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Form . **990**

Return of Organization Exempt From Income Tax

2008

CMB No 1545-0047

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Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

A F	or th	e 2008	caler	ndaı	r year, or ta	x year beg	inning		07/0	1,2	008, an	nd ending	9			/30 , 20			
Вс	hack if ap			C N	ame of organiza	ation ST.	ANTHO	NY'S	MEDICA	L CE	ENTER	FOUND	ATI	D Employe	r Identific	ation num	ıber		
	Addre		use IRS abel or	D	oing Business A	s								43-18	341204	4			
	7 1		print or	N	umber and stre	et (or PO bo	x if mail is i	not delive	red to street	addres	s)	Room	/suite	E Telephor	ne numbe	r			
	Initial	return	type. See	10	010 KENN	ERLY RO	AD							(314)525-1000					
	Termi		Specific		ity or town, stat									(/					
	Amen	ded	nstruc- tions.	ст	. LOUIS,	MO 631	28-218	3.5						G Gross re	ceipts \$	40	566	645.	
H	return Applic	ation	F Na	me	and address	of principal o	fficer TO	HN CI	KE ANG					H(a) Is this a			Yes	V No	
_	pendii	-			KENNERLY									affiliates H(b) Are all		-luded?	Yes	Ĥ No	
_	Tayley	empt stat		x	501(c) (3)			4947(a		52		· ·	-			t (see instruc	, ,		
<u>:</u>	Websi								1,(1) 01	72				H(c) Group e		•	,		
				X	ANTHONYS	Trust	Associat		Other >			I Vear of	format	ion 1999			micile		
		forganiz			Corporation	Trust	Associat	lion	Other			L Teal Of	- Ioimat	19991	IN State	or regar do	IIIICIIC	MO	
Fe	rt I		mary																
					he organization														
9		<u>TO_S</u>	<u>UPPC</u>	RT.	THE ACT	<u>I VITIES</u>	OF ST	AN	THONY'	S ME	DICAL	CENT	ER_(HOSPITA	开)				
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/err					- 														
Governance	2			-	If the	_				or dis	posed of	more than	n 25%	of its assets	3 1 1				
o#i	3				members of					1176	17	₹	. .		3			6	
2 Addivities	4				endent voting			ning b	ddy (Part V	ł, liKe	113)		. .		4			4	
\$	5				employees (Pa							တ္တု			. 5		100	<u> 1E</u>	
\$	6	Total no	umber	of v	olunteers (est	imate if nece	essary)	1 <u>8</u> 1.	MAY .1	2 20	10 [읶			. 6		NON	1E	
	7 a	Total gi	ross u	nrel	ated business	revenue fror	n Part VIII	line 12	2, column (0	C)		S			. 7a		-12 ,	433.	
~	b	Net uni	elated	bus	siness taxable	income from	n Form 99	ib-T. tim	e 34			<u> </u>		· · · · · ·	7b		-17,	276.	
									ÖGDE	:IV,	UI			Prior Ye	ar	Cur	rent Ye	ar	
Ma	8	Contrib	ution	and	grants (Part V	'III, line 1h)									NONE			NONE	
7	9	Program	m serv	лсе г	evenue (Part \	√III, line 2g)									NONE			NONE	
CANNEDAMEIN	10	Investn	nent ir	com	ne (Part VIII, c	olumn (A), li	nes 3, 4, a	and 7d)						26,288,		13.	331,	022.	
	11				art VIII, colun										NONE			250.	
Ž	12				dd lines 8 thr									26,288,		13.		272.	
촞	13				r amounts par									1,384,				042.	
Ĭ	14				r for members								ĺ	1,001,	NONE		0007	NONE	
_	4.5													·	NONE			NONE	
Expenses	160		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)									NONE			NONE				
De c	. va				expenses, Pai										NONE			NONE	
Ĕ	47			_	Part IX, colum			–							E 4 E		215	<u> </u>	
	r												٠ ⊨		545.			643.	
					Add lines 13-1					٠.	• • • •		·	2,069,				685.	
_ <u></u>		Revenu	ie iess	exp	enses Subtra	act line 18 in	om line 12	• • • •		···	• • • •	<u></u>	+	24, 218,				587.	
Net Assets or Fund Balances	20	T-4-1 -		D-~	V lime 40\								_	Beginning o			of Yea		
Sala	20		•		X, line 16)				· · · · · ·				$\cdot \vdash^{\perp}$	92,174,	930.	18/,	<u>859,</u>	318.	
뒱	21			•	art X, line 26)				· · · · ·				•						
Žζ	22				d balances S	Subtract line	21 from lir	ne 20	• • • • • • •	• • •	• • • •	<u> </u>	1 1	92 <u>,174,</u>	930.1	<u>187,</u>	<u>859,</u>	318.	
Pa	ırt II	Sign	natur	e Bl	ock														
		Under	penalte	es of	perjury, I decl ue, correct, and	are that I ha	ve examine	ed this re	eturn, includ	ling ac	company	ng schedul	les and	I statements,	and to the	ne best of	my kno	owledge	
_		and be	ilei, it				Jeciaration	or prep	arei (Ulliei	than or	ilcei) is i	based on a	an 11110	imation of w	e/_ /	Jaici ilas i	any Kno	Micage	
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	oarer's Only	Firm's if self-e			BKD,									EIN	4	4-0160	260		
use	Only	address				BROADWAY, S	SUITE 600	ST. L	OUIS, MO 6	53102-	2733			Phone no		14-231		4	
May	the If	RS disc	uss th	ıs re	turn with the	preparer sho	wn above	? (See ı	nstructions))				<u></u> .			es	No	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

