by removing traditional financial and insurance hurdles, through financial assistance and emergency care policies. Results: Policy in place to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy. Strategy 7: Implement community wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources. Results: A Medical Mission Event was held September 22, 2018. This event served 667 community members in over 2,275 encounters with 155 follow up appointments scheduled. Strategy 8: Convene a Middle Tennessee Oral Health Coalition to improve the oral and overall health of the dentally underserved in Middle Tennessee. Results: A coalition of oral health stakeholders was formed in 2014, with the financial support of STH, to address the current oral health system and work towards a sustainable system of care for vulnerable populations in Middle TN. STH advocacy and community health leaders participate in the coalition. Continue to promote Dental safety list throughout Middle Tennessee. Strategy 9: Increase breast cancer screening compliance through Our Mission in Motion Mobile Mammography. Results: In 2019 Forty four plus events served 662 plus patients, with 407 plus qualifying for free care 108 plus patients had never had a mammogram and for 383 plus it had been greater than two years. Strategy 10: Improve access to care via telemedicine consultations when acute stroke symptoms are present. Results. Program in place at 10 locations with 115 encounters in FY17, and 7 neurology specialists completing virtual consults. The program continues to grow with patient discharge outcomes and consult times are being tracked. Strategy 11: Expand access to dental care through a new dental residency program and practice. Results: Three way partnership with Saint Thomas West Hospital, Matthew Walker Comprehensive Clinic (FQHC), and University of Tennessee formed to develop dental residency program. Funding (\$1.7M) provided in FY18/19 for construction of needed space and equipment to expand Matthew Walker Clinic. First residency group started Summer 2018. Program continues to grow and evolve in 2019. Strategy 12: Provide communitybased organizations with financial support toward their work in one of the Prioritized Need areas. Results: Multiple Organizations Funded: First Steps: To support pediatric outpatient therapy</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>py program to ensure services can be received regardless of ability to pay. Hope Clinic fo r Women: To support prenatal & parenting education, mentoring, and professional counseling programs for women with unplanned pregnancies. Hope Smiles: To support outreach dental wo rk through Medical Missions at Home. Interfaith Dental Clinic: To support oral health care and education for uninsured, low income working people, their families, and the elderly. Metro Public Health Department: To support the department's health portal. Room In The Inn : To support the needs of homeless individuals who have experienced a medically fragile ev ent or recent hospitalization and need a transitional supportive living environment, inclu ding navigation of the health care system. Tennessee Justice Center: To improve access to care through providing enrollment assistance and training collaboratively. Siloam Health: To support clinics which serve the uninsured and underserved in Nashville with a focus on refugees. Patients come from over 80 countries and speak over 70 languages. Tennessee Stat e University (TSU): To provide for the purchase of AED equipment for TSU (Historically Bla ck College/University) sports teams. Family and Children's Services: To support Healthcare Access Program to assist and connect people with insurance options and connecting to affo rdable care through in person and phonebased case management with Spanish, Kurdish, and Ar abic capacity. SOCIAL DETERMINANTS Strategy 1: Implement an anti human trafficking initiat ive throughout Saint Thomas Health so that victims of human trafficking who seek medical c are will be identified and connected with the assistance they need. Results: Anti human tr afficking initiative started with charter in place. Four training modules and localized pr otocols have been developed for roll out to all Saint Thomas Health employees. The trainin g modules are available for all employees currently. Training has begun in Davidson County . One clinic, UT Internal Med, has had all staff including physicians trained. Saint Thoma s Midtown ED has trained the majority of staff/physicians. Roll out and training will cont inue to occur throughout all Saint Thomas Health facilities. Strategy 2: Provide resource navigation support to community members in need, recognizing how critical economic stabili ty and social environments that promote good health are to improve an individual's and a c ommunity's health. Results: The strategy for the development of a centralized call center in which this resource were to be embedded shifted with the development not at a point to implement this resource during 2019.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>Facility , 3 - Saint Thomas West Hospital - Part III. Strategy 3: Increase healthcare exposure for Maplewood High School and other Metro Nashville Public School (MNPS) students to healthcare as they consider and prepare to enter the healthcare workforce, while increasing access to primary care for members of the surrounding community. Results: Saint Thomas Health Scholars: In partnership with Metro Nashville Public Schools (MNPS), the PENCIL Foundation, and the Nashville Area Chamber of Commerce, ST West and Midtown Hospitals support the Saint Thomas Health Scholars, a cohort of roughly 100 MNPS seniors across 9 public high schools. Through the mentorship of a STH nurse educator, students are given job readiness and exam preparation training for medical industry certification examinations at the end of their senior year. The STH Nurse Educator travels to all 9 schools weekly to teach and mentor, and Scholars are brought to ST West and ST Midtown for various job shadowing and skills testing events throughout the school year. The program started in FY17 and has continued through FY19. Strategy 4: Provide firsthand exposure and experience for sophomores, juniors, and seniors in Metro Nashville Public Schools. Results: Through workforce development program with Metro Nashville Public Schools, Schools as they consider and prepare to enter the healthcare workforce. program includes: hospital tours and job shadowing with associates to expose low income high school students to viable, well paying careers in healthcare, encouraging them to consider these career paths which can lead to financial security. Strategy 5: Implement community wide Medical Mission at Home that integrates medical, dental, vision and behavioral health, along with broader community resources. Results: For FY19 Medical Mission Event held September 22, 2018. This event served 667 community members in over 2,275 encounters with 155 followup appointments scheduled. Strategy 6: Improve resource navigation support to community members in need through piloting the addition of a Navigation Specialist to the South Nashville Family Resource Center staff. Results: Multiple attempts of building out capacity of resource navigation at the South Nashville Family Resource Center unsuccessful, partially due to the differing needs within the community and inability to build and maintain trust within the community. Strategy 7: Formalize community partnerships to pilot a model for better meeting the resource needs of residents of a specific geography. Results: Several additional physician clinics with wrap around services added to Davidson County. These practices are new and are still developing partnerships within the community without formalized partnerships in