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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-200	9		
B Che	eck ıf a _l	pplicable	Please	C Name of organization St Anthony's Medical Center			D Employer	identification number
∏ Add	dress ch	ange	use IRS label or	,			43-0980	
┌ Nar	me chai	nge	print or	Doing Business As			E Telephone	e number
┌ Inıt	ıal retui	rn	type. See Specific	Number and street (or P.O. h	ox if mail is not delivered to street addre	ss) Room/suite	(314) 52	
_	mınatıo		Instruc- tions.	10010 Kennerly Road		33) Room, sak	G Gross rec	eipts \$ 435,984,699
	ended i olication	return ı pendıng		City or town, state or country St Louis, MO 63128	v, and ZIP + 4			
			F Nar	ne and address of Principa	l Officer	H(a) Is th	nis a group ret	urn for
				SKEANS KENNERLY RD			ates?	┌ Yes 🔽 No
				JIS,MO 63128		H(b) Are	all affiliates incl	uded?
I Ta	x-exem	pt status	⋝ 501(c)) (3) ◀ (insert no)	(a)(1) or	1		ist See instructions)
J W	eb sit	e: ► WW	WSTANTI	HONYSMEDCENTER COM		1	up Exemption	
К Тур	e of org	janızatıon	Corporat	cion trust association o	ther 🕨	L Year of F	formation 1971	M State of legal domicile MO
Do.	rt I	Cumr						
Ра	·				most significant activities			
Governance	2	Check t	hıs box 🏲		inued its operations or disposed o			sets
	4	Number	ofindeper	ndent voting members of th	e governing body (Part VI, line 1t	o)	. 4	11
ĕ			·	nployees (Part V , line 2a)		•		5,159
Activities &				olunteers (estimate if nece			•	433
ফু ব				·	Part VIII, line 12, column (C)			a -36,290
		_			Form 990-T, line 34	-		b -36,290
					,	Pr	ior Year	Current Year
	8	Contrib	outions and	d grants (Part VIII, line 1h		1,092,472		
<u>9</u>	9			- '		376,461,864		
Revenue	10	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					8,015,210	+
æ	11			art VIII, column (A), lines		13,872,740		
	12		-	dd lines 8 through 11 (mus	e	, ,	, ,	
		12)					399,442,286	405,400,937
	13	Grants	and simila	ar amounts paid (Part IX, c		(0	
	14	Benefit	s paid to c	or for members (Part IX, co	lumn (A), line 4)		(0
ø	15		s, other co	ompensation, employee be	5-	183,251,596	105 404 972	
Expenses	4.5-	10)					+	
<u>क</u>	16a			raising fees (Part IX, colu			0	
五	b		_	penses, Part IX, column (D), line				
	17			(Part IX, column (A), lines			207,573,225	
	18				ual Part IX, line 25, column (A))		390,824,82	
to ±	19	Keveni	ie iess ext	penses Subtract line 18 fr	om me 12		8,617,46	
Net Assets or Fund Balances						Begini	ning of Year	End of Year
38.00 38.00	20		•	rt X, line 16)			581,086,310	
¥₽ ¥₽	21	Total li	iabilities (F	Part X, line 26)			232,607,316	247,308,861
žĒ	22	Net as	sets or fun	d balances Subtract line 2	21 from line 20		348,478,994	343,795,721
Pai	rt II	Sign	ature Bl	ock				
Plea Sign Here	1	**** Signa	ef, it is true, ** ature of office I SKEANS EV	correct, and complete Declaration	nined this return, including accompanying on of preparer (other than officer) is base	d on all informa	ation of which pre 0-04-26	
		F 'ype	or print nam	ic and duc			1	
Paid		Preparer' signature		J Larson		Check if self- empolyed • F	Preparer's PT	'IN (See Gen Inst)
	arer's		me (or your	s BKD LLP	1		EIN Þ	
Use (Only	ıf self-em address,	nployed), and ZIP + 4	211 N BROADWAY SUITE 6	00		-	
				ST LOUIS, MO 631022733			Phone no	(314) 231-5544
——— Mavi	the IR	S discus	s this retu		above? (See instructions)			✓ Yes 「No

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

1	Briefly describe the organization SEE COMMUNITY BENEFIT REPO						
2	Did the organization unde the prior Form 990 or 99		nt program se	rvices during the year	which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these i	new services on Sch	edule O				
3	Did the organization ceas			changes in how it cor	nducts any program	┌ Yes ┌ No	
	If "Yes," describe these of	changes on Schedul	e O				
4		l) organizations and	4947(a)(1) t	rusts are required to r	largest program services be report the amount of grants ed		
4a	(Code SEE COMMUNITY BENEFIT RE) (Expenses \$ EPORT - SCHEDULE O	376,537,087	including grants of \$) (Revenue \$	388,564,928)	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	O ther program services (Expenses \$		dule O) ding grants of	· \$) (Revenue \$)	
4e	Total program service e		376,537,08		Line 25, column (B).	,	

art IV	Chec	klist of	Required	Schedules
		KIISL OI	NC quii cu	Schodules

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

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		[
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	136			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.		
3 -	gaming (gambling) winnings to prize winners?	 i		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	5,159			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ	 3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	- 55	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac 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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited	F-		
c -	Tax Shelter Transaction?	•		5c		NI a
6a 	Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement the		ľ	6a		No
D	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		N o
a	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 benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	ı			
	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					
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

