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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization ST ANTHONY'S MEMORIAL HOSPITAL Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 503 N MAPLE STREET City or town, state or country, and ZIP + 4 EFFINGHAM, IL 624012099		D Employer identification number 37-0661233 E Telephone number (217) 347-2121 G Gross receipts \$ 109,360,196	
		F Name and address of Principal Officer daniel woods 503 n maple street Effingham, IL 62401		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		H(c) Group Exemption Number ▶ 0928	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527									
J Web site: ▶ stanthonyshospital.org									
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ▶		L Year of Formation 1955		M State of legal domicile IL					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To participate in the healthcare ministry of the Church by committing our resources to provide a family-centered approach in meeting the healthcare needs of all people in the community			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6	
	5	Total number of employees (Part V, line 2a)	5 1,011	
	6	Total number of volunteers (estimate if necessary)	6 278	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 264,741	Current Year 1,976,932
	9	Program service revenue (Part VIII, line 2g)	91,939,734	106,416,207
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-29,726	-8,417,173
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	348,802	428,977
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,523,551	100,404,943
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,444,904	42,920,568
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–24f)	40,686,543	49,862,711
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	80,131,447	92,783,279
19		Revenue less expenses Subtract line 18 from line 12	12,392,104	7,621,664
Net Assets or Fund Balances				Beginning of Year
	20	Total assets (Part X, line 16)	235,519,522	234,214,958
	21	Total liabilities (Part X, line 26)	51,787,668	55,805,417
	22	Net assets or fund balances Subtract line 21 from line 20	183,731,854	178,409,541

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-03-23 Date		
	Daniel J Woods CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KPMG LLP	Date	Check if self-employed ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568			EIN
					Phone no (614) 249-2300

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

Part IIStatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

The mission of St. Anthony’s Memorial Hospital is to participate in the healthcare ministry of the Church. We commit our valuable resources to provide a family-centered approach in meeting the healthcare needs of all people in the community regardless of ability to pay, and to foster the values of respect, care, competence, and joy.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 68,968,533 including grants of \$ 0) (Revenue \$ 106,416,207)

SEE SCHEDULE O - PROGRAM SERVICE ACCOMPLISHMENTS

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 \$ 68,968,533

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a84		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,011	Yes	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

9

1b

Enter the number of voting members that are independent

1b

6

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

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

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

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

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
DAVE STORM
503 N MAPLE STREET
EFFINGHAM, IL 624012099
(217) 347-1333

Form 990 (2008)

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

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

Form 990 (2008)

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total							A	1,327,154	553,629	487,509

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **18**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Prairie Cardiovascular PO Box 19420 SPRINGFIELD, IL 62794	Physician Services	1,141,113
Shared Imaging Inc Box 88544 MILWAUKEE, WI 532880544	MRI Services	628,840
Crossroads Emergency Physicians POBox 793 TRAVERSE CITY, MI 496850793	Emergency Services	426,592
Amsol Anesthetists of IL PC PO Box 6633 HIGH POINT, NC 27262	Anesthesia Services	636,193
LJ Swinger and Sons Inc PO Box 637 TEUTOPOLIS, IL 62467	Construction	973,136

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d		1,976,932			
	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)		1,976,932			
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900,099	106,416,207	106,416,207	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f \$ 106,416,207					
Other Revenue		3	Investment income (including dividends, interest other similar amounts)		92,483		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real 301,759	(ii) Personal			
	b	Less rental expenses	442,881				
	c	Rental income or (loss)	-141,122				
	d	Net rental income or (loss)		-141,122			-141,122
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 2,716			
	b	Less cost or other basis and sales expenses	8,445,287	67,085			
	c	Gain or (loss)	-8,445,287	-64,369			
	d	Net gain or (loss)		-8,509,656			-8,509,656
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code					
11a	MEDICAL RECORDS	900,099	50,162			50,162	
b	AUXILIARY GIFT SHOP	453,220	63,434			63,434	
c	CAFETERIA/VENDING	722,210	297,299			297,299	
d	All other revenue		159,204			159,204	
e	Total. Add lines 11a-11d \$ 570,099						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			100,404,943	106,416,207		-7,988,196

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,018,927	0	1,018,927	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	30,608,342	23,221,901		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	715,819	525,581	190,238	
9	Other employee benefits	8,287,481	6,084,973	2,202,508	
10	Payroll taxes	2,289,999	1,681,401	608,598	
11	Fees for services (non-employees)				
a	Management	895,140		895,140	
b	Legal	73,677		73,677	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	8,218		8,218	
g	Other	3,930,293	3,930,293		
12	Advertising and promotion	0			
13	Office expenses	18,826,538	18,027,180	799,358	
14	Information technology	2,239,302	1,644,178	595,124	
15	Royalties	0			
16	Occupancy	1,708,070	17,255	1,690,815	
17	Travel	83,736	83,260	476	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	120,028	59,909	60,119	
20	Interest	429,977		429,977	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,861,927	2,729,691	3,132,236	
23	Insurance	477,793		477,793	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	4,125,398	4,125,398		
b	MEDICAID TAX ASSESSMENT	2,109,769	2,109,769		
c	MAINTENANCE & REPAIRS	8,119,502	5,776,190	2,343,312	
d	LEASE/RENTALS	723,895	547,186	176,709	
e	OTHER	129,448	48,546	80,902	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	92,783,279	68,968,533	23,814,746	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	1,446,682	2 9,998,624
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	17,965,925	4 13,506,546
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	2,686,915	8 2,831,710
	9	Prepaid expenses and deferred charges	6,812,830	9 6,013,124
	10a	Land, buildings, and equipment cost basis		
		10a 121,393,115		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 69,009,159	54,299,833	10c 52,383,956
	11	Investments—publicly traded securities	152,235,337	11 149,143,059
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	72,000	15 337,939	
16	Total assets. Add lines 1 through 15 (must equal line 34)	235,519,522	16 234,214,958	
Liabilities	17	Accounts payable and accrued expenses	6,818,195	17 5,419,883
	18	Grants payable		18
	19	Deferred revenue	52,763	19 0
	20	Tax-exempt bond liabilities	30,519,502	20 29,424,502
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	5,045,679	23 4,975,539
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	9,351,529	25 15,985,493
	26	Total liabilities. Add lines 17 through 25	51,787,668	26 55,805,417
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	182,298,196	27 175,535,326
	28	Temporarily restricted net assets	1,321,440	28 2,761,997
	29	Permanently restricted net assets	112,218	29 112,218
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	183,731,854	33 178,409,541
	34	Total liabilities and net assets/fund balances	235,519,522	34 234,214,958

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST ANTHONY'S MEMORIAL HOSPITAL	Employer identification number 37-0661233
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 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)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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

Part II

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

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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 IV)						
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 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

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

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number

37-0661233

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area ☐ Protection of natural habitat☐ Preservation of certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶											
4	Number of states where property subject to conservation easement is located ▶											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes☐ No											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	427,608	285,429		713,037
b Buildings	4,678,756	46,377,342	17,418,092	33,638,006
c Leasehold improvements		70,648	11,591	59,057
d Equipment		53,029,505	37,919,628	15,109,877
e Other		16,523,827	13,659,848	2,863,979
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				52,383,956

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

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

(a) Description	(b) Book value
MEDICARE COST REPORT SETTLEMENT	62,000
SELF INSURANCE TRUST FUND	2,789
FOUNDATION RECEIVABLE	76,161
OTHER	196,989
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	337,939

(a) Description of Liability	(b) Amount
Federal Income Taxes	
BLUE CROSS SETTLEMENT	6,200,000
WORKERS COMP ACCRUED LIABILITY	505,345
ACTUARIAL MALPRACTICE LIABILITY	1,851,634
PENSION BENEFIT LIABILITY	6,790,192
RETIRE OBLIGATION-ASBESTOS	638,322
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	15,985,493

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

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
ADOPTION OF FIN 48		ON JULY 1, 2007, THE OBLIGATED GROUP ADOPTED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 THE INTERPRETATION ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER FIN 48, THE OBLIGATED GROUP MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES AT THE DATE OF ADOPTION, AND AS OF JUNE 30,2009, THE OBLIGATED GROUP DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS THE ADOPTION OF FIN 48 HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF THE OBLIGATED GROUP