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Form 990 (2008)			43-1841204	Page 2
Part III Stater	nent of Program Service	Accomplishments (see instructions)		
1 Briefly describ	e the organization's missior	1		
SEE STATE	MENT 1		<u></u>	
		ificant program services during the		
the prior Form	990 or 990-EZ?			Yes XNo
If "Yes" describ	be these new services on S	chedule O.		
3 Did the organ	ization cease conducting, o	or make significant changes in how	it conducts, any program	
services?			<i></i>	Yes X No
If "Yes," descri	be these changes on Scheo	fule O.		
		nts for each of the organization's thre		
		tions and section 4947(a)(1) trusts ar	•	rants and
allocations to	others, the total expenses, a	and revenue, if any, for each program	service reported.	
4a (Code) (Expenses \$	55,042. including grants of \$	655, 042.) (Revenue \$)
ST. ANTHO	NY'S MEDICAL CENTE	R FOUNDATION IS ORGANIZE	D AND OPERATED	
FOR THE B	ENEFIT OF ST. ANTH	ONY'S MEDICAL CENTER (TH	E "SUPPORTED	
ORGANI Z AT	ION"), AN ORGANIZA	TION THAT IS ORGANIZED A	ND OPERATED	
EXCLUSI VE	LY FOR CHARITABLE,	EDUCATIONAL, RELIGIOUS,	AND SCIENTIFIC	
PURPOSES	WITHIN THE MEANING	OF PROMOTION OF HEALTH	AND PREVENTION	
OF DISEAS	E			
			•	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				
		-		
4d Other program	services (Describe in Scho	edule O)		
(Expenses \$	including gra		ie\$	
	n service expenses ►\$		(, Line 25, column (B))	
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•				v
_	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		X
5		_		
	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		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>x</u>
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,"		1	
	complete Schedule D, Part IV	9		Χ
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	Х	
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		_x_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.70		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	175		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		_^_
16	to understand a standard the United States O. H. Was II semplete Cohedule F. Dort III	16		, ,
47	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
17		$\overline{}$		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
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	X	-
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	_	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
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	1	x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	┌╌		<u> </u>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
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Par	IV Checklist of Required Schedules (continued)			
	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
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		_X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	_X_	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	<i>VI</i>	37		<u> </u>

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7b		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	15		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7 c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	* *	h.	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	*		
e	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • If "Yes " enter the amount of the exempt interest received divine the year.	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			L

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

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Secti	ion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		ļ	
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X_	
13	Does the organization have a written whistleblower policy?	13	X_	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		_X
b		-		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	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			
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		
17 18 19	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		
17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed MO, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books.	s only)		
17 18 19	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		
17 18 19	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed MO, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books.	s only)		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee. (E) Name and Title Average Position (check all that apply) Reportable Reportable **Estimated** compensation hours per 9 Officer Highest compensation amount of Individual trustee Institutional employee week from from related other director employee the organizations compensation compensated organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization trustee and related organizations NORBERT A. SIEGFRIED PRESIDENT Χ NONE NONE NONE THOMAS H. ROCKERS 472,421 15,564. VICE PRESIDENT NONE JOSEPH G. LIPIC SECRETARY NONE NONE NONE Х JOHN K. PRUELLAGE TREASURER NONE NONE NONE DAVID M. SINDELAR NONE VICE PRESIDENT NONE NONE W. MICHAEL ROSS ASSISTANT TREASURER NONE NONE NONE

JSA

_	m 990 (2008) .							1:-1	43-1841204	- d Fl			age 8
Pa	art VII Section A. Officers, Directors, Tru		y Em	ipic			and F	ligi			/ees (c		
	. (A) Name and title	(B) Average hours per week	individual trustee P or director	nstitutional trustee		Key employee	m Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens from rela organiza (W-2/1099	ation ated tions	(F) Estimated amount of other compensatio from the organizatioo and related organizatior	on n
			-				Ď						
						_							
	· · · · · · · · · · · · · · · · · · ·												
											·	_	
						_							
					 	-							
1b 2	Total Total number of individuals (including those organization ► NONE	e in 1a) w	/ho r	ece			ore th	nan	NONE \$100,000 in re		421. mpens	15,5 ation from th	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu											Yes 3	No X
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es, "	complete Sched	ule J for		4 X	
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue co Sched	omp ule	ens J fo	atıc r su	n fro ch pei	m rs <i>on</i>	any unrelated o	rganization	for	5	J X
	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	ient	cont	rac	tors that received	d more tha	an \$10	0,000 of	
	(A) Name and business add	ress							(B) Description of se	vices	C	(C) ompensation	
SE	E STATEMENT 2												
_												·	
								+					
2	Total number of independent contractors (i compensation from the organization ▶	ncluding th	nose	ın ʻ	1) v	vho	rece	ived	d more than \$10	0,000 in			

Page 9

Part VI		.Statement of Reven	ue					
	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	1b 1c 1d 1d 1tions)			. د د د د د د د د د د د د د د د د د د د		
e	n_	TOTAL Add lilles Ta-11	· · · · · · · · · · · · · · · · · · ·	Business Code	,			,
Program Service Revenue	2a b c d							
Z G	f	All other program service rev						
	3 4	Investment income (includin other similar amounts) Income from investment of the Royalties	g dividends, intere	est, and	NONE 2, 453, 877. NONE NONE		-12, 433.	2,466,310 NONE NONE
	5 6a	Gross Rents	(i) Real	(II) Personal	ž.			NONE
	b c	Less rental expenses Rental income or (loss)			* 4 1	* ** ** *	*	
	d	Net rental income or (loss) .			NONE			NONE
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 38, 104, 518.	(II) Other		*	· 3	
	b	Less cost or other basis and sales expenses	27, 227, 373.		*			
	С	Gain or (loss)	10,877,145.		* , ", "			
		, , , , , , , , , , , , , , , , , , ,	ſ	<u></u>	10, 877, 145.			10,877,145.
Other Revenue	8 a	Gross income from f events (not including \$ of contributions reported on See Part IV, line 18	line 1c) a			1	, « «· ·	*
the	b	Less direct expenses					* *	
0	с 9а	Net income or (loss) from full Gross income from gaming a See Part IV, line 19	activities	_	NONE	,	*	NONE
	b b	Less direct expenses Net income or (loss) from ga	aming activities		NONE			NONE
	10a	Gross sales of inventoreturns and allowances	a					r r
		Less cost of goods sold Net income or (loss) from sa Miscellaneous Reven	les of inventory.		NONE			NONE
	11a b	MISCELLANEOUS REVENUE		900099	8, 250.			8, 250.
	С	·						
	d e	All other revenue Total. Add lines 11a-11d .			8, 250.			
	12	Total Revenue. Add lines 1h 9c, 10c, and 11e · · · ·			13, 339, 272.		-12,433.	13, 351, 705.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 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	655,042.	655,042.									
2	Grants and other assistance to individuals in											
	the U.S See Part IV, line 22	NONE										
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16	NONE			_							
4	Benefits paid to or for members	NONE										
5	Compensation of current officers, directors,											
	trustees, and key employees	NONE										
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	NONE										
7	Other salaries and wages	NONE										
8	Pension plan contributions (include section 401											
	(k) and section 403(b) employer contributions)	NONE										
9	Other employee benefits	NONE										
10	Payroll taxes	NONE										
11	Fees for services (non-employees)											
	Management	NONE										
	Legal	NONE										
	Accounting	NONE	· · · · · · · · · · · · · · · · · · ·									
	Lobbying	NONE										
	Professional fundraising services See Part IV, line 17	NONE		200 200								
	Investment management fees	208, 309.		208,309.								
_	Other	NONE										
	Advertising and promotion	NONE										
	Office expenses	NONE NONE										
14 15	Information technology	NONE										
16	Royalties	NONE										
17	Travel	NONE			<u> </u>							
18	Payments of travel or entertainment expenses	HONE			·-							
	for any federal, state, or local public officials	NONE										
19	Conferences, conventions, and meetings	NONE										
20	Interest	NONE	· · ·									
21	Payments to affiliates	NONE			_							
22	Depreciation, depletion, and amortization	NONE										
23	Insurance	NONE										
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	TAXES	<u>5,000.</u>		5,000.								
þ	MISCELLANEOUS EXPENSES	2,334.		2,334.								
C												
d												
f	All other expenses			<u></u>								
	Total functional expenses. Add lines 1 through 24f	870,685.	655,042.	215,643.								
26	Joint Costs. Check here ▶ ☐ If following											
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a											
	combined educational campaign and fundraising											
	solicitation											