3

4

5

6

7Ь

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

For each	"Yes	" res pons e	to lines	2-7 belo	w, and for	a "No" i	response to lines	8 or 9b below,	describe the ci	rcumstan

	processes, or changes in Schedule O. See instructions.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Enter the number of voting members of the governing body	1a	16
b	Enter the number of voting members that are independent	1b	11

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?
Did the everywhere delegate expetual every manner must distince everywhere which have a condensate of the district

bla the organization acregate control over management acres castomathy performed by or anact the another	
supervision of officers, directors or trustees, or key employees to a management company or other person? .	
Did the organization make any significant changes to its organizational documents since the prior Form 990 was	

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

Does the organization have members or stockholders?	6
Does the organization have members, stockholders, or other persons who may elect one or more members of the	
aovernina body?	7a

	governing body?	•	•	•		•	•		•			•	•	•	•		•	•	•	•	•	•	
b	Are any decisions	of t	the	gov	erning	body	sul	bject to	оар	prov	al by	mem	ber	s, st	ockl	nolde	rs, o	r ot	herı	pers	ons	? .	•

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

	,	•	_																					
а	the g	overning body	/?																	-				
b	each	committee w	th	auth	nori	ty t	o ac	t or	n be	half	of t	he ç	jove	rnı	ng b	ody	?							

	Does the organization have local chapters, branches, or affiliates?	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters	

D	if fes, 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?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

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
To the control of the

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

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		Νο

Section B. Policies

Does the organization have a written conflict of interest policy? If "No", go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes	
to conflicts?	12b		
describe in Schedule O how this is done	12c		
Describes a second from the control of the control		Yes	
Does the organization have a written whistleblower policy /	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
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	16h		No
	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. The organization's CEO, Executive Director, or top management official?	Does the organization have a written document retention and destruction policy?	Does the organization have a written document retention and destruction policy?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN SKEANS

10010 KENNERLY ROAD ST LOUIS, MO 63128 (314) 525-1813

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

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

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		Posi t				ıll			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>							
							-			
				\vdash			1			
1b Total					-		>	3,994,495	5 (272,952

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ₱96

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

Section B. Independent Contractors

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

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
SPELLMAN BRADY AND CO 8229 MARYLAND AVE STE 1 ST LOUIS, MO 63105	DESIGN CONSULTING	1,160,436	
EMERGENCY PHYSICIANS OF ST LOUIS 10010 KENNERLY ROAD ST LOUIS, MO 63128	PHYSICIAN SERVICES	1,856,994	
ASPEN ADVISORS LLC 22337 MEADOW VIEW ROAD MORRISON, CO 80465	IT PLANNING	1,242,650	
SSM CARDINAL GLENNON CHILDRENS HOSP 1195 CORPORATE LAKE DR ST LOUIS, MO 63132	PEDIATRIC PHYSICIANS	1,438,026	
MEDQUIST PO BOX 10832 NEWARK, NJ 07193	TRANSCRIBING SERVICE	1,065,882	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

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
	1a	Federated campaigns 1a					, 513, 51314
## #	ь	Membership dues					
亞克		1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c					
ž i	d	Related organizations 1d					
્રે ≣	e	Government grants (contributions) 1e	344,456				
<u>≅</u> .≅	f	All other contributions, gifts, grants, and	93,722	ł			
至至	'	sımılar amounts not ıncluded above					
置き	g	1f Noncash contributions included in					
25		lines 1a-1f \$					
0	h	Total (Add lines 1a-1f)	· · · · <u>-</u>	858,178			
			Business Code				
e E	2a	PATIENT CARE	621,110	388,511,664	388,511,664		
že,	ь	EDUCATIONAL PGMS	611,710	53,264	53,264		
윤	c			55,251	33,231		
156	d						
<u>\$</u>							
Program Service Revenue	e						
⊕ Ea	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
		► \$ 388,564,928					
	3	Investment income (including divi	dends, interest				
		other sımılar amounts)		1,132,273			1,132,273
	4 Income from investment of tax-exempt bor		ond proceeds	0			
	_	- ·	▶	0			
	5	Royalties		0			
	6a	(1) Real Gross Rents 169,543	(II) Personal				
	b	Less rental 258,800					
	"	expenses					
	С	Rental income -89,257 or (loss)					
	d	Net rental income or (loss)		-89,257			-89,257
		(ı) Securities	(II) O ther				
	7a	Gross amount 25,290,679	107,943				
		from sales of assets other					
		than inventory					
	ь	Less cost or 28,236,394 other basis and					
	c	sales expenses Gain or (loss) -2,945,715	107,943				
	d	Net gain or (loss)		-2,837,772			-2,837,772
			. ▶	, ,			
	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
ē	ь	Less direct expensesb					
¥	С	Net income or (loss) from fundrais	ıng events ▶	0			
J	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	b c	Less direct expensesb Net income or (loss) from gaming		o			
	10a	Gross sales of inventory, less returns and allowances					
	ь	a Less cost of goods sold b	2,057,492 2,088,568				
	c	Net income or (loss) from sales of	_,	-31,076		-30,851	-225
	Ť	Miscellaneous Revenue	Business Code	,]		,	~~
	11a	CAFETERIA SALES	722,210	2,462,946			2,462,946
	ь	OTHER REVENUE	621,110	14,386,916		-5,439	
			900,099	953,801		-,	953,801
	С	AMORTIZATION OF DEFERRED GAIN ON SALE OF BLDGS]	333,001			333,001
	س	All other revenue					
	d e	Total. Add lines 11a-11d					
			\$ 17,803,663				
	12	Total Revenue. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	405,400,937	388,564,928	-36,290	16,014,121
		8c, 9c, 10c, and 11e	. ▶				Form 990 (2008)