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☒ Other 175 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	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?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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 Charity care at cost (from worksheets 1 and 2)			1,230,003		1,230,003	1 33 %
b Unreimbursed Medicaid (from worksheet 3, column a)			12,064,476	7,484,757	4,579,719	4 94 %
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)			5,960,838	4,188,159	1,772,679	1 91 %
d Total Charity Care and Means-Tested Programs			19,255,317	11,672,916	7,582,401	8 18 %
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)	35		288,843	1,965	286,878	0 31 %
f Health professions education (from worksheet 5)	2		28,656		28,656	0 03 %
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)	7		47,905	48	47,857	0 05 %
j Total Other Benefits	44		365,404	2,013	363,391	0 39 %
k Total (line 7d and 7j)	44		19,620,721	11,674,929	7,945,792	8 57 %

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members	1		12,292		12,292	0 01 %
6Coalition building	1		4,503		4,503	
7Community health improvement advocacy	1		5,911		5,911	
8Workforce development	2	340	25,668		25,668	0 03 %
9Other						
10Total	5	340	48,374		48,374	0 04 %

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	24,125,398		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3642,495		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5Enter total revenue received from Mecicare (including DSH and IME)	535,773,014		
6Enter Medicare allowable costs of care relating to payments on line 5	645,796,264		
7Enter line 5 less line 6—surplus or (shortfall)	7-10,023,250		
8Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

DUE TO A SOFTWARE LIMITATION, THE AMOUNTS FOR COLUMN (B), PERSONS SERVED, CANNOT BE INCLUDED ON PART I, LINES 7A THROUGH 7K THE CORRECT NUMBER OF PERSONS SERVED ARE AS FOLLOWS CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS 7A CHARITY CARE AT COST 2,354, 7B UNREIMBURSED MEDICAID 15,215, 7C UNREIMBURSED COSTS - OTHER MEANS-TESTED GOVERNMENT PROGRAMS 12,917, 7D TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS 30,486, OTHER BENEFITS 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS 7,964, 7G SUBSIDIZED HEALTH SERVICES 27, 7I CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS 5,620, 7J TOTAL OTHER BENEFITS 13,611, 7K TOTAL 44,097

The hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients that potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity due to missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. Currently, the hospital is implementing processes, procedures and systems to more effectively determine charity care that will reduce a patient's documentation requirements and ease the patient's emotional burden in applying for charity care. This will provide a more accurate reporting of charity care services provided by the hospital.

The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients that are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well being of the community. Our mission calls us to serve all patients with the highest possible quality and efficiency, even if we are not paid fully for doing so.

Debt Collection Policy Any patient accounts that are sent to a collection agency have an opportunity to complete a financial application for charity/Christian care. If an account meets the qualifications for financial assistance, St. Anthony's notifies the collection agency to make it a Christian Care adjustment. At the end of every month, the collection agency provides a list of patients, accounts, and amounts that should be reclassified as charity care. As a result, a journal entry is prepared to transfer these amounts from bad debt to charity care.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves. St. Anthony's partnered with local agencies in 2005 to conduct a Community Health Assessment entitled, Checkup 2005. The goal of the assessment was to determine the physical, emotional, and safety needs of Effingham County residents and develop strategies to address the identified needs. The survey was administered by telephone to 1,000 area residents aged 18 and older. Specific items addressed included general health status, access to health care services, tobacco and alcohol use, injury control, disease prevalence, nutrition and physical fitness, disease prevalence and screening, activity limitations, and mental health. Results of Checkup 2005 identified 20 areas of opportunity for Effingham County. The Checkup 2005 committee considered these opportunities and identified the top five health priorities based on survey results and committee recommendations. The top priorities chosen included: raising awareness and providing education about suicide and depression, raising awareness and providing education about drunk driving and binge drinking, addressing the lack of mental health professionals in the area, and improving the nutrition and fitness of the community. Since 2005, St. Anthony's Memorial Hospital has been involved in needs assessments conducted by several other organizations. Health care needs identified by community members involved in a grassroots effort to improve quality of life for Effingham County identified health care needs that paralleled those identified by Checkup 2005. Members of Vision 2020 eventually joined the Checkup 2005 committee to form the Alliance for a Healthier Effingham County which continues today. Members of the Alliance continue to monitor needs assessments completed through the Effingham County Health Department (IPLAN) and a health assessment recently conducted through Lake Land Community College to determine priorities that should continue to be addressed and to include new health priorities. Needs identified through these various assessments led to the development of the Alliance's Goals for 2010. These include: - Continue to focus on exercise, nutrition, and healthy lifestyles, - Continue to raise awareness and improve access to affordable healthcare, - Improve access to treatment, awareness, and prevention of suicide and depression, - Improve access to dental care.

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 charity care policy.

St. Anthony's informs patients about financial assistance programs in various ways. Patients receive a Patient Guide, which explains that hospital staff will assist patients in filing claims for governmental programs. The Patient Guide also explains St. Anthony's Christian Care Financial Assistance Program and how to apply for assistance. Brochures about the Christian Care Financial Assistance Program are also located in waiting rooms throughout St. Anthony's campus. For patients who visit St. Anthony's Emergency Room, each patient is visited bedside by a hospital staff member who provides them with a brochure about the Christian Care Financial Assistance Program if they are self-pay or if they express concern about the hospital bill. The brochures are available in English and Spanish. There is signage about financial assistance in all of the hospital registration areas. In addition, every hospital billing statement includes information about the availability of financial assistance. In St. Anthony's Business Office, when staff members receive calls from people expressing problems with being able to pay their hospital bills, they share information with them about the availability of government programs and the Christian Care Financial Assistance Program. St. Anthony's web site also explains that hospital staff will assist patients in filing claims for governmental programs, offers phone numbers to call for assistance, and provides information on the Christian Care Financial Assistance Program.

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

Effingham is located in central Illinois at the crossroads of two major interstate systems. Effingham has a population of over 12,000 people and has a thriving economy that includes various businesses from agriculture, printing, and manufacturing plants to healthcare and tourism. St. Anthony's Memorial Hospital's service area is Effingham County along with portions of the counties of Clark, Clay, Crawford, Cumberland, Fayette, Jasper, Marion, Richland, and Shelby, serving a population of over 175,000 people.

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

A number of St. Anthony's employees serve on area agencies Board of Directors to advance the health and welfare of the community. The United Way of Effingham County requests representation by the hospital on their Board of Directors. Ross Richardson, Inpatient Support manager, serves on the United Way Board of Directors. Ross offers his time working on the Board and in the community on United Way activities, as well as providing other costs associated with his service on the Board. A hospital representative also serves on the Heartland Human Services Board of Directors. Heartland Human Services is a nonprofit organization that uses a comprehensive approach to address the mental health and substance abuse issues of their clients. Heartland Human Services requests representation by the hospital on their Board of Directors. Teri Phillips, Health Information manager, offers her time and other costs associated with her service on the Board. St. Anthony's is an active participant in Alliance for a Healthier Effingham County, an endeavor to improve the health of all citizens in Effingham County. St. Anthony's assists the Alliance by preparing materials, newsletters and flyers about healthy topics. In addition, the Alliance sponsors a quarterly Community Breakfast where healthy, self-improvement topics are addressed. St. Anthony's assists in the publicity, materials preparation, and presentations for the breakfast meeting. St. Anthony's is actively involved in all Alliance activities and supports this health improvement endeavor by offering staff time and other costs. The Illinois Rural Health Association sponsors an annual conference to provide educational opportunities to a broad spectrum of rural health professionals, including health care providers, administrators from private and public settings, state and local government leaders, educators, researchers, consumer groups, and individuals concerned with rural health. The conference has been held in Effingham each year, and St. Anthony's is an active participant. The hospital had a number of participants involved in the IRHA conference and sponsored an informational booth at the conference, providing educational materials to those at the conference. St. Anthony's supports the local community with its participation with the Greater Effingham Chamber of Commerce and Industry. Through the hospital's participation with the Chamber, St. Anthony's and the Chamber partner in working toward improving health care in the community. One of the main activities St. Anthony's and the Chamber offer to the community, along with other sponsors, is the Chamber Health and Fitness Day, among other activities throughout the year. St. Anthony's is a main sponsor of this event, providing a number of health screenings and educational materials to attendees. This part year, St. Anthony's took part in a coalition effort to educate area residents about the Freedom of Choice Act and offer them an opportunity to share their opinions with their governmental representatives. St. Anthony's provided postcards pre-addressed and pre-stamped to legislators for hospital visitors to pick up and sign, covering the costs of this coalition effort. It is important to St. Anthony's to assist the younger generation in discovering where their gifts and interests lie to determine the best career for them. By partnering with the Eastern Illinois Education for Employment System (EIEFES) and Lake Land College in offering the Health Occupations, St. Anthony's helps students from area schools in their career exploration. St. Anthony's contributes staff time, supplies and other costs associated with offering this course to area students. St. Anthony's leadership volunteers are important members of St. Anthony's family. The hospital believes in investing in their leaders personal and health development. As such, St. Anthony's supports their leaders by sending them to conferences and workshops for further training to give them a complete view of rural health care and their role in it. One example was the Illinois Hospital Association Leadership Summit in 2009. St. Anthony's partners with Lake Land College to address future healthcare workforce shortages by educating area students on healthcare careers. St. Anthony's provides representation on Lake Land College's Advisory Committee, with Teri Phillips Health Information manager, offering her time and other costs associated with her service on the committee. In addition, St. Anthony's participates in Lake Land's Job Fair and other career fairs, providing staff time and materials for those considering pursuing a healthcare career. Staff also take part in PTA lectures to encourage consideration of healthcare careers.