place as of yet. Strategy 8: Provide community based organizations with financial support toward their work in one of the Prioritized Need areas. Results: Catholic Charities: To support work as lead agency for South Nashville and McGruder Family Resource</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>e Centers to provide health education, access to healthy food, mental health services, job readiness training, ESL and tutoring opportunities, and other social services. Preston Taylor Ministries: To support mission to empower children and youth to reach their potential through one on one mentoring programs. MENTAL AND EMOTIONAL HEALTH/SUBSTANCE ABUSE Strategy 1: Train and support a network of Faith Community Nurses, to equip them to improve the health of their congregations. Results: Faith Community Nursing (FCN): The program provides community health education and improvement through development of professional faith community nurses. The program provides training, continued education, support, resources and network to area FCNs. Additionally, the program promotes FCN to congregations as a holistic health and spiritual health promotion strategy. During fiscal year 2017, one Foundations of Faith Community Nursing was offered, and a total of 4 networking meetings were held. Demand for the program was low, resulting in the discontinuation of the program. Strategy 2: Provide mental health screening, counseling, and psychiatric medication management to community members who seek care at Saint Thomas Medical Partners' Davidson Family Health Center PCMH sites. Results: Patients are screened using the PHQ2 or 9 with appropriate referrals made as needed to advanced nurse practitioner whose sole focus is mental health. Strategy 3: Integrate psychological and pastoral counseling into a primary care site, to care seamlessly for a patient's physical and behavioral health needs within one site of care. Results: Program was in place through 2017, but issues with staffing put the program on hold. Currently, the potential for virtual spiritual care visits is being developed to pilot within some Ascension clinic locations. Strategy 4: Provide community based organizations with financial support toward their work in one of the Prioritized Need areas. Results: End Slavery Tennessee: To support specialized case management and comprehensive aftercare for human trafficking survivors. Nurses for Newborns: To provide a safety net for families most at risk, to help prevent infant mortality, child abuse and neglect through in home nursing visits providing healthcare, education, and positive parenting skills. AGAPE: Support a sliding fee payment scale for counseling, including Spanish language. Catholic Media Production: Support programming focused on the emotional and mental health of community members who listen to radio programming, with a special focus on developing Spanish language broadcasting. Begin Anew: Support for its mission to empower individuals to break harmful cycles caused by poverty by providing education, mentoring and resources. Building Lives Foundation: funds to support job readiness training, healthcare coordination, vehicle, and housing assistance to homeless veterans with substance abuse history. Nashville Symphony: To support Summer Outreach and Mu</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>sic Heals programs, bringing music into communities in need of healing with a focus on low access communities. Sexual Assault Center: To support their mission to provide healing for those affected by sexual assault by funds to assist in providing treatment and mental health support to low income clients. WELLNESS AND DISEASE PREVENTION Strategy 1: Operate and expand a community based breastfeeding clinic to support and educate breastfeeding families. Results: Breastfeeding Outreach Clinic: ST Midtown offers breastfeeding outreach and assistance through a walk in clinic, available to all community members and provided by Certified Lactation Consultants. The service is available to breastfeeding mothers, infants and support persons, regardless of delivery hospital; additional resources, such as breastfeeding classes for first time breastfeeding mothers, are recommended as needed. This outreach program is working to improve the breastfeeding rates for the community, thereby reducing maternal morbidity and improving infant health. Through the end of fiscal year 2017, the clinic saw an average of 106 patients a month. The clinic's hours increased to fifteen hours per week to accommodate community demand. Numbers remain high and capacity increased in FY18 and FY19. Program grew into an additional clinic located at Saint Thomas Rutherford Hospital in Murfreesboro, Tennessee. Strategy 2: Train and support a network of Faith Community Nurses, to equip them to improve the health of their congregations. Results: Faith Community Nursing (FCN): The program provides community health education and improvement through development of professional faith community nurses. The program provides training, continued education, support, resources and network to area FCNs. Additionally, the program promotes FCN to congregations as a holistic health and spiritual health promotion strategy. During fiscal year 2017, one Foundations of Faith Community Nursing was offered, and a total of 4 networking meetings were held. Demand for the program was low, resulting in the discontinuation of the program in FY18. Strategy 3: Implement a community wide campaign that integrates education and barrier reduction to increase breast cancer screening. Results: Breast cancer education and barriers done in conjunction with the Mobile Mammography visits. Education is also done at the locations for screenings by clinic staff within those locations. Strategy 4: Improve maternal and infant health through offering prenatal education via Centering Pregnancy classes and lactation consulting. Results: Holy Family Clinic offers Centering Pregnancy classes in English and Spanish that are conducted by the clinic's trained midwife. The lactation consultant embedded within the clinic also provides individual services to patients.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 4	Facility , 4 - SAINT THOMAS WEST HOSPITAL - PART IV. Strategy 5: Implement a community wide campaign to provide nutrition counseling that will improve food choices. Results: Registered dietician shared among several low income and high risk clinics to provide individual counselling for diabetics, obese, and others, and those at risk for developing chronic diseases. Strategy 6: Increase physical activity by offering weekly exercise classes to community members. Results: Partnership started between Holy Family Clinic and local YMCA to offer classes geared towards the Spanish speaking population and on the bus route at a time most convenient to the targeted population. Strategy 7: Provide community based organizations with financial support toward their work in one of the Prioritized Need areas. Results: Fannie Battle Day Home for Children: To provide fresh fruits and vegetables to supplement meals and snacks for the vulnerable, low income population. Lutheran Services of Tennessee: To support program to initiate individualized gardens in low income housing communities and teach families in poverty to grow and prepare their own vegetables. Nashville Downtown Partnership: To sponsor Bicycle stations at the Downtown Farmers Market and close to Saint Thomas Midtown Hospital, a shared bike program implemented to increase active transportation. New Beginnings: To support a healthy lifestyle program for low income women. The program tracks health metrics and incorporates physical fitness training, nutrition, and health education along with life coaching to improve overall health and well being.