Part IX Statement of Functional Expenses

A	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 r	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	2,251,869	615,277	1,636,592					
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	159,858,205	152,175,185		0				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,989,125	6,600,687	388,438					
9	Other employee benefits	14,688,788	14,142,672	546,116					
10	Payroll taxes	11,706,886	10,963,319	743,567					
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	722,404		722,404					
c	Accounting	131,957		131,957					
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	8,606,970	4,971,651	3,635,319					
12	Advertising and promotion	1,561,877	1,561,877						
13	Office expenses	105,009,012	104,164,795	844,217					
14	Information technology	0							
15	Royalties	0							
16	Occupancy	3,942,906	3,942,906						
17	Travel	434,004	419,862	14,142					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	246,897	223,985	22,912					
20	Interest	8,743,352	8,743,352						
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	23,188,626	19,216,717	3,971,909					
23	Insurance	5,014,702	5,014,702						
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)								
а	BAD DEBTS	25,872,219	25,872,219						
ь	MEDICAL SPECIALIST	8,483,129	8,483,129						
c	LEASE RENT BUILDING	3,499,627	3,499,627						
d	SO FTWARE CHARGES	3,391,587	3,368,014	23,573					
e	TRANSCRIBING	1,028,838	1,028,838	, -					
f	All other expenses	2,128,674	1,528,273	600,401					
25	Total functional expenses. Add lines 1 through 24f	397,501,654	376,537,087	20,964,567	0				
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,	1-2-1					

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_			beginning of year	1	Lild Of year
	2	Savings and temporary cash investments		66,861,477	2	49,518,396		
	- 3	Pledges and grants receivable, net		43,000	3	420,000		
	4	Accounts receivable, net	•			67,461,081	4	61,249,979
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			oyees or	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	31,121,31,31,3
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of 3	ection	1495			6	
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				6,138,380	8	6,115,254
93	9	Prepaid expenses and deferred charges				2,365,639	9	1,780,623
ssets	10a							
As		Land, buildings, and equipment cost basis	10a		529,783,495			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		271,191,604	233,749,947	10c	258,591,891
	11	Investments—publicly traded securities			•	195,353,760		203,240,796
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	art VI	l of		57,622	12	586,122
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,	art VI	II			13	
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		9,055,404		9,601,521		
		D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)				581,086,310		591,104,582
	17	Accounts payable and accrued expenses .		47,606,859	17	49,074,222		
	18	Grants payable					18	
	19	Deferred revenue			19			
Ø	20	Tax-exempt bond liabilities				124,284,119	20	135,456,529
É	21	Escrow account liability Complete Part IV of Schedule D		•			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					i	
		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties	•			0	23	314,263
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D	60,716,338	25	62,463,847			
	26	Total liabilities. Add lines 17 through 25				232,607,316	26	247,308,861
У		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	let e I	ines 2	27			
Balance	27	Unrestricted net assets				346,048,808	27	341,218,501
න ග	28	Temporarily restricted net assets				2,430,186	28	2,577,220
Ē	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	:					
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
AS	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances		348,478,994	33	343,795,721		
z	34	Total liabilities and net assets/fund balances				581,086,310	34	591,104,582
Da	rt VI	Financial Statements and Departing						
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	b Were the organization's financial statements audited by an independent accountant?			Νο
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		
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		

OMP No 1545 004

OMB No 1545-0047

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.

2008

Open to Public Inspection

		e organizat i						Em	ployer ide	nt if icat io	n num	ıber	
St Ant	nony's N	1edical Center						12	-0980256	=			
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio						
				ation because it is (Please					- Instruct	101137			
1	Ť			nurches, or association of ch					(A)(i).				
2	Ē	•		t ion 170(b)(1)(A)(ii). (Atta				. ,, ,	. , , ,				
3	Ţ.			e hospital service organizati			tion 170(l	o)(1)(A)(i	iii). (Attac	h Schedu	le H)		
4	, T	•	•	zation operated in conjuncti			-		• '			he	
-	•		name, city, and	•					_, _(_,(_,	(,(,-			
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	•	=	•	(Complete Part II)		,		- / - g					
6	Г			overnment or governmental	unit descr	ıbed ın Se	ection 170	(b)(1)(A)	(v).				
7	Ē	•	_	ally receives a substantial p						n the aene	eral pu	ublic	
	·	_)(1)(A)(vi) (Complete Par		• •	J			J			
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)						
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	s, and	gros	s
				lated to its exempt functions									
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	() from bu	sines	ses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	e instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to c	arry out t	he pu	rpos	es of
				orted organizations describe				•		Section 5	09(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	\vdash		• •	rtify that the organization is									
_	'	•	-	agers and other than one or			•			•			
		section 50											
f		If the organ		d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng org	anıza	ation,
g				as the organization accepte	d any gift	or contrib	ution from	anv of the	2				,
_		following pe			, 3			,					
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Y	es	No
		and (III) be	low, the govern	ng body of the the supporte	d organıza	tion?				11g	(i)		Νο
		(ii) a family	y member of a p	erson described in (i) above	?					11g((ii)		Νο
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)		N o
h		Provide the	following infori	mation about the organization	ns the org	janızatıon	supports						
				/ · · · ·			T				T		
	(i) Na Supp	me of	(ii) EIN	(iii) Type of organization (described on lines 1-9		sthe	1			s the		A m uppo	ount of
	Organ				1 9		иррс	,,,,,					
	,			(See Instructions))	yourgo	verning	supp			υs?			
document?							1	1					
					Yes	No	Yes	No	Yes	No			
-													
						I		1		l			