6 Provide any other information important to describing how the organization's hospitals 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.).

St. Anthony's Memorial Hospital offers hope to our community in the tradition of the Hospital Sisters of St. Francis. As a healing ministry of the Catholic Church and an affiliate of the Hospital Sisters Health System (HSHS), St. Anthony's is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded over 135 years ago to bring a healing presence and improve the health of our community, especially for people who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Effingham and surrounding areas. The hospital is governed by a Board of Directors, the majority of which is comprised of persons who reside in the organization's primary service area. The Board ensures that St. Anthony's is responding to community need in accordance with the process described under #2 above. Also consistent with its exempt purpose, St. Anthony's has an open medical staff with privileges available to all qualified physicians in the area. In addition, the hospital operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St. Anthony's reinvests surplus funds into the mission of the organization and health of the community rather than distributing them as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. For example, St. Anthony's is currently working with its parent organization, Hospital Sisters Health System, to continuously enhance quality and improve coordination of care both inside the hospital and with a growing number of physician partners. Supported by investments in information technology, this "care integration" strategy is designed to better coordinate care, improve health outcomes, create new efficiencies, and help ensure that patients (especially those with chronic conditions) get well and stay well. St. Anthony's also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In fiscal year 2009, St. Anthony's provided over \$7.9 million in community benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, during this period, St. Anthony's provided \$4.1 million (at cost) in uncompensated care to patients that did not qualify for charity care or public assistance and over \$10 million (at cost) in excess of Medicare payment for health care services. Community benefits at St. Anthony's include multiple programs aimed at access and health promotion. By working with members of the Alliance for a Healthier Effingham County, St. Anthony's participated in several projects in 2008. These projects were linked to the priorities identified through the needs assessments described in #2 above and have helped to improve the quality of life for the residents of Effingham County. Priority: Exercise, Nutrition, and Healthy Lifestyles - Summer Lunch Program [2006 - 2009] - Area children receive free lunches during the summer months of June, July, and August as a result of the development of the Summer Lunch for Kids program. Since the program began in 2006, over 5,700 children have received a free lunch and had the opportunity to participate in educational programs and activities provided by several local organizations. This is being offered again in 2009 from June 1 - July 31 from 11 a.m. to 1 p.m. at West Side School in Effingham. Move and Crunch Challenge [2008] - A Move and Crunch Challenge program was implemented at Southside and Westside schools in Effingham. The program was offered through collaboration with the University of Illinois Family Nutrition Program. For 1 week each month, children in first and second grades participated in a 30-minute hands-on nutrition lesson. The program reached over 200 children in these schools. Back to School Night [2008] - The Nutrition Task Force teamed with Effingham Unit #40 to provide a presentation on nutrition and exercise during the annual "Back to School Night" in September. Robin Orr from the University of Illinois Extension Center spoke to parents and children about the importance of making mealtime family-focused. The task force also provided educational displays on exercise and nutrition. Priority: Suicide/Depression - [2006 - 2009] QPR (Question, Persuade, Refer) Training was initiated by Heartland Human Services. This program gives individuals information they can use to help someone who is or who may be considering suicide. Information includes how to recognize the early warning signs of suicide/depression, how to question someone about suicidal thoughts, and provides suggestions on how to persuade the individual to get help. QPR training has been given to over 1,500 employees in several area companies. Priority: Affordable Healthcare for Uninsured and Underinsured Patients - Effingham Health Center [2008] - Providing affordable care and access to it for uninsured and Medicaid patients has been a goal of St. Anthony's Memorial Hospital for several years. Physicians in our community can only absorb so many of these patients and families in their private practices, leaving some to resort to either using the emergency room physician as their family doctor or not seeking necessary medical care due to financial barriers. To aid in addressing this issue, the Effingham Health Center, a federally qualified health clinic, was opened by Southern Illinois Healthcare Foundation in March 2008 at 502 W. Virginia Ave. Agencies involved in this collaborative effort included the Effingham County Health Department, Heartland Human Services, Effingham Catholic Charities, and a number of area physicians and pharmacies. Illinois Breast & Cervical Cancer Program Awareness [2008] - According to information taken from Checkup 2005, female breast cancer was one of the four leading causes of cancer deaths in Effingham County. To significantly improve the awareness of the need for early cancer screenings and the programs available to uninsured women in our area, St. Anthony's Memorial Hospital, in partnership with the American Cancer Society and the Illinois Breast & Cervical Cancer Program, initiated an awareness/promotion campaign focusing on women's wellness and the availability of the IBCCP. The Illinois Breast & Cervical Cancer Program (IBCCP) offers free mammograms, breast exams, pelvic exams and Pap tests to women between the ages of 35 and 64 who cannot afford these important cancer screenings. The IBCCP is available to women in every county in Illinois. Screening and diagnostic services are coordinated through a number of lead agencies. Locally, the East Central Illinois Breast and Cervical Cancer Screening Program (ECIBCCSP) serves a 10-county area, including Coles, Clark, Crawford, Cumberland, Douglas, Edgar, Effingham, Jasper, Moultrie and Shelby counties. Priority: Single-Source Health & Human Services Directory - [2008] St. Anthony's worked with area health providers to develop the Community Resource Online Guide. This guide was created to provide users with basic information to help locate and contact various health, safety, and human service agencies in Effingham County. It is accessible on St. Anthony's website under the "Health Resources" heading. In addition to participating in the development of these programs and initiatives, St. Anthony's has provided leadership and support through the Alliance for two projects that will ultimately improve the fitness and health of the community. These projects are the Trails Recreation Effingham County (TREC) project which is a grassroots effort by community members to build a series of walking trails throughout Effingham County and the Effingham Community Sports Complex (ECSC). The ECSC is a concept that includes the building of a large sports complex that will house basketball courts, swimming pools, an indoor track and fitness rooms for use by all ages in the community to improve health and establish life-long fitness and exercise habits. In addition to the above partnership projects with members of the Alliance, St. Anthony's offers numerous community programs free of charge to residents in area communities. These programs range from blood pressure screenings at area Senior Centers to prenatal classes for new parents, to health fairs where people can have their blood cholesterol and glucose levels checked by health care professionals. Specifically, the community programs conducted to better the health of the region were: - Children's Health Fair, - Candy Camp, - Blood Pressure Screenings, - Prenatal classes (Labor and Delivery, Breathing, Newborn, Breastfeedin