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

Schedule I (Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Thomas West Hospital

Employer identification number

62-0347580

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	18
3 Enter total number of other organizations listed in the line 1 table	1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Organizations requesting grants are asked to submit a request in writing which identifies the community health need the grant will be addressing, along with goals and objectives. Requests are reviewed by the Saint Thomas Health Community Health & Benefit Committee prior to approval. Awarded grantees are asked to submit a report of program/event activities. It is requested the report include demographic summary of population benefited and achieved objectives and impact on health. The reports are reviewed by the Community Health & Benefit Team in a broad manner upon receipt, but will be more thoroughly scrutinized if the grant recipient comes back to ask for a renewal or another grant.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 62-0347580
Name: Saint Thomas West Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT THOMAS NETWORK 4220 Harding Rd Nashville, TN 37205	62-1868848	501(c)(3)	922,435				Provide support for Saint Thomas Family Health Center's clinic operations
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC 1035 14th Avenue North Nashville, TN 37208	62-1035426	501(c)(3)	102,542				To support the renovation of clinical and administrative spaces within the Center and the acquisition of equipment and supplies for the operation of an oral health program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE Nashville, TN 37214	62-0679520	501(c)(3)	52,000				Support the South Nashville Family Resource Center and the McGruder Family Resource Center (North Nashville)
ROOM IN THE INN 705 Drexel Street Nashville, TN 37203	62-0811413	501(c)(3)	40,000				Support Recuperative Care Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nashville Area Habitat for Humanity 414 Harding Place Nashville, TN 37211	58-1636286	501(c)(3)	31,500				Help construct home
END SLAVERY TENNESSEE PO Box 160069 Nashville, TN 37216	45-4955577	501(c)(3)	25,000				Support of survivor care services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILOAM FAMILY HEALTH CENTER 820 Gale Lane Nashville, TN 37204	58-1867940	501(c)(3)	21,560				Further the community health among the most poor and vulnerable residents of the greater Nashville area, especially the foreign-born
THE NEW BEGINNINGS CENTER 509 CRAIGHEAD ST Nashville, TN 37204	90-0751722	501(c)(3)	17,500				Fund the program costs of low-income women