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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 A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization St Anthony's Medical Center 43-0980256 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c 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
 - Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

- 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
- 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

► \$

2d

- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2008

3	Using the organization's accession and othe					-				ntinued)
-	items (check all that apply)				-	_				
а	Public exhibition		d	Γ	Loan or ex	change programs	5			
ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	v the	y further the	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	Γ,	í es	∏ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the org		vered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions	or other assets	not	Γ,	r es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9							
						<u> </u>		A mou	nt	
C C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		21?					Γ,	fes	∏ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		were)Prior		Form 990, Pa Two Years Back (d			Four V	aare Back
1a	Beginning of year balance	21,577,451	(D	J FIIOI	real (C)	TWO TEATS DACK (u	Jilliee Tears I	back (E)	Toul I	cais back
b	Contributions	832,413								
c	Investment earnings or losses	-3,230,778								
d	Grants or scholarships	, ,								
e	Other expenditures for facilities	742,582								
_	and programs									
f	Administrative expenses									
g	End of year balance	18,436,504								
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	100 %								
ь	Permanent endowment 🕨									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organizat	tion t	:hat a	are held and	administered for	r the			
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i)		No
	(ii) related organizations							3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	•						3b		<u> </u>
	t VI Investments—Land, Buildings					Dart V line 10				
	t vi investments—Land, Bundings	s, and Equipmen			•					
	Description of investment	s, and Equipmen		(a)	Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreca	ation	(d) Boo	ok value
				(a)	Cost or other	(b)Cost or other	(c) Deprecia	ation		
1a l	Description of investment			(a)	Cost or other	(b)Cost or other basis (other)	1	ation	. ,	9,844,106
1a l	Description of investment			(a)	Cost or other	(b)Cost or other basis (other) 9,844,106	1		. ,	9,844,106
1a l b i	Description of investment			(a)	Cost or other	(b)Cost or other basis (other) 9,844,106	1	5,484	14	9,844,106 8,402,612
1a b 6 c l d f	Description of investment and			(a)	Cost or other	(b)Cost or other basis (other) 9,844,106 210,638,096	62,23	5,484	14	9,844,106 8,402,612 3,086,405 7,258,768

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation - 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) 🕨		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(4, 5 3 3 3)	(2,200	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13,	, -		
Part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
INTEREST RECEIVABLE			229,063
RENT RECEIVABLE			1,155,717
OTHER ASSETS			1,812,400
SAPO RECEIVABLE			1,759,935
DEFERRED FINANCING			4,644,406
Total. (Column (b) should equal Form 990, Part X, col.(B) I			
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	10 455 966		
RESERVE - SELF INSURANCE LIABILITY PENSION PAYABLE	19,455,866		
PENSION PAYABLE	16,353,291		
CAPITAL LEASES GIET ANNUITIES	888,732		
DEFERRED GAIN ON SALE LEASEBACK	5,919 6,641,492		
INTEREST RATE SWAP LIABILITY	19,118,547		
TRICKEST RATE SWAF LIABILITY	19,110,547		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25	62 463 847		

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	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	4	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIV)	4	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV,	lines 1b and 2b,
	- 1 1		

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

Identifier Return Reference Explanation

THE FUNDS ARE TO BE USED FOR THE SELF INSURANCE TRUCK OF THE OPERANIZATION, WHICH IS USED TO

ENDOWMENT FUNDS	PART V, LINE 4	THE FUNDS ARE TO BE USED FOR THE SELF INSURANCE TRUST OF THE ORGANIZATION, WHICH IS USED TO COVER MALPRACTICE CLAIMS
UNCERTAIN TAX POSITIONS UNDER FIN 48		IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48- 3, THE ORGANIZATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS YEAR ENDING JUNE 30, 2010 THE ORGANIZATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES AND FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES

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DLN: 93493117001020

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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 Medical Center

OMB No 1545-0047 **Hospitals** Open to Public **Inspection Employer identification number** 43-0980256 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 . **1**a

b	If fes, is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
	A pplied uniformly to all hospitals A pplied 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		
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	3a	
	T 100%		
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	
	200% 7300% 7350% 7400% 70ther		
С	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	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	

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 eligibile for free or discounted care?

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

6a Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

worksheets with the Schedule H

7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost		•	<u> </u>
	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
а	Charity care at cost (from worksheets 1 and 2)						
b	Unreimbursed Medicaid (from worksheet 3, column a)						
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d	Total Charity Care and Means-Tested Programs .						_
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)						
f	Health professions education (from worksheet 5)						
g	Subsidized health services (from worksheet 6)						
h	Research (from worksheet 7)						_
i	Cash and in-kind contributions to community groups (from worksheet 8)						
j	Total Other Benefits						
k	Total (line 7d and 7j)						

5c

6a

6b

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible					_			1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST ANTHONY'S MEDICAL CENTER 10010 KENNERLY ROAD ST LOUIS, MO 63128	х	Х					Х		
FENTON URGENT CARE 714 GRAVOIS ROAD FENTON,MO 63026								Х	URGENT CARE FACILITY
LEMAY URGENT CARE 2900 LEMAY FERRY ROAD ST LOUIS, MO 63125								х	URGENT CARE FACILITY
BIG BEND URGENT CARE 10296 BIG BEND BLVD KIRKWOOD,MO 63122								х	URGENT CARE FACILITY
ARNOLD URGENT CARE 3619 RICHARDSON SQUARE DR ARNOLD, MO 63010								х	URGENT CARE FACILITY
			•		•		•	•	•

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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As Filed Data -

DLN: 93493117001020

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization St Anthony's Medical Center

ın Part III

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.