7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

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

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert W Esker	(i)	143,269	0	15,120	76,738	7,591	242,718	0
	(ii)	0	0	0	0	0	0	0
David A Storm	(i)	126,959	0	20,488	50,474	7,717	205,638	0
	(ii)	0	0	0	0	0	0	0
Charles S Schuette	(i)	116,826	0	23,000	55,587	2,983	198,396	0
	(ii)	0	0	0	0	0	0	0
Daniel J Woods	(i)	0	0	0	0	0	0	0
	(ii)	226,881	23,000	187,425	101,313	14,194	552,813	0
Charles E Luchtefeld	(i)	106,793	0	15,070	39,462	4,224	165,549	0
	(ii)	0	0	0	0	0	0	0
Ann Carr	(i)	0	0	0	0	0	0	0
	(ii)	93,573	0	22,750	34,815	12,086	163,224	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ST ANTHONY'S MEMORIAL HOSPITAL	Employer identification number 37-0661233
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Part I

Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45200P2X8	06-17-2008	65,550,000	See Schedule O		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45200BX94	06-17-2008	227,835,000	See Schedule O		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45200PZX8	12-18-2003	77,700,000	See Schedule O		X		X

Part II

Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST ANTHONY'S MEMORIAL HOSPITAL	Employer identification number 37-0661233
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Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PAGE 2, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES DURING FISCAL YEAR 2009, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 7,330 INPATIENTS UTILIZING 28,368 ADULT AND PEDIATRIC DAYS OF CARE IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 221,736 OUTPATIENTS ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM CHARITY CARE PROVIDED AT COST WAS \$1,230,003 IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 2,147 DAYS OF CARE THE UNPAID COST OF MEDICAID WAS \$4,579,719 OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$47,857 ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$10,023,250 DURING FISCAL YEAR 2009 ALL OTHER NONBILLED SERVICES PROVIDED TO THE COMMUNITY AND SERVICES PROVIDED AT LOW OR NEGATIVE MARGINS TOTALED \$642,495

Identifier	Return Reference	Explanation
CONSOLIDATED AUDIT REPORT	FORM 990, PART IV, QUESTION 12 AND PART XI, QUESTION 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AND NO SEPARATE COMPANY AUDIT REPORT IS AVAILABLE

Identifier	Return Reference	Explanation
Form 8899	Form 990, Part V, Line 7g	There were no contributions of qualified intellectual property, therefore, Form 8899 is not required

Identifier	Return Reference	Explanation
Form 1098	Form 990, Part V, Line 7h	There were no contributions of cars, boats, airplanes, and other vehicles, therefore, Form 1098-C is not required

Identifier	Return Reference	Explanation
RIGHTS OF MEMBERS TO ELECT GOVERNING BODY	FORM 990, PART VI, LINE 6 & 7A	THE SENIOR GOVERNING BODY OF ST ANTHONY'S HOSPITAL (THE "CORPORATION") IS THE MEMBER OF THE CORPORATION, WHICH IS HOSPITAL SISTERS HEALTH SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO SECTION 2.3 OF THE CORPORATION'S BYLAWS, HSSI HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD AND PRESIDENT

Identifier	Return Reference	Explanation
MEMBER RESERVED POWERS	FORM 990, PART VI, LINE 7B	Responsibility for the policy and operations of St Anthony's Hospital (the "Corporation") is vested in its Board of Directors, except with respect to specific powers reserved in the Corporation's Bylaws to the Corporation's Member, Hospital Sisters Health Services, Inc ("HSSI"), an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code The member of HSSI is Hospital Sisters Health System ("HSHS"), an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code The members of HSHS are the individual sisters who from time to time are the duly elected Provincial Superior and Provincial Councilors, respectively of the American Province of the Hospital Sisters of St Francis ("American Province") The American Province is the United States organization of the Congregation of the Hospital Sisters of the Third Order Regular of St Francis, a religious institute of the Roman Catholic Church The governance and operations of the Corporation are subject to HSSI's right to exercise these reserved powers with respect to the Corporation and organizations of which the Corporation is either, directly or indirectly, a controlling member or a controlling shareholder ("Affiliates") HSSI's right to exercise certain of these reserved powers is, in turn, subject to the approval of HSHS and HSHS' members The reserved powers include all rights granted to HSSI by law and the right to (a) Adopt, approve amendments to, or amend any statement of philosophy, mission, mission integration or values or any name, logo, or mark of the Corporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Articles of Incorporation of the Corporation or of any Affiliate, (c) Adopt, approve amendments to, or amend the Bylaws of the Corporation or of any Affiliate, (d) Appoint and remove the Board of Directors, any one or more of the Directors of the Corporation or of any Affiliate, and the Chairperson and President of the Corporation or of any Affiliate, (e) Approve the recommendation of the Board of Directors to appoint or remove the Board of Directors, any one or more Directors of the Corporation or of any Affiliate, or the Chairperson and President of the Corporation or of any Affiliate (f) With respect to the Corporation or any Affiliate, approve the purchase, sale, alienation, exchange, lease or encumbrance of any real property of the Corporation or of any Affiliate, which property has a value in excess of limits set from time to time by HSSI, (g) Approve the operating and capital budgets of the Corporation or of any Affiliate, and any deviations by the Corporation or of any Affiliate from such budgets in an amount or percentage specified by HSSI from time to time, (h) Approve the strategic plan and goals of the Corporation or of any Affiliate, (i) Approve the sale of substantially all of the assets of the Corporation or of any Affiliate, (j) Approve the merger or dissolution of the Corporation or of any Affiliate, (k) Adopt or amend the plan for ministry education and governance for the Corporation and its Affiliates, (l) Approve the Corporation's Mission Accountability Reports and those of any Affiliate, (m) Approve the financial policies and procedures of the Corporation or of any Affiliate and approve any deviations from such policies and procedures by the Corporation or any Affiliate, and (n) Adopt policies to implement the Reserved Powers of HSSI

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 10	The hospital employs KPMG to assist in the overall review and electronic submission of its Form 990 KPMG provides guidance in identifying critical errors in the return submission and feedback on quantitative and qualitative responses Additionally, the hospital CFO performs a thorough review of the return and reviews it with the hospital CEO and/or senior leaders before presenting it in its entirety to the hospital Board for questioning and review prior to the return's signing and submission to the IRS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	A revised Corporate Compliance Program and Conflict of Interest Policy has been used since January, 2009 to establish the practice of managing conflicts of interest using a system-wide protocol for disclosure statements In accordance with our Conflict of Interest Policy all Covered Persons have a duty to comply with the Conflict of Interest Policy for any contract, transaction, relationship or activity contemplated, entered into or conducted at HSHS The policy defines covered persons as Board members, Board committee members, Officers, Board designees, senior management, members of any committee that oversees the approval of pharmaceuticals and medical devices, any other individual who holds a position of trust On an annual basis HSHS discloses a copy of the Conflict of Interest Policy (and all corresponding procedures, guidelines, forms and tools), to all Covered Persons and advises all Covered Persons in writing of any substantive changes to this Policy and such related materials The Covered Persons are required to review and complete the corresponding Conflict of Interest Statement The System Office Vice President, System Responsibility, Vice President, Risk & Compliance or members of the Audit and Integrity Committee (Committee) are available to answers any questions a Covered Person may have In addition, if, at any time after submitting an annual Conflict of Interest Statement, a Covered Person becomes aware of an interest that he or she would have had to disclose at the annual interval, the Covered Person shall promptly disclose the interest to the Committee using the HSHS Conflict of Interest Disclosure Statement Completed Conflict of Interest statements are submitted to the Committee of HSHS which is responsible for identifying, assessing, and managing Conflicts of Interest that arise in the course of conducting the affairs of HSHS If the Committee determines that a Conflict of Interest exists, HSHS shall not engage in or enter into a proposed contract, transaction, relationship, arrangement or activity unless the Committee or, where necessary, the Board of Directors (acting through its disinterested members), has investigated alternatives to the proposed contract, transaction, relationship, arrangement or activity and, in the absence of alternatives that are in the best interests of HSHS, has determined 1 that, regardless of whether the Covered Person participates in the implementation of the proposed contract, transaction, relationship, arrangement, or activity, 2 the contract, transaction, arrangement or activity is in the best interests of HSHS, 3 the contract, transaction, arrangement or activity is fair and reasonable from the perspective of HSHS, and 4 HSHS cannot obtain a more advantageous contract, transaction, arrangement or activity with reasonable efforts under the circumstances In determining whether a contract, transaction or arrangement is fair and reasonable to HSHS, the Committee shall consider, where applicable 1 appraisals or other independent valuations of the Fair Market Value of the contract, transaction or arrangement, 2 information regarding comparable contracts, transactions or arrangements between unrelated parties, 3 offers from comparable competing entities, and/or 4 studies of comparable compensation arrangements In any case in which the Committee finds, after taking the steps described above, that HSHS should participate in a proposed transaction or arrangement despite the existence of a conflict of interest, the Committee shall develop, implement, monitor, and enforce compliance with, a Conflict Management Plan for managing the Conflict of Interest as it considers necessary for such findings to remain valid throughout the life of the contract, transaction, relationship, arrangement or activity All Conflict Management Plans shall 1 state that the Committee will oversee, monitor and enforce compliance with the plan throughout the course of the study and specify means for doing so, including, without limitation, that the appropriate individuals must provide the Committee with written reports pertaining to compliance with the Conflict Management Plan, that the Committee shall have the right to audit the study for such compliance and the right to impose sanctions for non-compliance, 2 state that the Plan must be shared with the Covered Person whose interests it was developed to manage, 3 state that the Plan must be shared with, and periodic reports on compliance with the Plan must be provided to, the Board, senior management and/or government agencies, and 4 provide for such other management steps and mechanisms the Committee considers necessary and appropriate In addition to the Committee, the System Office Vice Presidents of System Responsibility and Risk & Compliance may retain such independent advisors or experts as deemed necessary to assist in making its determinations and decisions If the Committee determines that the contemplated transaction, relationship arrangement or activity cannot proceed due to a Conflict of Interest, the Committee shall inform the applicable Covered Person or decision-making body of such determination within one week of the Committee meeting at which the contemplated transaction was discussed The Committee shall document its rejection of the contemplated transaction in the Committee's meeting minutes