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION for GUIDANCE AID PLACEMENT & EMPATHY (AGAPE) 4555 Trousdale Drive Nashville, TN 37204	62-0760716	501(c)(3)	13,500				Provide access to mental health counseling for the Hispanic population
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST Nashville, TN 37203	62-1567615	501(c)(3)	12,000				Improving the oral and overall health of the dentally underserved in Middle Tennessee

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE SMILES 115 Penn Warren Drive Brentwood, TN 37027	26-0829468	501(c)(3)	11,000				To improve access to dental care for the underserved in Middle Tennessee
NASHVILLE DOWNTOWN PARTNERSHIP 150 4th Ave N Nashville, TN 37219	62-1774641	501(c)(6)	10,000				Nashville bike stations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Clinic for Women 1810 Hayes Street Nashville, TN 37203	62-1164825	501(c)(3)	8,000				Support the Hope Clinic for Women's Bridges to Maternal Care Program
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVE Nashville, TN 37206	62-0476290	501(c)(3)	7,500				Support healthy eating initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING LIVES FOUNDATION INC PO Box 210184 Nashville, TN 37221	20-5584526	501(c)(3)	7,500				Provide support for the Academy Program
SEXUAL ASSAULT CENTER 101 French Landing Drive Nashville, TN 37228	62-1043294	501(c)(3)	7,500				To support the treatment and support for sexual assault survivors

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESTON TAYLOR MINISTRIES PO Box 90442 Nashville, TN 37209	62-1757018	501(c)(3)	7,000				PTM's One-on-One mentoring programs
CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TN'S (DBA BEGIN ANEW OF MIDDLE TN) 420 MAIN STREET Nashville, TN 37206	76-0718734	501(c)(3)	6,250				Support the Mental/Emotional Health Case Management and Mentoring program.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPPLIES OVERSEAS 1500 Arlington Avenue Louisville, KY 40206	27-2624272	501(c)(3)		61,755	Cost of Supplies	Surgical supply donation	To donate surgical supplies

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Thomas West Hospital

Employer identification number
62-0347580

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A related organization of Saint Thomas West Hospital, uses the following to establish the compensation of the organization's CEO: - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization: MICHAEL H SCHATZLEIN, MD - \$1,005,862

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No individuals received distributions in calendar year 2018.

2019 Schedule J (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 62-0347580
Name: Saint Thomas West Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TIMOTHY P ADAMS	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	705,531	100,000	118,688	13,750	23,545	961,514	0
CRAIG A POLKOW	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 8/2015)	(ii)	274,779	13,000	3,880	15,125	22,872	329,656	0
BERNARD J SHERRY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 8/2015)	(ii)	838,132	259,896	285,984	17,875	27,069	1,428,956	0
MICHAEL H SCHATZLEIN MD	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2016)	(ii)	0	0	1,010,804	0	0	1,010,804	0
PAMELA M HESS	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 7/2016)	(ii)	304,974	27,668	88,113	17,875	17,913	456,544	0
DON E KING	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 12/2017)	(ii)	488,507	56,251	164,008	15,125	25,672	749,564	0
KAREN L SPRINGER	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 12/2017)	(ii)	939,685	313,335	161,575	15,125	7,002	1,436,721	0
FAHAD TAHIR	(i)	0	0	0	0	0	0	0
CEO	(ii)	427,819	0	39,540	17,875	23,016	508,249	0
LISA R DAVIS	(i)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET	(ii)	382,204	51,555	63,500	17,875	12,195	527,329	0
JOSEPH R PINO	(i)	118,645	0	9,523	3,750	13,598	145,516	0
FORMER KEY EMPLOYEE (END 6/2018)	(ii)	0	0	0	0	0	0	0
MARK E MARSDEN MD	(i)	392,226	0	30,331	15,125	23,973	461,654	0
CMO	(ii)	0	0	0	0	0	0	0
SAMANTHA STRATON	(i)	181,484	0	869	5,472	2,913	190,737	0
VP, NURSING	(ii)	0	0	0	0	0	0	0
WILLIAM J MASON MD	(i)	366,133	28,219	1,130	13,750	26,411	435,644	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
STEVEN A EMBRY MD	(i)	277,006	27,147	4,243	17,875	28,175	354,446	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
CHRIS HOFFMAN MD	(i)	197,235	48,443	2,578	14,237	25,243	287,735	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
CARMEN G LEFFLER	(i)	195,149	4,356	2,748	13,155	9,117	224,526	0
DIRECTOR, PHARMACY	(ii)	0	0	0	0	0	0	0
STEPHEN D HOLCOMB	(i)	191,687	0	277	13,055	18,120	223,139	0
PHYSICIST	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
Saint Thomas West Hospital