43-0980256 **Questions Regarding Compensation** Νo Yes 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 Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Yes 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 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
THOMAS ROCKERS	(1) (11)	374,834 0	8,537 0	89,050 0	9,339 0	6,225 0	487,985 0		
JOHN P MCGUIRE	(1) (11)	229,335 0	8,400 0	82,564 0	10,882	9,775 0	340,956 0		
ROBERT P THAMES	(ı) (ıı)	218,504 0	5,544 0	44,204	9,021	12,294 0	289,567 0		
BABU R DANDAMUDI	(ı) (ıı)	158,013 0	283,462 0	21,545 0	16,316 0	1,805 0	481,141 0		
IQBAL AMIN MD	(1) (11)	354,620 0	81,888 0	16,085 0	11,561 0	17,272 0	481,426 0		
MOHAMMED MOJID MD	(1) (11)	108,782 0	272,597 0	21,974 0	11,719 0	16,354 0	431,426 0		
KHALID NASEER	(1) (11)	275,239 0	00	21,139 0	2,850	17,159 0	316,387 0		
DONN RICHARDS	(ı) (ıı)	184,689 0	57,334 0	44,840 0	8,904 0	9,434 0	305,201 0		
ROBERT GRIESBAUM	(ı) (ıı)	172,484 0	18,700 0	47,664 0	9,019	17,049 0	264,916 0		
ANN BOLLONE	(ı) (ıı)	175,476 0	0 0	27,327 0	4,108 0	17,037 0	223,948		
SHERRY NELSON	(1) (11)	134,578 0	0 0	33,524 0	0	7,906 0	176,008		
EMILY NIEHAUS	(ı) (ıı)	130,807 0	14,000 0	24,638	0	16,967 0	186,412 0		
GORDON LASHMETT	(ı) (ıı)	136,577 0	0	23,052	5,332 0	9,391 0	174,352 0		
	(ii) (i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
TRAVEL FOR COMPANIONS	1(A)	DAVID M SINDELAR, THE CHAIRMAN, RECEIVED A BENEFIT FOR COMPANION TRAVEL HIS SPOUSE ACCOMPANIED HIM ON A PILGRIMAGE THE PURPOSE OF THE PILGRIMAGE IS TO PROVIDE CATHOLIC MINISTRY TRAINING AT A VERY DEEP LEVEL SO THE SPRIRITUAL MISSION OF THE ORGANIZATION CAN BE INFUSED THROUGHOUT THE HOSPITAL AND IT CAN MAINTAIN ITS CATHOLIC IDENTITY THE ORGANIZATION BELIEVES THERE WAS A BONAFIDE BUSINESS PURPOSE FOR THE SPOUSE TO ATTEND THE PILGRIMAGE THE SPOUSE PARTICIPATED IN ALL ASPECTS OF THE PILGRIMAGE SO SHE COULD UNDERSTAND AND SUPPORT THE MISSION ENTRUSTED TO THE CHAIRMAN
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES AND PERSONAL SERVICES	1(A)	THOMAS ROCKERS, THE PRESIDENT-CEO, RECEIVED AN ALLOWANCE FOR HEALTH/SOCIAL CLUB MEMBERSHIP DUES, LEGAL SERVICES, AND FINANCIAL PLANNING SERVICES THE SOCIAL CLUB MEMBERSHIP IS TO BE USED EXCLUSIVELY FOR BUSINESS PURPOSES THE VALUE OF THE OTHER SERVICES ARE INCLUDED IN TAXABLE COMPENSTAION

DLN: 93493117001020

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Open to Public **Inspection**

Name of the organization Employer identification number St Anthony's Medical Center 43-0980256 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No HEFA OF THE STATE OF MO Х HFRRB (SAMC) 2005A 43-0980256 60635RW60 12-01-2005 43,300,000 REFINANCE PRIOR ISSUE Χ HEFA OF THE STATE OF MO Χ Х HFRRB (SAMC) 2005B 43-0980256 60635RW78 12-01-2005 43,300,000 REFINANCE PRIOR ISSUE HEFA OF THE STATE OF MO Χ Χ HFRRB (SAMC) 2006A 43-0980256 60635RX44 06-01-2006 35,000,000 HOSPITAL EXPANSION HEFA OF THE STATE OF MO Χ Χ HFRRB (SAMC) 2006B 43-0980256 60635RX51 06-01-2006 35,000,000 HOSPITAL EXPANSION HEFA OF THE STATE OF MO HFRN (SAMC) 2007 43-0980256 05-09-2007 3,100,000 EQUIPMENT PURCHASE Х Χ Proceeds (Optional for 2008) Α В C D Ε Total Proceeds of Issue 2 Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 8 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III С Ε Yes Yes Yes No Yes No No Yes No No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		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?										
3с	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?	Yes No Ye									
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?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		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?										
ь	Name of provider										
С	Term of hedge										
4a Were gross proceeds invested in a GIC?											
ь	Name of provider										
С	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?										

