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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**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 For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ST. ANTHONY HOSPITAL FOUNDATION, INC.		D Employer identification number 73-6104300
		Doing Business As		E Telephone number (314) 994-7800
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 477 N. LINDBERGH		G Gross receipts \$ 1,890,242.
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63141		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer SHERRY RICE RHODES 826 N.W. 11TH ST. OKLAHOMA CITY, OK 73106		H(c) Group exemption number ▶ 0928		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.GIVETOSAINTS.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1963 M State of legal domicile OK		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE PROVIDE THE HEALING PRESENCE OF GOD.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5	Total number of employees (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	100	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	1,133,515.	795,181.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)	140,987.	-394,531.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,455.	152,827.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,371,957.	553,477.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	2,044,407.	1,336,059.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	359,581.	373,053.	
16b		Total fundraising expenses, Part IX, column (D), line 25 ▶ 486,607.	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	283,715.	271,501.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,687,703.	1,980,613.	
	19	Revenue less expenses Subtract line 18 from line 12	-1,315,746.	-1,427,136.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
		21	Total liabilities (Part X, line 26)	20,620,083.	23,214,542.
		22	Net assets or fund balances Subtract line 21 from line 20	1,140,324.	904,027.
				19,479,759.	22,310,515.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Shasta Manuel</i>		Date 11/15/10	
Paid Preparer's Use Only	Preparer's signature <i>Sara M. Manuel, CPA</i>		Date 11/9/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102		Preparer's identifying number (see instructions) EIN ▶ 13-5565207 Phone no ▶ 405-239-6411	

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

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

Form 990 (2009)

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PAGE 1

917-19 14

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE PROVIDE THE HEALING
PRESENCE OF GOD.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 1,336,059 including grants of \$ 1,336,059.) (Revenue \$ 0.)

ST. ANTHONY HOSPITAL FOUNDATION SUPPORTS ST. ANTHONY HOSPITAL,
BONE & JOINT HOSPITAL AND OTHER SSM HEALTH CARE OF OKLAHOMA
HOSPITALS. SEE SCHEDULE O FOR A DESCRIPTION OF THE FOUNDATION'S
ACTIVITIES DURING 2009 WHICH FURTHER THIS MISSION.

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

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

4d Other program services. (Describe in Schedule O)

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

4e Total program service expenses **▶** 1,336,059.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24 a	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 lines 24b through 24d and complete Schedule K. If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		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	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		X
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		X
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 VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	29	
b Enter the number of voting members that are independent	29	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, 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	X	

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, 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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OK,**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TONI CRUZ P.O. BOX 205; OKLAHOMA CITY, OK 73101**
 (405) 270-7500

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- 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 current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENEE LISTER CHAIR	1.00	X		X				0.	0.	0.
JAMIE FARHA VICE CHAIR	1.00	X		X				0.	0.	0.
DAVID R. HARLOW SECRETARY	1.00	X		X				0.	0.	0.
LEE ANN NORDIN TREASURER	1.00	X		X				0.	0.	0.
JAMES PICKEL PAST CHAIRMAN	1.00	X		X				0.	0.	0.
BLAKE ARNOLD DIRECTOR	1.00	X						0.	0.	0.
MINNIE BAJAJ DIRECTOR	1.00	X						0.	0.	0.
GREG C. BANTA DIRECTOR	1.00	X						0.	0.	0.
CHESTER BEAM, M.D. DIRECTOR	1.00	X						0.	0.	0.
JERRY BENDORF DIRECTOR	1.00	X						0.	0.	0.
BARBARA BROU DIRECTOR	1.00	X						0.	0.	0.
CARLEEN BURGER DIRECTOR	1.00	X						0.	0.	0.
MIKE COLLISON DIRECTOR	1.00	X						0.	0.	0.
MELINDA COX DIRECTOR	1.00	X						0.	0.	0.
PAUL DUDMAN DIRECTOR	1.00	X						0.	0.	0.
JOAN FRATES DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. JOHN HEFNER, JR. DIRECTOR	1.00	X						0.	0.	0.
RICHARD HORTON DIRECTOR	1.00	X						0.	0.	0.
TOM KELLY DIRECTOR	1.00	X						0.	0.	0.
JUDY M. LOVE DIRECTOR	1.00	X						0.	0.	0.
DEBBIE LUCAS DIRECTOR	1.00	X						0.	0.	0.
STEVE MASON DIRECTOR	1.00	X						0.	0.	0.
VINCENT ORZA DIRECTOR	1.00	X						0.	0.	0.
FORD C. PRICE, JR. DIRECTOR	1.00	X						0.	0.	0.
CHARLOTTE RICHEL DIRECTOR	1.00	X						0.	0.	0.
PATRICK T. ROONEY DIRECTOR	1.00	X						0.	0.	0.
ROBERT J. ROSS DIRECTOR	1.00	X						0.	0.	0.
STEPHANIE SINGER DIRECTOR	1.00	X						0.	0.	0.
MARY H. TOLBERT DIRECTOR	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								132,790.	0.	1,299.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