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	FORM 990, PART VI, LINE 13	Provisions w ithin the Corporate Compliance Program and Conflict of Interest Policy provide protections for w histleblow er type activities

Identifier	Return Reference	Explanation
RECORD RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, LINE 14	The hospital is currently following a separate record retention and destruction policy, however, a new system-wide Record Retention and Destruction Policy has been developed and an early 2010 adoption date is expected

Identifier	Return Reference	Explanation
COMPENSATION PROCESS	FORM 990, PART VI, LINE 15	The Compensation Committee (Committee) is comprised of independent members of the Board of Directors. The Committee develops a compensation philosophy for the System and all affiliates. The Committee selects and hires the independent compensation consultant to develop comparability data and advise the Committee during its deliberations regarding all elements of total compensation for all disqualified individuals. Integrated Healthcare Strategies (IHS), the consultants utilized by the Committee, use data from multiple tax-exempt peer group sources to determine salary ranges, incentive opportunity ranges and benefits for the disqualified individuals. IHS then assists the Committee in preparing contemporaneous documentation of all actions. Each Committee meeting is conducted with the intent to create a rebuttable presumption of reasonableness for all elements of executive total compensation for the disqualified individuals. The Chairman makes this declaration and also inquires if there are any conflicts of interest by any attendees. Any conflicts are disclosed and the Committee then acts in a manner to avoid any conflicted individual participating in any manner where a conflict might exist. At the end of the meeting, the Committee prepares contemporaneous minutes that record all actions taken during the meeting.

Identifier	Return Reference	Explanation
DISCLOSURE DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19	Board-approved financial statements are made available to the public upon request. The governing documents and conflict of interest policy are not made available to the general public at this time.

Identifier	Return Reference	Explanation
POOLED INVESTMENT ACCOUNT	FORM 990, PART X, LINE 11	INVESTMENTS IN SECURITIES AND RELATED INVESTMENT INCOME THE HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT. PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501 (C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM. THE POOLED ACCOUNT CONSISTS OF CASH, EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO. 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS". INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES AND ALL INVESTMENTS IN DEBT SECURITIES ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET. INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS. INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS.

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	SCHEDULE K, PART I	Hospital Sisters Services, Inc. (HSSI) and its 13 Hospital affiliates are included in the HSSI - Obligated Group. Under the terms of the Obligated Group Master Trust Indenture, each member of the Obligated Group is jointly and severally liable for all obligations issued thereunder. The tax exempt bonds are issued to HSSI and then allocated to the 13 Hospitals for reporting on the balance sheet. The bonds reported on Schedule K are only the bonds that have been allocated to the Hospital and reported on Part X line 20. The following detail describes the purpose of each tax exempt bond as used for the entire obligated group. Illinois Finance Authority - CUSIP # 45200PZX8, 45200FLG2, 45200BX94 - The proceeds of the Prior Bonds and the Reissued Bonds were loaned to one or more of the Borrowers and were used to finance or refinance health care facilities of the Borrowers, including: (i) various equipping projects and facility renovations, the renovation and equipping of a cardiac catheterization lab, the 28,000 square foot expansion of the intensive care unit and ancillary departments, the construction of a 110,000 square foot parking structure and the construction and renovation of the surgery department at St. Elizabeth's, a 506 bed hospital located in Belleville, Illinois; (ii) various equipping projects, the construction of a 26,132 square foot outpatient facility, the acquisition of a portion of the existing facilities, the construction of a parking lot and emergency room, the renovation and expansion of the laboratory, surgery department, billing office and registration area and the renovation of the physical therapy department, diagnostic imaging department, medical and surgical unit, dining area and nursing department at St. Joseph's Breese, an 85 bed hospital located in Breese, Illinois; (iii) various equipping projects, the purchase of an MRI unit, the replacement of an approximately 386 space surface parking lot, the expansion and renovation of the emergency department and the renovation of the infrastructure, intensive care unit, medical and surgical unit, rehabilitation department and ancillary departments, and the radiology department at St. Mary's Decatur, a 371 bed hospital located in Decatur, Illinois; (iv) various equipping projects and facility renovations, the expansion, renovation and equipping of a cardiac services building, the renovation of the maternity department, patient floors, and surgery facility, the construction of a facility for outpatient surgery and for the emergency room at St. Anthony's, a 146 bed hospital located in Effingham, Illinois; (v) various equipping projects, the expansion and renovation of the emergency department, and the renovation of the operating room and the medical and surgical unit at St. Francis, a 174 bed hospital located in Litchfield, Illinois; (vi) various equipping projects, the renovation of the surgery department, nursing department, cardiac rehabilitation department, mammography department, roof, cafeteria, infrastructure of a patient bed tower, intensive care unit, critical care unit and medical and surgical unit and certain other facility renovations, the replacement of a parking ramp and the construction of a parking lot at St. John's, a 733 bed hospital located in Springfield, Illinois; and (vii) the renovation of the emergency and maternity departments at St. Mary's Streator, a 251 bed hospital located in Streator, Illinois. Illinois Finance Authority - CUSIP # 45200PZX8, 45200PZG5 - Pay or reimburse the Borrowers for the costs of acquiring, constructing, renovating, remodeling and equipping certain health care facilities of the Borrowers at the addresses listed below, including without limitation: (1) the renovation and equipping of a cardiac catheterization lab and construction of a new surgery department at St. Elizabeth's, a 498 bed hospital located in Belleville, Illinois; (2) the purchase of an MRI unit, the replacement of an approximately 386 space surface parking lot and the renovation of the radiology department at St. Mary's, a 395 bed hospital located in Decatur, Illinois; (3) various equipping projects and facility renovations and the expansion, renovation and equipping of a cardiac services building at St. Anthony's, a 146 bed hospital located in Effingham, Illinois; (4) various equipping projects and facility renovations at St. Francis, a 184 bed hospital located in Litchfield, Illinois; (5) the purchase of capital equipment, the renovation of the surgery department and the construction of an approximately 90,000 square foot administrative services building on the hospital campus of St. John's, a 756 bed hospital located in Springfield, Illinois; and (6) the renovation of the emergency and maternity departments at St. Mary's Streator, a 248 bed hospital located in Streator, Illinois.