Pa	rt A	parance sneet				
	•		(A) Beginning of year		(I End c	B) of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	96,858,210.	2	156,1	00,107.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II				
		of Schedule L		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sales or use		8		
Ä	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost basis 10a				
	ь	Less accumulated depreciation. Complete				
		Part VI of Schedule D		10c		
	11	Investments - publicly traded securities	65,831,751.	11	16,8	325,000.
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	27, 475, 773.	12	13,0	87,763.
	13	Investments - program-related See Part IV, line 11	2,009,196.	13	1,8	346,448.
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	192,174,930.	16	187,8	59,318.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
Ś	21	Escrow account liability. Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
ige		highest compensated employees, and disqualified persons. Complete Part II				
Ë		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		26		
es		Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	192,174,930.	27	187,8	59,318.
Balance	28	Temporarily restricted net assets	•	28		
둳	29	Permanently restricted net assets		29		
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	192,174,930.	33	187.8	59,318.
_	34	Total liabilities and net assets/fund balances	192,174,930.	34		359,318.
Pa	rt XI	Financial Statements and Reporting				
1		ounting method used to prepare the Form 990 Cash X Accrual Other	er			Yes No
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		2a	Х
b	Were	e the organization's financial statements audited by an independent accountant?			2b	Х
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				
	audıt	, review, or compilation of its financial statements and selection of an independent accou	ntant?		2c	
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as	set forth in			
		Single Audit Act and OMB Circular A-133?				Х
b	If "Ye	es," did the organization undergo the required audit or audits?	<u></u> <u>.</u>	<u></u> .	3b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

STP			TER FOUNDATION					<u> </u>	43-18	41204
Part I	Reason fo	or Public Char	ity Status (All organ	izations m	ust compl	ete this	part.) (se	e instru	ctions)	
The org	<u> </u>	•	dation because it is (P		•	•	•			
1	-		irches, or association (ın sectio	n 170(b)(1)(A)(i).		
2	-		on 170(b)(1)(A)(ii). (At							
3	-	•	hospital service organ							,
4	_	_	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
_	_ ·	ame, city, and sta								
5		•	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	by a gove	ernmental	unit described in
_	¬	(b)(1)(A)(iv). (C								
6	₹	-	vernment or governme						_	
7			ally receives a substan		its support	t from a q	governme	ental unit	or from t	he general public
	_		(1)(A)(vi). (Complete F	-						
. 8 <u>├</u>	=	•	d in section 170(b)(1)(-			1 1-	.
9	-		ally receives (1) more							
	•		ated to its exempt fun		-		•			
	• •	•	ment income and un n after June 30, 1975.						oii tax)	from businesses
40 [_	and operated exclusive					•	(coo instr	uetiene)
!" 	= -	•	and operated exclusive	-		-			•	•
'' 🚅	_	_	ublicly supported orga	-						-
		•	at describes the type of					•	•	
	a X Typ	_		_	e III - Func		•			pe III - Other
e >	, <u> </u>		ertify that the organiz			-	-			
	-	-	tion managers and oth				-			
	=	r section 509(a)(-				•	Ū		
f	If the organ	nization received	d a written determina	tion from t	the IRS tha	at it is a	Type I,	Туре II о	r Type III	supporting
	organization	n, check this box								
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
	following pe	ersons?								
	(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s describ	ped in (ii)	Yes No
	and (III)	below, the gove	erning body of the supp	ported orga	inization?					11g(i) X
			person described in (i) a							11g(iı) X
			of a person described							11g(iii) X
h	Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts			
	ne of supported ganization	(ii) ElN	(iii) Type of organization (described on lines 1-9		rganization sted in your		ou notify	,	s the	(vii) Amount of support
Ű.	901112011011		above or IRC section		document?	col. (i)	of your	(i) organı	zed in the	зарроге
			(see instructions))				port?	U.		
		<u> </u>		Yes	No	Yes	No	Yes	No	
0.55	0.00.000.000.000		}							
SEE	STATEMENT	3		_						
	-						_		<u> </u>	
					_				 	
	_					-			 	
		-				 			 	
Total								1		655,042.
			}							000,012.