DLN: 93493117001020

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Employer identification number Name of the organization St Anthony's Medical Center Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written (a) Name of interested person and from the (c)O riginal principal by board or (d)Balance due default? la areement? organization? purpose amount committee? From Yes Yes Yes No **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
METRO HEART	D MORTON, BOARD MEMBER,	189,718	SERVICES-READING OF EEG'S		No
METRO HEART	IS A DIRECTOR OF METRO				No
QMC	D PARASHAK, BOARD MEMBER,	751,667	CARE MANAGEMENT SERVICES		No
QMC	IS A DIRECTOR OF QMC				No
LEWIS RICE AND FINGERISH	J PRUELLAGE,BOARD MEMBER,	906,967	LEGAL SERVICES		No
LEWIS RICE AND FINGERISH	IS A BOARD MEMBER OF LRF				No
See Additional Data Table					

OMB No 1545-0047

2008

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization St Anthony's Medical Center

Employer identification number

43-0980256

ldentifier	Return	Explanation
identifief	Reference	· ·
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1	The community benefit contribution of SI Anthony's Medical Center includes programs and activities that improve access to health care and improve health in our communities in order to portray the full breadth of our contribution, our community benefit information is described below SECTION1 - CIQUALITATIVE DESCREPTION OF COMMUNITY EINCERT 1 Organizational Commitment to Providing Community Benefit A Mission statement. SI Anthony's a Catholic medical center, his the duty and privilege to provide the best care to every patient, every day. Primary exempt purpose - SI Anthony's operates an emergency department oper to all providing care in an ondescrimentation remained in the community members. Way promote and address as the specific health needs of the community and provide support through educational, religious, and chartable activities. Bis Anthony's Medical Center's approach to providing community benefit is dilustrated with the following information. Our geographic area and target population are South SI. Louis County, Jefferson County, usides this Mission and Southern limos. * Negoritation are South SI. Louis County, Jefferson County, such sets of Southern limos. * Negoritation are south SI. Louis County, Jefferson County, such sets which was not so support programs that may address the root causes of many health problems, such as poverty and lack of education Another example is our awareness of obesty programs to help the community SI Anthony's Medical Center in a variety of ways. Along with treating and diabetes on the rise in the community, SI Anthony's Medical Center and dessess strategies to identify needs and problems in the community. SI Anthony's Medical Center to health care, our support for activities such as neighborhood revitalization, local econome development, community health, expansing and such as a september of the contrainty. While not directly related to health care, our support for activities such as neighborhood revitalization, local econome development, or contrainty and provided to a man

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1 (CONT')	2 Organizational Description for Tax Exemption St. Anthony's Medical Center qualifies for tax exemption through various activities and participation as described below. —St. Anthony's operates an emergency room that accepts all persons who are in need of medical attention regardless of ther ability to pay. St. Anthony's has an open medical staff with privileges available to all qualified physicians in the area. —St. Anthony's has a governing Board of Directors in which independent persons representative of the community comprise a majority. —St. Anthony's works in cooperation with local universities and health care organizations to advance the science of medicine by providing a clinical setting where innovative treatments and new therapeutic protocols can be developed and studied. —St. Anthony's langer in the training and education of health care professionals by teaming up with local community colleges and universities to provide a clinical setting for health care students. —St. Anthony's participates in Medicard, Medicare, CHAMPUS, Tincare, and/or other government-sponsored health care programs. 3 Description of Community Benefit Programs. A The programs below describe and highlight several programs that have clearly met an identified community health need. St. Anthony's Scholars ProgramWorking in partnership with the Creater St. Louis Community Foundation, and ual scholariship programs help some and daughters of employees and students living in St. Anthony's service area realize the dream of a college education. The programs primary objectives are to build regional capacity by proving infamical educational assistance to the sons and daughters of the Medical Center's employees, and addressing the future health care needs of the community by helping area residents pursue careers in the health professions. The rapy Internships and Rotations. —St. Anthony's Medical Center has earned a reputation as a great place for students to complete their clinical rotations and contributions. The programs and Rotations. —

ldentifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART IV CHECKLIST OF REQUIRED	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH GAAP AS A PART OF THE ST ANTHONY'S MEDICAL CENTER AND AFFILIATES CONSOLIDATED FINANCIAL STATEMENT AUDIT THESE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF THE ORGANIZATION, ST ANTHONY'S MEDICAL CENTER FOUNDATION, ST ANTHONY'S OF ANTHONY'S PHYSICIAN ORGANIZATION ALL OF MALICH ARE
STATEVIENTS	SCHEDULES, QUESTION 12	CHARITABLE FOUNDATION AND ST ANTHONY'S PHY SICIAN ORGANIZATION ALL OF WHICH ARE UNDER COMMON CONTROL HOWEVER, NO SEPARATE AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE ORGANIZATION, AND, AS A RESULT, QUESTION 12 IS MARKED "NO"

ldentifier	Return Reference	Explanation
BUSINESS RELATIONSHIP	, ,	JOHN H BERRA JR HAS A BUSINESS RELATIONSHIP WITH HOWARD CHILCUTT, PAUL A NOVELLY HAS A BUSINESS RELATIONSHIP WITH PAUL G LORENZINI