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM	SCHEDULE H, PART VI, QUESTION 7	St. Anthony's Hospital is an affiliate of Hospital Sisters Health System (HSHS). Sponsored by the Hospital Sisters of St. Francis, HSHS is composed of 13 hospitals and multiple physician groups in Wisconsin and Illinois. The mission and services of St. Anthony's flow from the larger purpose and broader reach of HSHS. Because of this relationship, HSHS supports the local work of St. Anthony's by ensuring a focus on mission, reinforcing local efforts to improve community health, and facilitating the exchange of "best practices" among all HSHS hospitals and physician groups. This response to question 7 focuses on the broader efforts of HSHS to promote community health. Like St. Anthony's, HSHS is founded in a set of mission principles including a commitment to Catholic identity, Franciscan healing ministry, commitment to local and regional communities, and careful fiscal stewardship. Since the incorporation of HSHS in 1978, these principles have made possible a bright light of hope in the midst of darkness for many people. As St. Francis of Assisi noted, "All the darkness in the world cannot extinguish the light of a single candle." In fact, 13 HSHS Local Systems in Illinois and Wisconsin created 13 bright candles providing more than \$124 million in Community Benefit (including Charity Care at cost and the unpaid cost of Medicaid and other public programs) in the Fiscal Year ending June 30, 2009. These program benefits were as unique and diverse as the rural, urban, and inner city communities they serve. Additionally, during this period, HSHS ministries provided over \$91 million in uncompensated care to patients that did not qualify for charity or public assistance and over \$157 million in excess of Medicare and managed care payments for healthcare services. Bringing Light Where There is Darkness. A national recession and rising unemployment during this Fiscal Year have created unimaginable hardships for many families and individuals, impacting livelihoods and health. In the last six months of 2008, the U.S. stock market experienced its worst year since 1931. As state budgets dipped into the red and philanthropies lost millions of dollars in their endowments, safety nets that protected the poor and vulnerable populations were weakened. During the worst of the crisis, however, large portions of the Catholic health care sector, including HSHS, stepped up their Community Benefit to provide care for the sick and support to those in need. A Community Benefit sampling of the 13 HSHS Local Systems is shared below. A Healthy Start in Life. Local Systems often carry out the Hospital Sisters' mission far beyond their walls, even providing care to former patients in their homes. St. Anthony's Memorial Hospital in Effingham, Illinois, provides a unique home care program for new moms and their babies. This free home visit, an extension of the maternity hospital stay, helps ease concerns of new mothers and ensure families are fully equipped to provide children with the best nurturing care. Over the past year, St. Anthony's nurses visited 1,390 mothers and their babies in their homes within a nine-county area. Visiting nurses examine both mother and baby and assist with questions new parents may have about care. With the help of a portable diagnostic instrument, a visiting nurse painlessly checks the baby for jaundice, eliminating the need for the more traditional bilirubin blood test at the hospital. (If needed, treatments for jaundice can begin immediately at home.) This healthy start program is part of St. Anthony's continuum of care that begins with prenatal and childbirth classes.

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	SCHEDULE H, PART VI, QUESTION 7	Sometimes a vital outreach into the community is brought within the hospital's walls. St. John's Hospital in Springfield, Illinois, provides space for a Pregnancy Care Center facility. The Center provides early prenatal care for pregnant women, prepared childbirth classes, newborn care and parenting education, and physician referrals. Because services are free of charge, access is guaranteed for young women with limited financial means or challenging family dynamics. Not only does St. John's support the Care Center with office space, it provides funding and health professionals as needed. As a result of this collaboration, the Care Center served more than 400 new clients in 2009 from six different counties. Charity Care is when a hospital organization provides free or discounted care to patients who cannot pay (and are ineligible for public programs and meet certain financial criteria). Local Systems are each committed to serving the healthcare needs of every person in their communities, regardless of ability to pay. Because of this, HSHS hospitals are the healthcare safety net for the uninsured and vulnerable populations - the poor, the disabled, the young, and elderly. Today, a growing number of the middle class members are included in this group. Daniel was someone in need from the time he was 18 years old when he was diagnosed with Crohn's disease, a lifelong inflammation of the intestines. Because the disease can cause great discomfort, including episodes of abdominal pain, vomiting and weight loss, regular preventive care and frequent monitoring are vital in order to avoid internal scarring and life-threatening intestinal blockages. "It's a tough disease to manage but I've done it for 32 years," Daniel commented. "In order to stay healthy, I need a colonoscopy every year to keep ahead of problems. Unfortunately, over the years the costs for care have risen incredibly and the drugs I take to manage this condition are very expensive." In January 2009, Daniel was laid off from his job as a plumber. "I've not had health insurance now or in the past because I work for a small employer and they are unable to offer employee health insurance," he said. "I've tried to get insurance on my own, but no one will insure someone with Crohn's disease. It's tough, really tough." St. Mary's Hospital in Green Bay, Wisconsin, covers Daniel's procedures through its Charity Care program. Full of gratitude, Daniel noted, "St. Mary's provided life-saving colonoscopies for me for the past few years. My doctor says it's a necessity so that he can monitor what's going on and try to prevent having surgery. It's unbelievable what St. Mary's has done for me. I don't know what I'd do otherwise. They're a godsend." Tools for Healthy Living. Education is a powerful tool that can save lives, prevent disability and enhance safety. Knowledge also empowers, and many people appreciate the opportunity to take charge of their own health and wellness with the help of a professional navigator to show them the way. - St. Joseph's Hospital in Highland, Illinois, started an innovative project to help diabetics gain a better understanding of diabetes to live a healthier life. Using a new interactive device called Conversation Maps (developed by the American Diabetes Association), the hospital launched a four-part education series. Led by a registered nurse, pharmacist, and registered dietician, the free courses encourage discussion and engage participants in interactive myth-busting activities that clarify facts about diabetes. By uncovering information on key topics related to their diabetes, participants develop personal action plans to make better decisions and change behaviors in dealing with their diabetes. - Located along the Sangamon River in Central Illinois, Decatur's inner city residents struggle with high rates of unemployment, poverty, drug use and violent crime. To help address the health needs of this vulnerable inner city population, St. Mary's Hospital hosted several health fairs at neighborhood festivals in vacant lots and parks to provide free health assessments, testing and education. Colleagues, including the hospital's stroke coordinator and nurse educator, collaborated with "Stop the Violence" Project festival staff, a series of summer events sponsored by the local Ambassadors for Christ Ministries. Thanks to awareness education and prevention, lives may have been saved and at least one stroke averted. One festival attendee was diagnosed with extremely high blood pressure that was unknown and untreated. After visiting his physician and being placed on medication, and losing a considerable amount of weight, his blood pressure remained under control. The contact with St. Mary's colleagues was so positive, in fact, that he later applied for a job opening and today is himself a hospital colleague. Care for the Poor. Free Clinics. In an economy where many companies are seeing a decline in customers, business is booming at St. Vincent's free clinics. Patient rolls skyrocket as more low-income and uninsured people seek care as a result of the downturn and job layoffs. St. Francis described his mission as a journey. "Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible." The impossible is a daily miracle in several free clinics in Wisconsin, thanks to four Local Systems. - In Green Bay, Wisconsin, more than 6,000 patients each year pass through the doors of the NEW Community Clinic, a 38-year-old free clinic with major support provided by St. Vincent's Hospital. In order to keep its doors open five days each week, St. Vincent's covers costs for nurses. In addition, St. Vincent's and St. Mary's Hospitals both provide laboratory services to free clinic patients at no cost and discounted radiology services. More than 70% of patients say the clinic's care prevented a trip to the Emergency Department. - St. Joseph's Hospital in Chippewa Falls, Wisconsin, donates laboratory services to its local free clinic, the Open Door Clinic. Support of the Chippewa Valley Free Clinic (A Vital Resource for uninsured and underinsured patients) with Sacred Heart volunteers on the Board, nursing and social work staff, assistance with grant writing, and \$25,000 in laboratory and radiology services, free clinic patient volumes broke records each month this year due to the economic downturn and growing unemployment. Thanks to the hospitals and other local support, the free clinic's exams, medication and lab tests are provided at no cost to patients. "Sometimes, as in the case of diabetes, a maintenance drug or treatment is critical to help prevent an even more debilitating condition like kidney failure or losing one's eyesight," said Free Clinic volunteer and Sacred Heart Hospital social worker Maria. "For someone that is recently unemployed and supporting a family, or working part-time jobs just to make ends meet, a medical need without health insurance is a major roadblock on the path back to self-sufficiency." A Global Reach of Compassion. The 13 Local Systems that comprise Hospital Sisters Health System support health care around the globe by donating local and supplies to Hospital Sisters Mission Outreach, a nationally recognized not-for-profit organization focusing on the recovery and responsible redistribution of healthcare equipment and supplies to developing countries. The equipment ranging from commercial laundry machines to hospital beds and IV poles and syringes and diagnostic equipment is refurbished, cleaned and shipped internationally to needy medical clinics and hospitals worldwide. This "global community benefit" effort resulted in more than 90 tons of medical equipment donated to Mission Outreach. Of these donations, more than 75 tons have been distributed to disadvantaged hospitals and clinics to save and improve lives. Destination countries include Afghanistan, Bangladesh, Belize, Cambodia, Ecuador, Ghana, Guatemala, Haiti, Honduras, Jamaica, Kenya, Mali, Mexico, the Philippines, Somalia, Tanzania and Uganda. The US Navy Project Hand Clasp assisted with transatlantic freighting for some materials. Not only does donated equipment help struggling hospitals, Local Systems see an added program benefit of practicing responsible environmental stewardship by reducing waste streams to landfills. St. Francis, the patron saint of ecology, would be proud of a ministry that both improves the health and well-being of the poor around the globe and is also "green."