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

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Fgrm 990 or 990-EZ) 2008	_		43	-1841204		Page 2
Par	Support Schedule for Org (Complete only if you ched	janizations C ked the box	Described in Son line 5, 7, or	Sections 170(b 8 of Part I.))(1)(A)(iv) and	170(b)(1)(A)(v	ri)
Sec	tion A. Public 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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			А			
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		. , ,			,	
	tion B. Total Support	* * * * * * * * * * * * * * * * * * * *		ł	·		L
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		\	~ *	. >		
12	Gross receipts from related activities, etc. (\$	See instructions)				12	
13	First five years. If the Form 990 is for the	organization's fir	st, second, third, f	ourth, or fifth tax ye	ear as a 501(c)(3)		
	organization, check this box and stop here			<u></u>		· · · · · · · · · · · · · · · · · · ·	▶
Sec	tion C. Computation of Public Sup					- 1 '1 '	
14	Public support percentage for 2008 (li	ne 6, column (1	f) divided by line	: 11, column (f))		14	
15	Public support percentage from 2007						<u>%</u>
16a	33 1/3% support test - 2008. If the o	-					
	and stop here. The organization qualif						
D	33 1/3% support test - 2007. If the o	•					1 1
170	box and stop here. The organization of 10%-facts-and-circumstances test - 3			-			
1 / a	is 10% or more, and if the organization	_					
	in Part IV how the organization meets					•	
	organization			•	•		ported .
b	10%-facts-and-circumstances test -						line
-	15 is 10% or more, and if the organiza	_					·
	Explain in Part IV how the organization					-	licly
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions	<u></u>		<u></u>		<i></i>	▶ 🔲

• Schedule A	(Form 990 or 990-EZ) 2008	43-1841204	Page 3
Part III	Support Schedule for Organizations Described in Section 5	09(a)(2)	
	(Complete only if you checked the box on line 9 of Part I.)		

Sec	tion A. Public Support						
C	alendar 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					1	
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		•				
	organization's tax-exempt purpose		•				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			·	-		
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5					<u> </u>	
	Amounts included on lines 1, 2, and 3		<u> </u>				
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3			· · · · · · · · · · · · · · · · · · ·			
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines Q 10c 11 and 12 for the l						
_	year or \$5,000 · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from						
•	line 6)		-				1
Sec	tion B. Total Support		1	l			<u></u>
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources		ļ				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly			i			
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,		 			<u> </u>	
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year :	as a section 501	(c)(3)
• •	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					 	<u> </u>
15	Public support percentage for 2008 (line 8,			mn (f))		15	%
16	Public support percentage from 2007 Sche					16	%
	tion D. Computation of Investmen					. 	
17	Investment income percentage for 2008 (Iii			13, column (f))		17	%
18	Investment income percentage from 2007						%
	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo			=		•	
b	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did i						· · · · —

SCHEDULE D (Form 990).

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

Open to Public
Inspection

			Zimpioyer identification number
ST. ANTHONY'S MEDICAL CENTER	FOUNDATION	·	43-1841204
Part I Organizations Maintaining the organization answered	Donor Advised Funds or Othe "Yes" to Form 990, Part IV, line	r Similar Funds or <i>i</i> 6.	Accounts. Complete if
	(a) Donor adv	vised funds	(b) Funds and other accounts
1 Total number at end of year			
2 Aggregate contributions to (during year			
3 Aggregate grants from (during year)			
4 Aggregate value at end of year			
5 Did the organization inform all donors	•	the assets held in don	nor advised
funds are the organization's property,			
6 Did the organization inform all grantee			
used only for charitable purposes and			
ımpermissible private benefit?		<u> </u>	Yes No
Part II Conservation Easements.	Complete if the organization ar	swered "Yes" to For	rm 990, Part IV, line 7.
1 Purpose(s) of conservation easement	s held by the organization (check al	l that apply)	
Preservation of land for public us	se (e.g , recreation or pleasure)	Preservation of	an historically importantly land area
Protection of natural habitat		Preservation of	certified historic structure
Preservation of open space			
2 Complete lines 2a-2d if the organization	on held a qualified conservation co	ontribution in the form	of a conservation easement
on the last day of the tax year.		<u></u>	
		_	Held at the End of the Year
a Total number of conservation easemen			2a
b Total acreage restricted by conservation			2b
c Number of conservation easements o			
d Number of conservation easements is	ncluded in (c) acquired after 8/17/0	o6L	2d
3 Number of conservation easements m		inguished, or terminat	ed by the organization during
the taxable year ▶			
4 Number of states where property subj	ect to conservation easement is loc	cated ▶	
5 Does the organization have a written p			
enforcement of the conservation ease			
6 Staff or volunteer hours devoted to me		-	-
7 Amount of expenses incurred in monit	- · · · - · · · -		
8 Does each conservation easement re	•	•	
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? .			
9 In Part XIV, describe how the organiza			
balance sheet, and include, if applicat		organization's financia	I statements that describes
the organization's accounting for cons			Cimilan Appata
Part III Organizations Maintaining Complete if the organizatio	Collections of Art, Historical T n answered "Yes" to Form 990,	Part IV, line 8.	Similar Assets.
1a If the organization elected, as permitte art, historical treasures, or other similar provide, in Part XIV, the text of the foo	ed under SFAS 116, not to report ar assets held for public exhibition otnote to its financial statements th	in its revenue stateme , education, or resear at describes these item	ent and balance sheet works of ch in furtherance of public service, ns
b If the organization elected, as permitte historical treasures, or other similar as provide the following amounts relating	ssets held for public exhibition, edu		
(i) Revenues included in Form 990, F			
(ii) Assets included in Form 990, Part			
2 If the organization received or held wo			
following amounts required to be repo	•		5 ,,
a Revenues included in Form 990, Part	_		► \$
b Assets included in Form 990, Part X			
For Privacy Act and Paperwork Reduction Act Notice			Schedule D (Form 990) 2008