73-6104300

				(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	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	68,512			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	726,669.			
	g	Noncash contributions included in lines 1a-1f \$		94,509.			
	h	Total. Add lines 1a-1f		795,181.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		792,035.		0.	792,035.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	0.				
	b	Less cost or other basis and sales expenses	1,186,566.				
	c	Gain or (loss)	-1,186,566.				
	d	Net gain or (loss)		-1,186,566.		-1,186,566.	
	8a	Gross income from fundraising events (not including \$ 68,512. of contributions reported on line 1c) See Part IV, line 18	a	303,026			
	b	Less direct expenses	b	150,199			
	c	Net income or (loss) from fundraising events		152,827.		152,827.	
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total Revenue. See instructions		553,477.		0	-241,704.	

Form 990 (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	1,233,002.	1,233,002.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	103,057.	103,057.		
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	134,089.		14,750.	119,339.
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	213,201.		23,452.	189,749.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits	0.			
10	Payroll taxes	25,763.		2,834.	22,929.
11	Fees for services (non-employees)				
a	Management	24,000.		24,000.	
b	Legal	0.			
c	Accounting	30,709.		30,709.	
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	52,973.		52,973.	
g	Other	10,348.			10,348.
12	Advertising and promotion	0.			
13	Office expenses	31,849.		1,592.	30,257.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	666.			666.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	2,703.		135.	2,568.
23	Insurance	0.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FUNDRAISING EXPENSE -----	76,949.			76,949.
b	DONOR CULTIVATION -----	33,802.			33,802.
c	COMMUNITY SUPPORT -----	4,402.		4,402.	
d	MEALS & ENTERTAINMENT -----	3,100.		3,100.	
e	-----				
f	All other expenses -----				
25	Total functional expenses Add lines 1 through 24f	1,980,613.	1,336,059.	157,947.	486,607.
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	214,959.	1	248,603.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,093,203.	3	774,048.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 359,435.		
	b Less accumulated depreciation	10b 226,234.	10c 131,190.	133,201.
	11 Investments - publicly traded securities	18,968,864.	11	21,834,138.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	211,867.	15	224,552.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,620,083.	16	23,214,542.	
Liabilities	17 Accounts payable and accrued expenses	574,651.	17	358,730.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	565,673.	21	545,297.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,140,324.	26	904,027.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,971,400.	27	11,102,338.
	28 Temporarily restricted net assets	10,432,786.	28	11,132,604.
	29 Permanently restricted net assets	75,573.	29	75,573.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,479,759.	33	22,310,515.
	34 Total liabilities and net assets/fund balances	20,620,083.	34	23,214,542.

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. ANTHONY HOSPITAL FOUNDATION, INC.