Identifier	Return Reference	Explanation
REVIEW PROCESS	FORM 990, PART VI, SECTION A, QUESTION 10	RETURNS ARE PREPARED AND INITIALLY REVIEWED BY ST ANTHONY'S FINANCE STAFF AND PREPARER BKD AFTER THESE REVIEWS ARE COMPLETED THE RETURNS ARE THEN REVIEWED WITH THE CHIEF FINANCIAL OFFICER (CFO) BY FINANCE STAFF THE CFO THEN REVIEWS THE RETURNS WITH THE CEO ONCE THIS REVIEW OCCURS RETURNS ARE MAILED TO BOARD / FINANCE COMMITTEE MEMBERS ALONG WITH THE BOARD / FINANCE COMMITTEE PACKET REVIEW OF THE 990 IS AN AGENDA ITEM AT THE FINANCE COMMITTEE MEETING WHERE EACH OF THE RETURNS ARE REVIEWED AND DISCUSSED WITH MEMBERS ONCE THIS REVIEW OCCURS RETURNS ARE DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND DISCUSSION AS PART OF THE FINANCE COMMITTEE REPORT OUT ONCE ALL REVIEWS HAVE TAKEN PLACE THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	To ensure that St Anthony's operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic review's shall be conducted. The periodic review's shall, at a minimum, include the following subjects. Whether compensation arrangements and benefits are reasonable and are the result of arm's-length bargaining. Whether acquisitions of physician practices and other provider services result in inurement or impermissible private benefit. Whether partnership and joint venture arrangements and arrangements with management service organizations and physician hospital organizations conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further St. Anthony's charitable purposes and do not result in inurement or impermissible private benefit. Whether agreements to provide health care and agreements with other health care providers, employees, and third party payors further St. Anthony's charitable purposes and do not result in inurement or impermissible private benefit. If the board or committee or administrator has reasonable cause to believe that an individual has failed to disclose actual or possible conflicts of interest, it shall inform the individual of the basis for such belief and afford the individual an opportunity to explain the alleged failure to disclose if, after hearing the response of the individual and making such further investigation as may be warranted in the circumstances, the board or committee or administrator determines that the individual has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A/B	COMPENSATION FOR THE CEO AND ALL SENIOR MANAGEMENT STAFF MEMBERS IS BASED UPON COMPARABLE MARKET RATES FOR SIMILAR POSITIONS WITHIN THE NATION ANNUALLY, AN OUTSIDE COMPENSATION CONSULTANT IS HIRED TO REVIEW COMPENSATION AND COMPARE IT TO APPROPRIATE PEER GROUPS THESE EXTERNAL REPORTS ARE PRESENTED TO THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL ALONG WITH THE ANNUAL EVALUATIONS OF THE SENIOR STAFF MEMBERS

ldentifier	Return Reference	Explanation
PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE

ldentifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI FINANCIAL STATEMENT AND REPORTING, QUESTION 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH GAAP AS A PART OF THE ST ANTHONY'S MEDICAL CENTER AND AFFILIATES CONSOLIDATED FINANCIAL STATEMENT AUDIT THESE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF THE ORGANIZATION, ST ANTHONY'S MEDICAL CENTER FOUNDATION, ST ANTHONY'S CHARITABLE FOUNDATION AND ST ANTHONY'S PHY SICIAN ORGANIZATION ALL OF WHICH ARE UNDER COMMON CONTROL HOWEVER, NO SEPARATE AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE ORGANIZATION, AND, AS A RESULT, QUESTION 12 IS MARKED "NO"

ldentifier	Return Reference	Explanation
JOINT VENTURES	PART VI, SECTION B, LINE 16B	THE ORGANIZATION DOES NOT HAVE A FORMAL POLICY FOR EVALUATING JOINT VENTURES HOWEVER, THE ORGANIZATION IS THE MAJORITY OWNER OF THE TWO JOINT VENTURES IN WHICH IT PARTICIPATES, WHICH PLACES IT IN A POSITION TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE ARRANGEMENTS

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493117001020

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

Name of the organization **Employer identification number** St Anthony's Medical Center 43-0980256 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (B) (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD PHARMACY -31,076 587,117 MO ST LOUIS, MO 63128 43-1659671 Part II **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization (B) Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status or foreign country) (if section 501(c)(3)) ST ANTHONY'S PHYSICIAN ORGANIZATION NA 10010 KENNERLY ROAD HEALTH CARE МО 501(c)(3) ST LOUIS, MO63128 43-1784536 ST ANTHONY'S MEDICAL CENTER FOUNDATION NΑ 10010 KENNERLY ROAD SUPPORT ORG МО 501(C)(3) 11 - I ST LOUIS, MO63128 43-1841204 ST ANTHONY'S CHARITABLE FOUNDATION NA 10010 KENNERLY ROAD FUNDRAISING МО 501(c)(3) 11 - I ST LOUIS, MO63128 26-1516789 AUXILIARY OF ST ANTHONY'S MEDICAL CTR NA 10010 KENNERLY ROAD FUNDRAISING МО 501(c)(3) ST LOUIS, MO63128 43-6056990

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 control entity	ling	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of-year assets		(H Disprop allocat) irtionate ions?	(I) Code V—UBI amount on Box 20 of K-1	(J) General of managing partner?	
											Yes	No		Yes	No
S CNTY PET IMAGLLC 10010 KENNERLY ROAD ST LOUIS, M063128 43-1932907	IMAGING SERVICES	МО	NA	RE	ELATED			140,882		768,586		No		Yes	
PLZ SRGICL SERVS CO															
12700 SOUTHFORK ROAD ST LOUIS, MO63128 20-4709312	SURGICAL SERVICES	МО	NA	RE	ELATED			93,028		109,581		No		Yes	
Part IV Identification of Re	lated Organiza	tions Tax	able as a C	`ornor	ration or Tri	uct.									
Part IV Identification of Related Organization (A) Name, address, and EIN of related organization (B) Primary activity				(C) Legal domicile (state or foreign country)		Direct of	(D) controlling ntity	(E Type of (C corp, or tr	f entity S corp,	(F) Share of total Income		(G) Share of id-of-yea assets			

1q Yes

1r Yes

Part V	Transactions	with	Related	Organizations
--------	--------------	------	---------	----------------------

q O ther transfer of cash or property to other organization(s)

 ${\bm r} \quad \hbox{O ther transfer of cash or property from other organization} ({\bm s})$