Par	t Ⅲ	ng Collections of	of Art, His	<u>torical</u>	Treasures	s, or Oth	er Similar <i>i</i>	Assets (co	ntınued)_		
	•										
3	Using the organization's accession	and other records	s, check an	y of the	following the	hat are a	significant u	se of its coll	ection		
	items (check all that apply)		_								
а	Public exhibition		d [Loan or ex	change p	rograms				
b	Scholarly research		е [Other						
С	Preservation for future ge	enerations									
4	Provide a description of the organi	zation's collections	and expla	in how t	they further	the orga	ınızatıon's ex	empt purpo	se in		
	Part XIV.				•	_					
5	During the year, did the organization	on solicit or receive	e donations	of art.	historical tr	easures.	or other simi	lar			
_	assets to be sold to raise funds rat								Yes	No	
Par	t IV Trust, Escrow and Custo			<u> </u>							
, α,	Part IV, line 9, or reporte					ion and		10 1 01111 0	50 ,		
12	Is the organization an agent, truste	e custodian or oth	ner interme	diary fo	r contributio	ons or ot	her assets no	nt			
·a	included on Form 990, Part X?								Yes	No	
h	If "Yes," explain the arrangement in							••••	163	J 140	
D	ii res, explain the arrangement ii	II alt XIV and Com	ipiete tile i	Ollowing	, table			Amount			
_	Beginning balance				ŀ	4-	· · · · · ·	anount			
C	Additions during the year										
d	- -										
e	Distributions during the year				1						
f n-	Ending balance							<u> </u>	V	T. N	
	Did the organization include an am		, Part X, III	ie Z i /	• • • • • •			• • • • └	Yes	_ No	
	If "Yes," explain the arrangement in		_4		V04- F -	000	D = + 1\(\)	- 40			
Par	t V Endowment Funds. Con										
4-	Designing of year balance	(a) Current Year	(b) Prior	year	(c) Two yes	ars dack	(d) Three ye	ars back (e) Four years	раск	
	Beginning of year balance	192,174,930									
b	Contributions	400,000	-								
_	c Investment earnings or losses										
d	Grants or scholarships	655,042.									
е	Other expenditures for facilities .	I									
	and programs										
	Administrative expenses	213,043									
g	End of year balance	10.10031010									
2	Provide the estimated percentage			as							
а	Board designated or quasi-endown	n ent ▶ 100.000	<u>10</u> %								
þ	Permanent endowment ▶	%									
	Term endowment ▶	_%									
3 a	Are there endowment funds not in	the possession of	the organi	zation t	hat are held	d and ad	ministered for	the			
	organization by								Yes	No	
	(i) unrelated organizations								3a(i) X		
	(ii) related organizations							L	3a(ii)	Х	
b	If "Yes" to 3a(II), are the related org							[3b		
4	Describe in Part XIV the intended u	ises of the organiz	ation's end	lowmen	t funds						
Par	t VI Investments - Land, Buil	dings, and Equi	pment. Se	e For	n 990, <u>P</u> ai	rt X, lıne	10.				
	Description of investment	1 ' '	or other basis estment)	, ,) Cost or other basis (other)	(c)	Depreciation	(d) E	Book value		
1a	Land			_							
b	Buildings										
	Leasehold improvements			1							
	Equipment					1					
	Other			\top			·				
	I. Add lines 1a-1e. (Column (d) shou		Part X. co	olumn (F	3). line 10(c)	1		<u>-</u>			
			,		,,						

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	ne 12.				
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion set value			
Financial deri	vatives and other financial products						
	equity interests						
	R INVESTMENTS	2,083,648.	FMV				
LIMI	TED_PARTNERSHIPS	11,004,115.	FMV				
		_					
		<u> </u>		-			
				-			
Total. (Column	(b) should equal Form 990, Part X, col (B) line 12)	13,087,763.					
Part VIII	Investments - Program Related. See	Form 990, Part X, III	ne 13.				
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion tet value			
		,					

-							
Total. (Column	(b) should equal Form 990, Part X, col (B) line 13)						
Part IX	Other Assets. See Form 990, Part X,	line 15.					
	(a)	Description		(b) Book value			
	_ • ••						
-							
			.				
		- -					
				<u> </u>			
-							
	,	,					
Total. (Column	(b) should equal Form 990, Part X, col (B) line 15)						
Part X	Other Liabilities. See Form 990, Part	X, line 25.					
	(a) Description of liability	(b) Amount					
Federal incom	ne taxes						
	 	<u> </u>					
	·						
							
	-						
	· · · · · · · · · · · · · · · · · · ·						
	·						
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)						

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

	le D (Fqrm 990) 2008	43-1841204	Page 4
Part		Net Assets from Form 990 to Financial Statements	·
1		mn (A), line 12)	
2		mn (A), line 25)	
3		line 2 from line 1	
4	Net unrealized gains (losses) on investme	ents	
5	Donated services and use of facilities		
6			
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per finan-	cial statements. Combine lines 3 and 9	0
Part	XII Reconciliation of Revenue po	er Audited Financial Statements With Revenue per Retui	rn
1	Total revenue, gains, and other support	per audited financial statements	1
2	Amounts included on line 1 but not on Fe	orm 990, Part VIII, line 12	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c			
d	Other (Describe in Part XIV)		
е			2e
3			3
4	Amounts included on Form 990, Part VI	II, line 12, but not on line 1	
а	Investment expenses not included on Fo	orm 990, Part VIII, line 7b	
b		4b	
С	Add lines 4a and 4b		4c
5		should equal Form 990, Part I, line 12.)	5
Part	XIII Reconciliation of Expenses p	er Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited fi	inancial statements	1
2	Amounts included on line 1 but not on Fe		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Losses reported on Form 990, Part IX, li	ne 25 2c	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX,		
а	Investment expenses not included on Fo	orm 990, Part VIII, line 7b 4a 4a	
b	Other (Describe in Part XIV)	4b	
C	Add lines 4a and 4b		4c
5		s should equal Form 990, Part I, line 18)	5
	XIV Supplemental Information		
		equired for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	IV, lines 1b
		art XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	
USE_	OF_ENDOWMENT_FUNDS		
PART	_VLINE_4		-
		BUDD CARTEST THERESES AND SHATES	
T.HF.	FUNDS ARE TO BE USED FOR FU	TURE CAPITAL IMPROVEMENTS AND TUITION	
	CHANCE TO CHURENTA		
<u> </u>	STANCE TO STUDENTS.		
	- 		

Schedule D (Fo	orm 990) 2008	43-1841204	Page 5
Part YIV	Supplemental Information (continued)		
I di L AIV	Ouppiemental information (continued)		
	•		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Publ