Employer identification number

73-6104300

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,394,095.	1,429,870.	2,101,220.	1,133,515.	795,181.	6,853,881
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,394,095.	1,429,870.	2,101,220.	1,133,515.	795,181.	6,853,881
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,050,198.
6 Public support. Subtract line 5 from line 4						5,803,683.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,394,095.	1,429,870.	2,101,220.	1,133,515.	795,181.	6,853,881
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	657,753.	852,658.	1,098,793.	1,109,776.	792,035.	4,511,015
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						11,364,896.
12 Gross receipts from related activities, etc. (see instructions)					12	1,513,189.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	51.07 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	53.01 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2009. 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 ►		<input type="checkbox"/>
b 33 1/3 % support tests - 2008. 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 ►		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		<input type="checkbox"/>

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

ST. ANTHONY HOSPITAL FOUNDATION, INC.

Employer identification number

73-6104300

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Schedule D (Form 990) 2009

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table

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

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

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,573.	75,573			
b Contributions					
c Net investment earnings, gains, and losses	13,499				
d Grants or scholarships					
e Other expenditures for facilities and programs	13,168.				
f Administrative expenses	331.				
g End of year balance	75,573	75,573			

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

- a Board designated or quasi-endowment ▶ 0.0000 %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ 0.0000 %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	124,100.			124,100.
b Buildings				
c Leasehold improvements	63,515.		62,092	1,423.
d Equipment	171,820.		164,142	7,678.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				133,201.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)

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

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

Total. (Column (b) must 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
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	553,477.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,980,613.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,427,136.
4	Net unrealized gains (losses) on investments	4	4,257,892.
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 through 8	9	4,257,892.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,830,756.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,811,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,257,892.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	4,257,892.
3	Subtract line 2e from line 1	3	553,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	553,477.

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

1	Total expenses and losses per audited financial statements	1	1,980,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,980,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,980,613.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 1

PART IV, LINE 2B

GIFT ANNUITIES CONSIST OF CONTRIBUTED AMOUNTS SUBJECT TO OBLIGATIONS TO MAKE PERIODIC PAYMENTS TO BENEFICIARIES OVER THEIR LIFETIMES. THE LIABILITIES SHOWN ARE RECORDED AT THE ACTUARIAL PRESENT VALUES OF THE AGGREGATE LIABILITY FOR THE ANNUITANTS BASED ON LIFE EXPECTANCY TABLES. A DISCOUNT RATE WAS USED TO DETERMINE THE PRESENT VALUE OF THE LIABILITIES. THESE DISCOUNT RATES ARE BASED ON THE DECEMBER APPLICABLE FEDERAL RATE FOR 2009.

CHARITABLE REMAINDER TRUSTS CONSIST OF CONTRIBUTED AMOUNTS SUBJECT TO OBLIGATIONS TO MAKE PERIODIC PAYMENTS TO BENEFICIARIES OVER A SPECIFIED PERIOD. THE LIABILITIES SHOWN ARE RECORDED AT THE ACTUARIAL PRESENT VALUES OF THE AGGREGATE LIABILITY BASED ON THE SPECIFIED PERIOD. A DISCOUNT RATE WAS USED TO DETERMINE THE PRESENT VALUE OF THE LIABILITIES. THESE DISCOUNT RATES ARE BASED ON THE DECEMBER APPLICABLE FEDERAL RATE FOR 2009.

SUPPLEMENTAL INFORMATION 2

PART V, LINE 4

THE FOUNDATION'S PERMANENT ENDOWMENT FUNDS ARE HELD FOR THE PURPOSE OF PROVIDING NURSING SCHOLARSHIPS TO NURSING STUDENTS.

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 3

PART X, LINE 2

PART X, LINE 2: FIN48 FOOTNOTE - CONSOLIDATED FINANCIAL STATEMENTS FOR
SSM HEALTH CARE, INC. (SSMHC).

SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. A TAX
BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE
LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION,
INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES,
BASED ON THE TECHNICAL MERITS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS
RECORDED IN 2009 OR 2008.