Employer identification number

62-0347580

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of financial statements	The activity of Saint Thomas West Hospital ("STWH") is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of STWH is completed. Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of STWH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a Tax Exempt Bond Issuance	Saint Thomas West Hospital is a health facility that is part of Ascension Health System. Ascension Health Alliance is the borrower for tax exempt hospital revenue bonds. Saint Thomas West Hospital holds an intercompany note payable with Ascension Health Alliance, and this information is reported on the balance sheet.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Saint Thomas West Hospital has a single corporate member, Saint Thomas Health.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Saint Thomas West Hospital has a single corporate member, Saint Thomas Health, who has the ability to elect members to the governing body of the hospital.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Saint Thomas West Hospital's financial information or corporation as a whole are subject to approval by its sole corporate member, Saint Thomas Health. Ascension Health, the sole corporate member of Saint Thomas Health, has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX, IN LIEU OF THE FULL BOARD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Related Entities	The organization utilizes an affiliate as the common pay agent. Employees reported in Part VII may have duties that impact multiple related entities. Total average hours worked and compensation and benefits paid are reported. In doing so, if available, a common law employer analysis is used to determine whether the hours and compensation/benefits are reportable as attributable directly to the filing organization or another entity; otherwise, the best available information has been used as the basis for allocations utilized in the reporting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Rental Income from Affiliates - Total Revenue: 38261, Related or Exempt Function Revenue: 38261, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue: 51358, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 51358; Late Penalty Fees - Total Revenue: 6945, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 6945; Hotel/Conference Revenue - Total Revenue: 4521, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 4521; Education Revenue - Total Revenue: 434, Related or Exempt Function Revenue: 434, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Insurance Proceeds - Total Revenue: 660203, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 660203;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer with Alpha Fund - -33452914; Transfers with Affiliates - 162681;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	Saint Thomas West Hospital is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Thomas West Hospital

Employer identification number

62-0347580

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 62-0347580
Name: Saint Thomas West Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITALS NETWORK	Yes	
2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	

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

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						Yes	No
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	

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						Yes	No
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJRCM Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
4205 BELFORD ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust				Yes	

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Ascension Care Management Health Partners Tennessee	Q	657,716	FAIR MARKET VALUE
(1)	Baptist Healthcare Affiliates	Q	1,482,000	FAIR MARKET VALUE
(2)	Saint Thomas Health	P	67,441,257	FAIR MARKET VALUE
(3)	Saint Thomas Health	Q	8,759,759	FAIR MARKET VALUE
(4)	Saint Thomas Health	R	450,998	FAIR MARKET VALUE
(5)	Saint Thomas Health Foundations	C	252,721	FAIR MARKET VALUE
(6)	Saint Thomas Health Foundations	S	55,772	FAIR MARKET VALUE
(7)	Saint Thomas Hickman Hospital	R	410,575	FAIR MARKET VALUE
(8)	Saint Thomas Midtown Hospital	P	478,827	FAIR MARKET VALUE
(9)	Saint Thomas Midtown Hospital	Q	669,107	FAIR MARKET VALUE
(10)	Saint Thomas Midtown Hospital	R	9,320,209	FAIR MARKET VALUE
(11)	Saint Thomas Network	B	922,435	FAIR MARKET VALUE
(12)	Saint Thomas Network	P	140,863	FAIR MARKET VALUE
(13)	Saint Thomas Network	R	96,476	FAIR MARKET VALUE
(14)	Saint Thomas Regional Hospitals	R	673,682	FAIR MARKET VALUE
(15)	Saint Thomas Rutherford Foundation	Q	56,933	FAIR MARKET VALUE
(16)	Saint Thomas Rutherford Hospital	P	333,316	FAIR MARKET VALUE
(17)	Saint Thomas Rutherford Hospital	Q	649,920	FAIR MARKET VALUE
(18)	Saint Thomas Rutherford Hospital	R	26,611,903	FAIR MARKET VALUE