Name of the organization						Employer identification number	ın number
ŻL	ATION					43-1841204	
Part General Information on Grants and Assistance	\ssistan	ce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate	the amount of th	ne grants or assista	ance, the grantees' e	ligibility for the grants	or assistance, and	[
the selection criteria used to award the grants or assistance?	r assistar es for mo	nce?	of arant funds in th	· · · · · · · · · · · · · · · · · · ·			X Yes No
: L					1. 4. 16. 41.	-//11 7	
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00	vernme! scipient	nts and Organ that received	izations in the Un more than \$5,000	O. Check this box if	iete it the organiza I no one recipient r	s and Organizations in the United States. Complete it the organization answered "Yes" on at received more than \$5,000. Check this box if no one recipient received more than \$5,000.	\$5,000.
Use Part IV and Schedule I-1 (Form 990) if addit	990) if ad	ional space	IS needed d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash	(f) Method of valuation (hook FM) annaisal	(g) Description of	(h) Purpose of grant
or government		ıf applicable		assistance	other)	non-cash assistance	or assistance
NURSES FOR NEWBORNS FOUNDATION 43-1601329		501(C) (3)	52, 635.				INFANT CARE
ICAL_ED_ 0 63128		501(C) (3)	25,000.				EDUCATION
YMCA OF GREATER ST. LOUIS		501(C) (3)	7, 500.	-			FITNESS PROGRAMS
BOB COSTAS BENEFIT (SSM CARDINAL GLENNON) 1465 S GRAND RIVD ST LOUIS WO 63104		2017(7)	15,000				PEDIATRIC HEALTHCARE
VILLAGE LIONS CLINTL ASSN OF LIONS APPLIST CHURCH RD ST. LOUIS, MO 63128		501(C)(3)	20,000.				CHARLIY
R IN TX)		501(C)(3)	14,300.				HEART RESEARCH
 		501(C) (3)	75,000.				EDUCATION
CATHOLIC CHARIT OF STL ST. LOUIS, MO 63119		501(C)(3)	30, 607.				HEALTH EDUCATION
MUNITY FOUNDATION ST. LOUIS, MO 63102			410,000.				SCHOLARSHIP PROGRAM
2 Enter total number of section 501(c)(3) and government of	vernment	t organizations					6
3 Enter total number of other organizations						•	NONE
For Privacy Act and Paperwork Reduction Act Notice, see th	tice, see	the Instruction	e Instructions for Form 990.			Schec	Schedule I (Form 990) 2008

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Part III	Grants and Other Assistance to Individuals Use Schedule I-1 (Form 990) if additional space		in the United States se is needed.	. Complete if th	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	<u> </u>
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
							I
							I
							1
							l
							1
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	te this part to	provide the info	ormation require	d in Part I, line 2, and any	other additional information.	
PROCEDU	PROCEDURES_FOR_MONITORING_THE_USE_OF_GRANT_	OE_GRANT_E	FUNDS IN THE	THE UNITED STATES	Si		
PART_IL	?ART_1, 1. <u>1.1 NF</u> _2						1
THE_ORG	N_IS_A_PART_OF_THE_		ANTHONY'S MEDICAL CENTER AND	CENTER AND			ı 1
AEEI LI P	AFEILIATES ("THE MEDICAL CENTER")	THE MEDI	THE MEDICAL CENTER IS.	S_ <u>THE_BENEFICIAR</u> Y	CI ARY		1
OE_A_TE	DE_ A_TRUST_ ADMINISTERED_ BY_ AN_ UNRELATED_	GATED PARTY.	YTHE_TRUST	IS_ <u>FUNDED</u>	<u>BX</u>		ı !
CHE, MEC	FHE_ MEDICAL_CENTER_TO_PROVIDE_TUITION_ASSI	I <u>on Assis</u> t	STANCE TO STUDENTS-	WHO	RESIDE		
N THE	ST. ANTHONY'S MEDICAL CENTER SERVICE AREA AND ARE SEEKING CAREERS	R SERVICE	<u>area and are</u>	SEEKING CAR	EERS		ı
IN HEAL	HEALTH CARE AND TO CHILDREN OF MEDICAL		CENTER EMPLOYEES	Z H	ADDITION		ı
FO_THE_	TUITION ASSISTANCE PROVIDED THROUGH GREATER ST. LOUIS COMMUNITY	THROUGH G	REATER_STL	OUIS. COMMUNI	XI		1
<u>'Oundat</u>	FOUNDATION. THE ORGANIZATION ALSO MAKES GRANTS TO REPUTABLE PUBLIC	MAKES_ GRAN	IS TO REPUTA	BLE_PUBLIC			· · · · · · · · · · · · · · · · · · ·

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 43-1841204 Schedule I (Form 990) 2008 Part III

(f) Description of non-cash assistance					formation.						1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 1 1 1 1 1 1 1 1 1 1 1 1 1
(f) Description o		:			y other additional inf								
(e) Method of valuation (book, FMV, appraisal, other)					to provide the information required in Part I, line 2, and any other additional information.								r
(d) Amount of non-cash assistance					ormation required								! ! ! ! !
(c) Amount of cash grant					o provide the inf	I PROGRAMS.	 						
(b) Number of recipients					ete this part t	E_ <u>I N_ PROVE</u> N		 					
(a) Type of grant or assistance					Part IV Supplemental Information. Complete this par	CHARITIES IN ITS COMMUNITY FOR USE IN PROVEN PROGRAMS.				i I		1	İ

SCHEDULE J (Form 990).

Compensation Information

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

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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ANTHONY'S MEDICAL CENTER FOUNDATION

Employer identification number

43-1841204

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

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

Schedule J (Form 990) 2008

Page 2

43-1841204

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2008

Part II

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.

		(B) Breakdown of W-2 and/	of W-2 and/or 1099-MISC	or 1099-MISC compensation				
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) nontaxable benefits	(E) (04) (D) (B)(I)+(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	ε	NONE		NONE	NONE	NONE	NONE	NONE
THOMAS H. ROCKERS	(ii)	4,	8,	89,	9, 339.	١ ٦	487,985.	NONE
	(8)							
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	(E)							
							Sche	Schedule J (Form 990) 2008 .

Schedule J (Form 990) 2008.

SCHEDULE O (Form 990).

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer Identification number
ST. ANTHONY'S MEDICAL CENTER FOUNDATION	43-1841204
AUDITED FINANCIAL STATEMENTS	
FORM 990, PART IV CHECKLIST OF REQUIRED SCHEDULES, QUESTION 12	
THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANC	E_WITH
GAAP AS A PART OF THE ST. ANTHONY'S MEDICAL CENTER AND AFFILIATES	
CONSOLIDATED FINANCIAL STATEMENT AUDIT. THESE CONSOLIDATED FINAN	CI AL
STATEMENTS INCLUDE THE ACCOUNTS OF THE ORGANIZATION, ST. ANTHONY	S
MEDICAL CENTER, ST. ANTHONY'S CHARITABLE FOUNDATION AND ST. ANTHO	NY'S
PHYSICIAN ORGANIZATION ALL OF WHICH ARE UNDER COMMON CONTROL. HO	WEVER,
NO SEPARATE AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE	
ORGANIZATION, AND, AS A RESULT, QUESTION 12 IS MARKED "NO".	