SSMHC HAS NET OPERATING LOSS (NOL) CARRYFORWARDS AVAILABLE RELATED TO
UNRELATED BUSINESS INCOME AND TO ITS FOR-PROFIT SUBSIDIARIES. SSMHC FULLY
RESERVES THESE CARRYFORWARDS BECAUSE IT DOES NOT ANTICIPATE EARNING
FUTURE PROFITS. THE AMOUNT OF THE CARRYFORWARDS AVAILABLE FOR 2009 WAS
\$286,986,000.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		BALL/AUCTION (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	371,538.		0	371,538.
	2 Less Charitable contributions	68,512.			68,512.
	3 Gross income (line 1 minus line 2)	303,026.			303,026.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	150,199.			150,199.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(150,199.)
11 Net income summary Combine line 3, column (d), and line 10				152,827.	

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

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

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

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

Schedule G (Form 990 or 990-EZ) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. ANTHONY HOSPITAL FOUNDATION, INC.

Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NURSING SCHOLARSHIPS	11	15,500			
MISC. ASSISTANCE TO CANCER PATIENTS AND FAMILIES	11		6,981.	COST	SEE PART IV
FREE PRESCRIPTION MEDICATION TO THE NEEDY	781	80,576.			

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

SUPPLEMENTAL INFORMATION 1

PART I, LINE 2

THE CONTROLLER OF SSM HEALTH CARE OF OKLAHOMA, INC. MAINTAINED RECORDS

DURING THE YEAR CONCERNING THE USE OF THE FOUNDATION'S GRANT FUNDING

PROVIDED TO SSM HEALTH CARE OF OKLAHOMA, INC. AND BONE AND JOINT

HOSPITAL, LLC. THIS INFORMATION WAS PRESENTED AT A MEETING OF THE

FOUNDATION'S BOARD OF DIRECTORS.

TO MONITOR THE USE OF ALL GRANTS THE FOUNDATION PRESIDENT REVIEWS ALL

REQUESTS FOR GRANTS FROM ALL DESIGNATED FUNDS INCLUDING THE TREE OF LIFE

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

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

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

FUND AND THE SISTER'S FUND TO INSURE REQUESTS MEET THE CRITERIA
 ESTABLISHED FOR THESE FUNDS. PAYMENTS FROM THE SISTER'S FUND FOR
 PHARMACEUTICALS ARE MADE DIRECTLY TO THE PHARMACY AFTER THE
 PHARMACEUTICALS HAVE BEEN PROVIDED AND NOT TO THE INDIVIDUAL RECEIVING
 THE ASSISTANCE. PAYMENTS FROM THE TREE OF LIFE FUND REPRESENT NON-CASH
 ITEMS PROVIDED TO CANCER PATIENTS AND THEIR FAMILIES TO ASSIST THESE
 INDIVIDUALS DURING THEIR TREATMENT. THE NON-CASH ITEMS REPRESENT SPECIFIC
 ITEMS REQUESTED BY THE INDIVIDUALS AND ARE RELATED TO THEIR TREATMENT.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

ST. ANTHONY HOSPITAL FOUNDATION, INC.

Employer identification number

73-6104300

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	5	1,895.	ESTIMATED FAIR VALUE
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SILENT AUCTION)	X	74	69,267.	ESTIMATED FAIR VALUE
26 Other ► (AQUARIUM)	X	1	23,347.	ESTIMATED FAIR VALUE
27 Other ► ()				
28 Other ► ()				

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

29

30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) 2009

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PAGE 34

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

SUPPLEMENTAL INFORMATION 1

PART I, LINE 25

INCLUDES ITEMS DONATED FOR THE SILENT AUCTION AT THE 2009 SAINTS BALL.

EXAMPLES OF DONATIONS INCLUDE: TICKETS TO SPORTING EVENTS, SAILING TRIPS,

GIFT CARDS, JEWELRY, AND OTHER VARIOUS ITEMS. THE VALUE OF ITEMS RANGED

FROM \$14 TO \$24,000.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

73-6104300

ST. ANTHONY HOSPITAL FOUNDATION, INC.