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	SCHEDULE H, PART VI, QUESTION 7	An Instrument of Peace The prayer of St Francis begins, "Lord, make me an instrument of thy peace, w here there is hatred, let me sow love, w here there is injury, pardon" For 36 years, St Nicholas Hospital in Sheboygan, Wisconsin, has daily lived that prayer through its generous support of a domestic abuse shelter that w as first established in its basement By providing emergency housing for w omen and children impacted by violence, the hospital helped meet a chronic community need Today know n as Safe Harbor Shelter from the Storm, the organization is a round-the-clock 16-bed facility that occupies tw o homes purchased by the hospital (rent- and utility-free) Safe Harbor provides residential living, counseling, an office for support services and a children's indoor play space It is the county's only domestic violence shelter and provides services at no cost to victims of domestic violence or sexual assault Because of the hospital's in-kind support and supply of volunteers, Safe Harbor concentrates its resources on serving domestic abuse victims and families Feeding the Hungry The Franciscan charism of feeding the hungry is part of the ministry of St Francis Hospital, in Litchfield, Illinois Thanks to \$13,000 in financial support from colleagues' payroll deductions, food drives, and \$38,000 in support from the Friends of St Francis Hospital, the St Clare Food Pantry annually serves more than 250 local families To mark the Pantry's first Christmas, hospital staff baked cookies and donated candy to supply gift bags for children of food pantry patrons Supporting Family Farms and Local Economies At Sacred Heart Hospital in Eau Claire, Wisconsin, the entrance doors have the w ords of Mother Teresa of Calcutta "There is Hope Here " Recently, the hospital has given new hope to many struggling family farms In the 1990s, Wisconsin lost almost 40 percent of its farms Ironically, in the very heart of America's Dairyland, local farms, processors, and their products remain largely shut out of institutional markets even though those institutional buyers may be located only a few dozen miles away Large institutions such as hospitals, nursing homes, universities and school systems have long-established supply chains that ensure the safety, availability, variety and quantity of food products, but they seldom source local products In July 2008 Sacred Heart Hospital, in Eau Claire, Wisconsin, launched an effort to support local farms and the local economy by pledging 10 percent of its \$2 million food budget to sourcing local products In addition to opening up a new market, the hospital helped create the Producers & Buyers Co-op to link local farms w ith institutions to source food and ensure food safety In the first year, Sacred Heart Hospital spent more than \$200,000 on food from more than a dozen rural communities, including 11,000 lbs of beef, 2,400 lbs of pork and 12,000 lbs of chicken (all grow n, processed and transported locally) The hospital's commitment provides farmers a guaranteed market to sell products at a fair price and sources local food to benefit patients, cafeteria visitors and colleagues, and Meals on Wheels patrons The project has already created new jobs in rural communities and allow ed farmers and processors to expand their businesses "Following the Hospital Sisters Mission and our Franciscan tradition, Sacred Heart Hospital is proud to invest in its community by purchasing local food to support local agriculture," commented Steve, HSHS Divisional President and CEO (Western Wisconsin) "Local food is good medicine for everyone It is nutritious, fresh and flavorful for our patients It also benefits our local economy by preserving and expanding family farm operations, providing jobs in production and processing, and keeping money in our community " Mentoring Disadvantaged Students Schools that serve inner city students struggle w ith overcoming barriers to graduation Disadvantaged students often live in single parent homes, face poverty, a lack of opportunities in higher education and jobs, and other life challenges - St Elizabeth's Hospital in Belleville, Illinois, confronted these life limiting obstacles by initiating a local after-school tutoring and mentoring program Tw enty-nine manager and administrator volunteers spent an hour each month assisting students w ith math homework and reading skills (a total of more than 260 hours) Students and mentors developed long-term relationships and by the end of the school year the students w ere invited for a tour of St Elizabeth's and received a certificate of recognition for their achievements - St Elizabeth's also participates in the Assisted Learning Vocational Program w ith the Belleville Tow nship High School, a program that provides on-the-job training, job coaches and work experience for special education students The initiative helps students learn life skills to be self-sufficient and self-supporting In many cases, employers hire participants after they graduate This past year, St Elizabeth's Hospital hired David, a former student in the program David w as born prematurely and w as later w as diagnosed w ith autism This disability does not prevent him from being a star employee in the hospital's laundry department, operating giant ironing machines to fold and iron sheets, gow ns, tow els and other linens In his 32-hour-a-w eek job, David also helps w ith quality control, sorting out torn or stained linens He proudly commented for a new spaper interview , "When I saw a bath blanket w as stuck, I stopped (the machine) and a co-w orker got it out " His grandmother, Lorraine, added, "There's never a time w hen he doesn't want to go to work He's alw ays on time " Teaching Sexual Abstinence to Teens In Clinton County, Illinois, annual Department of Health statistical data recorded more than 10% of births to teens and increasing rates of sexually transmtted disease To help reverse these trends, colleagues at St Joseph's Hospital in Breese, Illinois, launched "Game Plan," a new sexual abstinence program offered to eighth grade students in Clinton County schools A total of 320 students participated in the free classroom program presented by hospital physicians, nursing and laboratory colleagues The program began w ith a parents' overview night (Parents are instrumental to the program's success, and parental permission is required prior to student enrollment) "Game Plan" builds know ledge about abstinence until marriage, helps students recognize the potential benefits to health and w ell-being, and equips students to decide for themselves that abstinence is the healthy choice Six one-hour sessions totaled 3,510 contact hours (an average of 585 hours per instructor) Providing Transportation to Those in Need Sometimes health and w ellness are neglected simply because of a lack of transportation to a medical appointment In Streator, Illinois, transportation options are limited because there is no public transit system or taxi service Many people, especially the elderly or disabled, have no transportation options St Mary's Hospital recognized this need and responded by launching a free medical transportation program to serve patients w ith disabilities and others w ith no other way of getting to and from medical appointments The program provides rides to seniors, children, expectant mothers and individuals w ith special needs Sara, a single mom, commented, "If it w eren't for St Mary's van, my son w ouldn't be able to go to his physical therapy, and I w ouldn't be able to make my doctor appointments It is the best help " Care for Body, Mind and Spirit HSHS hospitals provide pastoral care, organize support groups, comfort the bereaved, and provide free cardiac risk assessments Through these and other Community Benefit programs, the 13 Local Systems daily live out the Hospital Sisters' mssion by meeting the needs of the human person physical, emotional, and spiritual The Hospital Sisters have alw ays lived and taught that this Franciscan mssion gives special consideration to the poor, sick and aged regardless of race or creed Today, w hether engaged in nursing, education, palliative care or advocacy, HSHS colleagues follow in the footsteps of St Francis and the Hospital Sisters, bringing hope w here there is despair, light w here there is darkness, and joy w here there is sadness

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

Identification of Disregarded Entities

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

Part II

Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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

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

Part V

Transactions with Related Organizations

Note.