Name of the organization	Employer identification number
ST. ANTHONY'S MEDICAL CENTER FOUNDATION	43-1841204
REVIEW PROCESS	
FORM 990, PART VI, SECTION A, QUESTION 10	
RETURNS ARE PREPARED AND INITIALLY REVIEWED BY ST ANTHONY'S FINAN	CE_STAFF
AND PREPARER BKD. AFTER THESE REVIEWS ARE COMPLETED THE RETURNS	ARE
THEN REVIEWED WITH THE CHIEF FINANCIAL OFFICER (CFO) BY FINANCE S	TAFF.
THE CFO THEN REVIEWS THE RETURNS WITH THE CEO.	
ONCE THIS REVIEW OCCURS RETURNS ARE MAILED TO BOARD / FINANCE COM	MITTEE
MEMBERS ALONG WITH THE BOARD / FINANCE COMMITTEE PACKET. REVIE	W 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 INTER	NAL
REVENUE SERVICE.	

Name of the organization	Employer identification number
ST. ANTHONY'S MEDICAL CENTER FOUNDATION	43-1841204
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	<u>ITS</u>
CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THA	r could
JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCO	ME_TAX,
PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL,	_AT_A
MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:	
- WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE A	ND 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 ARRANGEM	ENTS
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 IMPERMISSIB	LE
PRIVATE BENEFIT.	
- WHETHER AGREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH O	THER
HEALTH CARE PROVIDERS, EMPLOYEES, AND THIRD PARTY PAYORS FURTHER	<u>ST.</u>
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	<u> </u>
BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE ACTUAL OR POSSI	BLE
CONFLICTS OF INTEREST, IT SHALL INFORM THE INDIVIDUAL OF THE BASIS	S FOR
SUCH BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN T	HE
ALLEGED FAILURE TO DISCLOSE.	
IF, AFTER HEARING THE RESPONSE OF THE INDIVIDUAL AND MAKING SUCH	EURTHER

Schedule O (Form 990) 2008	Page Z
Name of the organization ST. ANTHONY'S MEDICAL CENTER FOUNDATION	Employer identification number 43-1841204
PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC	
FORM 990, PART VI, SECTION C, LINE 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	EST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	
TODICIL IND TITURCIA CITALINA PRODUCTION AND TODICA CONTRACTOR AND TODICAL CONTRACTOR AND T	×9×11
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SCHEDULE R (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2008

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Open to Public Inspection (F)
Direct controlling
entity

N/A

Employer identification number 43-1841204 (E) End-of-year assets (D) Total income (C)
Legal domicile (state
or foreign country) Ø (B) Primary activity ► See separate instructions. PHARMACY 43-1659671 MO 63128 ST. ANTHONY'S PROFESSIONAL PHARMACY, LLC. 10010 KENNERLY RD. ST. LOUIS, (A) Name, address, and EIN of disregarded entity ANTHONY'S MEDICAL CENTER FOUNDATION Identification of Disregarded Entities Name of the organization Department of the Treasury Internat Revenue Service Partl

	(a) (b) (c) (c) (c) (d) (d) (d)
Part II Identification of Related Tax-Exempt Organizations	(A)
Part	

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(E) Legal domicile (state cxempt Code section Public chanty status or foreign country) (if section 501(c)(3))	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
ST. ANTHONY'S PHYSICIAN ORGANIZATION 43-1784536					
10010 KENNERLY RD. ST. LOUIS, MO 63128	HEALTH CARE	МО	501(C)(3)	3	N/A
ST. ANTHONY'S CHARITABLE FOUNDATION 26-1516789					
10010 KENNERLY RD. ST. LOUIS, MO 63128	FUNDRAISING	MO	501(C)(3)	11 - I	N/A
AUXILIARY OF ST. ANTHONY S MEDICAL CTR 43-6056990					
10010 KENNERLY RD. ST. LOUIS, MO 63128	FUNDRAISING	MO	501(C)(3)	6	N/A
ST. ANTHONY'S MEDICAL CENTER					
ST. LOUIS, 1	HEALTH CARE	MO	501(C)(3)	3	N/A

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

Schedule R (Form 990) 2008

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43-1841204

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Schedule R (Form 990) 2008	
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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispraporiformite alboundorm?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) 'General or managing partner?
		country)					Yes	No	Yes No
S CNTY PET IMAG, LLC 43-1932907 10010 KENNERLY RD, ST. LOUIS, IMAGING SERVICES	I MAGI NG SERVICES	8	N/ A	K/N				×	×
PLZ_SRGICL_SERVS_CO_20-4709312 12700 SOUTHFORK RD, ST. LOUIS_SURGICAL_SERVICES	SURGICAL SERVICES	Q.		N/A				×	×
							_		

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
							ļ
							•
•						Schedule R (Form 990) 2008	n 990) 2008

Part V Transactions With Related Organizations

		L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	organizations listed in Parts II–IV?	
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		1a ×
_	=	1b ×
	<u></u>	1c ×
e Loans or loan guarantees by other organization(s)		
	Training .	
f Sale of assets to other organization(s)	<u></u>	×
a Purchase of assets from other organization(s)		1g ×
	<u> </u>	۱ ×
I Lease of facilities, equipment, of other assets to other organization(s)		-
	<u> </u>	>
j Lease of facilities, equipment, or other assets from other organization(s)		1
k Performance of services or membership or fundraising solicitations for other organization(s)		+
l Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities equipment mailing lists or other assets.		1m ×
	<u>-</u>	1n ×
		>
o Keimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses		×
	1	
d Other transfer of cash or property to other organization(s)	1	19 X
		1 r ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	information on who must complete this line, including covered relationships and transaction thresholds	splo
***	(B)	
(A) Name of other organization(s)	ction Amoun	volved
(1)		
(2)		
(3)		
•		
(4)		
(c)		
(9)		
	Schedule R (F	Schedule R (Form 990) 2008

43-1841204

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Unrelated Organizations Taxable as a Partnership Part VI

Schedule R (Form 990) 2008

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

or gross revenue) that was not a related organization occinions regarding excussion to certain investment barriers in by	Cidalon IOI Certain III	ואפסתוופוור אשונוו	ed ii le le		•		
(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)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
					-		•
						Schedule R (Form 990) 2008	990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION _____

ST. ANTHONY'S MEDICAL CENTER FOUNDATION IS ORGANIZED AND OPERATED FOR THE BENEFIT OF ST. ANTHONY'S MEDICAL CENTER (THE "SUPPORTED ORGANIZATION"), AN ORGANIZATION THAT IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF PROMOTION OF HEALTH AND PREVENTION OF DISEASE.