Dar	rt V Transactions with Related Organizations			
	-			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
ь	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gıft, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p	Yes	
			 	+

2 If the answer to any of the above is "Yes," see the instructions for information (A) Name of other organization(s)	on who must complete this line, including covered relationship (B) Transaction type(a-r)	ps and transaction thresholds (C) Amount Involved
(1) AUXILIARY OF ST ANTHONY'S MEDICAL CTR	С	420,000
(2) ST ANTHONY'S PHYSICIAN ORGANIZATION	D	5,060,692
(3) ST ANTHONY'S CHARITABLE FOUNDATION	L	542,287
(4) ST ANTHONY'S PHYSICIAN ORGANIZATION	Р	14,115,969
(5) ST ANTHONY'S CHARITABLE FOUNDATION	Р	541,257
(6) ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	4,839,349
(7) ST ANTHONY'S CHARITABLE FOUNDATION	R	581,529
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Software ID: Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	AUXILIARY OF ST ANTHONY'S MEDICAL CTR	С	420,000
(2)	ST ANTHONY'S PHYSICIAN ORGANIZATION	D	5,060,692
(3)	ST ANTHONY'S CHARITABLE FOUNDATION	L	542,287
(4)	ST ANTHONY'S PHYSICIAN ORGANIZATION	Р	14,115,969
(5)	ST ANTHONY'S CHARITABLE FOUNDATION	Р	541,257
(6)	ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	4,839,349
(7)	ST ANTHONY'S CHARITABLE FOUNDATION	R	581,529

Software ID: Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NORBERT A SIEGFRIED , MEMBER	2 0	Х						0	0	0
K DANE BROOKSHER , FIRST VICE CHAIRMAN	1 0	Х						0	0	0
JOSEPH LIPIC , MEMBER	2 0	X						0	0	0
THOMAS ROCKERS , PRESIDENT - CEO	31 0	X		х				472,421	0	15,564
THOMAS KUTIS III , SECOND VICE CHAIRMAN	2 0	X						0	0	0
JOHN K PRUELLAGE , TREASURER	2 0	X						0	0	0
RICHARD W BASLER , MEMBER	1 0	Х						0	0	0
PAUL G LORENZINI , OFFICER	1 0	Х						0	0	0
PAUL A NOVELLY , MEMBER	1 0	Х						0	0	0
HOWARD CHILCUTT , SECRETARY	2 0	X						0	0	0
DAVID M SINDELAR , CHAIRMAN	2 0	Х						0	0	0
DAVID J MORTON MD , MEMBER	10	Х						0	0	0
W MICHAEL ROSS , MEMBER	1 0	Х						0	0	0
DOUGLAS PARASHAK MD , MEMBER	1 0	Х						0	0	
JOHN H BERRA JR , MEMBER	1 0	Х						0	0	0
RAVINDRA V SHITUT MD , MEDICAL STAFF PRESIDENT MEMBER	3 0	Х						0	0	0
JOHN P MCGUIRE , EXECUTIVE VP - CORP FINANCE	400			х				320,299	0	20,657
JOHN SKEANS , VP-CHIEF FINANCIAL OFFICER	40 0			х				92,489	0	15,233
ROBERT P THAMES , EXECUTIVE VP - COO	40 0			х				268,252	0	21,315
ROBERT GRIESBAUM , VP - PATIENT CARE QUALITY	40 0				х			238,848	0	26,068
ANN BOLLONE , VP - HUMAN RESOURCES	40 0				х			202,803	0	21,145
SHERRY NELSON , VP - PATIENT CARE	40 0				х			168,102	0	7,906
EMILY NIEHAUS , VP - MARKETING	40 0				Х			169,445	0	16,967
GORDON LASHMETT , VP - IS / PHARMACY	40 0				х			159,629	0	14,723
BABU R DANDAMUDI , PHYSICIAN	40 0					Х		463,020	0	18,121
IQBAL AMIN MD , PHYSICIAN	40 0					Х		452,593	0	28,833
MOHAMMED MOJID MD , PHYSICIAN	40 0					Х		403,353	0	28,073
KHALID NASEER , PHYSICIAN	40 0					Х		296,378	0	20,009
DONN RICHARDS , PHYSICIAN	40 0					Х		286,863	0	18,338

(1)

GORDON LASHMETT

136,577

Software ID: Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
THOMAS ROCKERS	(I) (II)		8,537	89,050	9,339 0	6,225 0	487,985		
JOHN P MCGUIRE	(ı) (ıı)		8,400	82,564	10,882 0	9,775 0	340,956		
ROBERT P THAMES	(1) (11)		5,544	44,204	9,021 0	12,294 0	289,567		
BABU R DANDAMUDI	(1) (11)		283,462	21,545	16,316 0	1,805 0	481,141		
IQBAL AMIN MD	(ı) (ıı)		81,888	16,085	11,561 0	17,272 0	481,426		
MOHAMMED MOJID MD	(1) (11)		272,597	21,974	11,719 0	16,354 0	431,426		
KHALID NASEER	(1) (11)		,	21,139	2,850 0	17,159 0	316,387		
DONN RICHARDS	(I) (II)		57,334	44,840	8,904 0	9,434 0	305,201		
ROBERT GRIESBAUM	(I) (II)		18,700	47,664 0	9,019	17,049 0	264,916		
ANN BOLLONE	(I) (II)		, O	27,327	4,108 0	17,037 0	223,948		
SHERRY NELSON	(I) (II)		0	33,524	0	7,906 0	176,008		
EMILY NIEHAUS	(ı)		14,000	24,638	0	16,967	186,412		

23,052

5,332

9,391

174,352