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Prairie Cardiovascular	0	1,141,113
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 37-0661233

Name: ST ANTHONY'S MEMORIAL 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 501(c)(3))	(F) Direct Controlling Entity
Hospital Sisters of St Francis Fdtn 4936 LAVERNA ROAD Springfield, IL62707 37-1186514	HEALTHCARE	IL	501(c)(3)	11a	N/A
HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1058692	HEALTHCARE	IL	501(C)(3)	11A	NA
HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1163402	HEALTHCARE	IL	501(C)(3)	11A	NA
HSBS HEALTH CARE PLAN TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1137724	HEALTHCARE	IL	501(C)(9)		NA
HOSPITAL SISTERS HEALTHCARE - WEST INC 2661 COUNTY HIGHWAY I CHIPPEWA FALLS, WI54729 51-0157933	HEALTHCARE	WI	501(C)(3)	11A	NA
SACRED HEART HOSPITAL 900 WEST CLAIREMONT AVENUE EAU CLAIRE, WI54701 39-0807060	HEALTHCARE	WI	501(C)(3)	3	NA
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI530811948 39-0808480	HEALTHCARE	WI	501(C)(3)	3	NA
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL622201998 37-0663567	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL62769 37-0661238	HEALTHCARE	IL	501(C)(3)	3	NA
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL62056 37-0661236	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL62230 37-1208459	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 1515 MAIN STREET HIGHLAND, IL622491646 37-0663568	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI54729 39-0810545	HEALTHCARE	WI	501(C)(3)	3	NA
ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL62521 36-2169181	HEALTHCARE	IL	501(C)(3)	3	NA
ST MARY'S HOSPITAL 111 SPRING STREET STREATOR, IL613643332 36-2169181	HEALTHCARE	IL	501(C)(3)	3	NA
ST VINCENT HOSPITAL 835 S VAN BUREN GREEN BAY, WI543013256 39-0817529	HEALTHCARE	WI	501(C)(3)	3	NA
ST MARY'S HOSPITAL MEDICAL CENTER 1726 SHAWANO AVENUE GREEN BAY, WI54303 39-0818682	HEALTHCARE	WI	501(C)(3)	3	NA
HSBS MEDICAL GROUP INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 26-3956318	HEALTHCARE	IL	501(C)(3)	11A	NA
HSBS WISCONSIN MEDICAL GROUP INC 8040 EXCELSIOR DRIVE STE200 MADISON, WI53717 26-4515959	HEALTHCARE	WI	501(C)(3)	11A	NA
HSBS Self Insurance Trust Fund 4936 Laverna Road Springfield, IL62707 37-1120626	Insurance	IL	501(c)(3)	11a	NA
Orange Cross Ambulance Inc 919 Ashland Ave Sheboygan, WI53081 39-1860942	Healthcare	WI	501(c)(3)	9	St Nicholas
Wisconsin Upper Pen Onc Mngmt Services 835 S Van Buren Green Bay, WI543013256 39-1677100	Healthcare	WI	501(c)(3)	3	St Vincents
Unity Limited Partnership 2366 Oak Ridge Circle De Pere, WI54115 39-1750729	Healthcare	WI	501(c)(3)	9	HSSI

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Memorial and St Elizabeth's Healthcare 4000 North Illinois Street Swansea, IL62226 37-1312961	HealthCare	IL	St Elizabeth's	Related				No			No
Health Ventures Of So Illinois LLC 2810 Frank Scott PKWY W STE 700 Belleville, IL62223 37-1334060	HealthCare	IL	St Elizabeth's	Related				No			No
Prairie Heart Insutute - Carbondale LLC 800 East Carpenter Street Springfield, IL62769 37-1321197	HealthCare	IL	St John's	Related				No			No
Northeast Wisconsin Radiation Therapy Se 1821 S Webster Avenue Suite 300 Green Bay, WI543079047 26-3749065	HealthCare	WI	St Vincent's	Related				No			No
Pain Center of Wisconsin 4131 W Loomis Road Suite 300 Greenfield, WI53221 26-3155343	HealthCare	WI	St Vincent's	Related				No			No
Surgery Center of Sheboygan LLC 3141 Saemann Ave Sheboygan, WI53081 26-0822209	HealthCare	WI	St Nicholas	Related				No			No
Prevea Ventures LLC 2710 EXECUTIVE DR Green Bay, WI54304 20-3775127	HealthCare	WI	HSSI	Related				No			No
Clinical Integration Network LLC 4936 Laverna Rd Springfield, IL62707 26-1417684	HealthCare	IL	Kiara Inc	Related				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Kiara Inc 4936 Laverna Rd Springfield, IL62707 37-1163401	HealthCare	IL	SHSH	C Corp			
LaSante Wisconsin Inc 4936 Laverna Rd Springfield, IL62707 39-1572196	HealthCare	IL	Kiara Inc	C Corp			
LaSante Inc 4936 Laverna Rd Springfield, IL62707 37-1163400	HealthCare	IL	Kiara Inc	C Corp			
Prairie Cardiovascular 619 East Mason Suite 4P57 Springfield, IL62701 37-1071858	HealthCare	IL	Kiara Inc	C Corp			
Prevea Health Services 2710 EXECUTIVE DR Green Bay, WI54304 39-1839351	HealthCare	WI	HSSI	C Corp			
Prevea Clinic Inc 2710 EXECUTIVE DR Green Bay, WI54304 39-1839349	HealthCare	WI	HSSI	C Corp			
Prevea Health Network 2710 EXECUTIVE DR Green Bay, WI54304 39-2000537	HealthCare	WI	HSSI	C Corp			
Prevea Regional Services 2710 EXECUTIVE DR Green Bay, WI54304 39-1909993	HealthCare	WI	HSSI	C Corp			

Additional Data

Software ID:

Software Version:

EIN: 37-0661233

Name: ST ANTHONY'S MEMORIAL HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel J Woods , Executive VP	40 0	X		X				0	437,306	113,318
John Kingery , Chairperson	1 0	X		X				0	0	0
Tom Henderson , Secretary/Treasurer	1 0	X		X				0	0	0
Rick Chambers , Board Member	1 0	X						0	0	0
Colleen Bingham MD , Board Member	1 0	X						0	0	0
Tom Wegman , Board Member	1 0	X						0	0	0
Sister Helen Marie Plummer OSF , Board Member	1 0	X						0	0	0
Jeffrey Whightsel MD , Board Member	1 0	X						0	0	0
Sister Marybeth Culnan OSF , Board Member	1 0	X						0	0	0
Robert W Esker , Asst Administrator	40 0			X				158,389	0	76,738
David A Storm , CFO	40 0			X				147,447	0	50,474
Charles S Schuette , Director-Nursing	40 0			X				139,826	0	55,587
Mary C Finley , Director	40 0			X				99,844	0	24,572
Kal Keitel , Director	40 0			X				90,976	0	24,095
Jody A Puckett , Director	40 0			X				78,948	0	14,900
Annette D Schnabel , Director	40 0			X				10,969	0	0
Ann Carr , treasurer	1 0			X				0	116,323	46,672
Michael R Murbarger , Pharmacy Manager	40 0					X		134,219	0	11,911
Charles E Luchtefeld , Pharmacy Manager	40 0					X		121,863	0	39,462
Amy E Denning , Pharmacist	40 0					X		120,081	0	1,985
Robert T Runde , Pharmacist	40 0					X		112,359	0	1,966
Ellen R Ritz , Pharmacist	40 0					X		112,233	0	25,829