ST. ANTHONY'S MEDICAL CENTER FOUNDATION

43-1841204

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

BEAR STEARNS 1999 AVENUE OF THE STARS LOS ANGELES, CA 90067-6117 INVESTMENT SERVICES 140,884.

TOTAL COMPENSATION

140,884. ==========

2

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
ST. ANTHONY'S MEDICAL CENTER	43-0980256	03	Х	Х	Х	655, 042.
TOTAL AMOUNT OF SUPPORT						655,042.

(Rev April 2009) *

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

Internal Revenue S	Service	File a separate application for each return.				
 If you are f 	iling for an Automat	tic 3-Month Extension, complete only Part I and check this box			▶ X	
		nal (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for have already been granted an automatic 3-month extension on a previously filed I				
Part I Auto	matic 3-Month E	xtension of Time. Only submit original (no copies needed).				
		m 990-T and requesting an automatic 6-month extension - check this box and comp	olete			
•					.▶ ∐	
	orations (including ome tax retums	1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ	iest	an ext	ension of	
one of the re- electronically i returns, or a c	turns noted below if (1) you want the omposite or consol	y, you can electronically file Form 8868 if you want a 3-month automatic exteraction (6 months for a corporation required to file Form 990-T). However, you can exadditional (not automatic) 3-month extension or (2) you file Forms 990-BL, 60 didated From 990-T. Instead, you must submit the fully completed and signed page ctronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Chanties.&.Ni	not 69, je 2	file Fo or 887 (Part II	m 8868 '0, group	
Type or	Name of Exempt Or	rganization Employer id	denti	fication	number	
print	ST. ANTHO	NY'S MEDICAL CENTER FOUNDATION 43-184	112	04		
File by the	Number, street, and	d room or suite no If a P O. box, see instructions.				
due date for filing your		NERLY ROAD				
return See	City, town or post o	office, state, and ZIP code. For a foreign address, see instructions.				
instructions	ST. LOUIS	, MO 63128-2185				
Check type o	f return to be filed	(file a separate application for each return)				
X Form 990	0	Form 990-T (corporation) Form 4720				
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227						
Form 990	-EZ	Form 990-T (trust other than above) Form 6069				
Form 990	-PF	Form 1041-A Form 8870				
 If the organ If this is for		ave an office or place of business in the United States, check this box	• •	If the		
	• • •	ox • ▶ └── . If it is for part of the group, check this box • • ▶ └── and attach a l the extension will cover	iist v	vitri tri	3	
1 I reques	st an automatic	3-month (6 months for a corporation required to file Form 990-T) $\frac{2010}{}$, to file the exempt organization return for the organization named aborder: or	ove	The ex		
2 If this tax	year is for less tha	in 12 months, check reason Initial return Final return Change in	n ac	counting	g period	
	oplication is for For dable credits. See in	rm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nstructions.	3a	\$	NONE	
		m 990-PF or 990-T, enter any refundable credits and estimated tax payments				
		overpayment allowed as a credit.	3 b	\$	NONE	
		3b from line 3a Include your payment with this form, or, if required, deposit				
		required, by using EFTPS (Electronic Federal Tax Payment System) See				
instructio		- · · · · ·	3 c	\$	NONE	
Caution. If you	are going to make	an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form				
for payment in			• •			
		Reduction Act Notice, see Instructions.	om 8	8868 (F	Rev 4-2009)	

Torr. 0000 (Dec. 4 0000)			•	∖ Page 2	
Form 8868 (Rev 4-2009)	dditional (Not Automatic) 3-Month Extension, complete only	v Part II and check this box		Page 2	
	til if you have already been granted an automatic 3-month ex			لما⊲.	
•	utomatic 3-Month Extension, complete only Part I (on page		. 1 01111 0000:		
	Not Automatic) 3-Month Extension of Time. Only		oies neede	d).	
Name of Exem	npt Organization	Employer identif			
Type or ST. ANTH	HONY'S MEDICAL CENTER FOUNDATION	43-184120	4		
	et, and room or suite no. If a P.O. box, see instructions.	For IRS use only			
extended 10010 KE	ENNERLY ROAD				
	post office, state, and ZIP code. For a foreign address, see instructions.				
return See Instructions ST. LOUI	S, MO 63128-2185		_		
Check type of return to b	be filed (File a separate application for each return)				
X Form 990	Form 990-PF	Form 1041-A	Form	n 6069	
Form 990-BL					
Form 990-EZ	Form 990-T (trust other than above)	Form 5227			
STOPI Do not complete	Part II if you were not already granted an automatic 3-more	nth extension on a previo	usty filed Fo	rm 8868.	
	are of ▶ _JOHN SKEANS,				
Telephone No. ▶ <u>31</u>					
•	s not have an office or place of business in the United States, o			. ▶∟	
	turn, enter the organization's four digit Group Exemption Numb		this is		
- ·	ck this box \dots \blacktriangleright $lacksquare$. If it is for part of the group, check this	s box ▶ 💹 and attac	ch a		
	INs of all members the extension is for.				
	nal 3-month extension of time until 05/15/2010				
	, or other tax year beginning 07/01/2008	_,and ending06/30/2		 .	
		Final return	e in accounti	ng period	
	you need the extension				
	4E IS REQUIRED TO ACCUMULATE THE INFORMATI	ION NECESSARY TO			
FILE A COMPLET	E AND ACCURATE RETURN.				
9 o If this application is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax less any			
		tentative tax, less any	8a \$	NONE	
nonrefundable credits See instructions. 8a b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	Include any prior year overpayment allowed as a credit		1		
previously with Form		and any amount paid	8b \$	NONE	
c Balance Due. Subtra		NONE			
with FTD coupon or,	8c \$	NONE			
	Signature and Verification	<u> </u>	1		
Under penalties of perjury, I de	eclare that I have examined this form, including accompanying schedules ar		f my knowledge	and belief,	
it is true, correct, and complete, a	and that I am authonzed to prepare this form				
Signature >	Title ▶	Date	<u> </u>		
BKD, LLP			Form 8868 (F	lev 4-2009)	
	CORDINAL CHIEF COO				

211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733