GENERAL STATEMENT 1

PART III-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

2009 COMMUNITY BENEFIT REPORT

THE COMMUNITY BENEFIT CONTRIBUTION OF ST. ANTHONY FOUNDATION 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.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT - DESCRIBES THE FOUNDATION'S
COMMUNITY BENEFIT MISSION, HOW THE MISSION IS TRANSLATED INTO A PROACTIVE
APPROACH DESIGNED TO MEET COMMUNITY HEALTH NEEDS, HOW THE FOUNDATION
MEETS TAX-EXEMPT REQUIREMENTS, AND A DESCRIPTION OF COMMUNITY BENEFIT
PROGRAMS AND SERVICES THAT HIGHLIGHT THE FOUNDATION'S IMPACT ON COMMUNITY
HEALTH.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

1. ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT

A. DESCRIBE THE ORGANIZATION'S MISSION AND PRIMARY EXEMPT PURPOSE. ST.
ANTHONY HOSPITAL FOUNDATION WAS ESTABLISHED IN 1963 AS A NON-PROFIT
501(C) 3 ORGANIZATION. ITS PURPOSE, THEN AND TODAY, IS TO PROMOTE,

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

RECEIVE, INVEST AND DISBURSE GIFTS IN SUPPORT OF THE PATIENTS IN ST.

ANTHONY HOSPITAL, BONE & JOINT HOSPITAL AND OTHER SSM HEALTH CARE OF

OKLAHOMA HOSPITALS.

B. SUMMARIZE FOUNDATION'S APPROACH TO PROVIDING COMMUNITY BENEFIT. ST.

ANTHONY HOSPITAL FOUNDATION BENEFITS THE COMMUNITY BY SUPPORTING

PROGRAMS, CAPITAL NEEDS AND PROJECTS THAT IMPROVE HEALTH CARE SERVICES AT

ST. ANTHONY HOSPITAL AND THAT SUPPORT INDIGENT, UNDERINSURED OR UNINSURED

INDIVIDUALS WHO TURN TO ST. ANTHONY FOR THEIR HEALTH CARE NEEDS. LIMITED

FUNDS ARE PROVIDED TO OTHER NONPROFIT COMMUNITY ORGANIZATIONS MAINLY IN

THE FORM OF EVENT SPONSORSHIPS. EACH FUNDING REQUEST IS REVIEWED TO

DETERMINE THE BENEFIT TO THE COMMUNITY, CONNECTION TO HOSPITAL GOALS OR

LEADERSHIP, AND NO FUNDING IS PROVIDED FOR CAPITAL PROJECTS.

2. DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS

CAMPUS AND FACILITY IMPROVEMENTS

DONATIONS SUPPORTED THE EXPANSION AND DEVELOPMENT OF THE ST. ANTHONY

HOSPITAL CAMPUS, INCLUDING THE NEW EAST ENTRANCE PLAZA, TO CREATE A MORE

AESTHETICALLY APPEALING, ACCESSIBLE AND VISITOR-FRIENDLY ENVIRONMENT TO

ENHANCE HEALING AND PROMOTE WELL-BEING FOR PATIENTS, STAFF AND VISITORS.

NEW TECHNOLOGY AND EQUIPMENT

TO BRING STATE-OF-THE-ART, EXCEPTIONAL HEALTHCARE TO PATIENTS, THE

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

FOUNDATION HELPED FUND NEW EQUIPMENT AND TECHNOLOGY.

THE GUEST SERVICES FUND, CREATED IN MEMORY OF SR. CLARA HEITMAN, ASSISTED
PATIENT FAMILIES WITH HOUSING AND MEALS WHILE THEIR LOVED ONES WERE IN
THE HOSPITAL.

CONTINUING NURSING AND MEDICAL EDUCATION
TO HELP OUR MEDICAL STAFF MEET EXTRAORDINARY MEDICAL CHALLENGES WITH
EASE, THE FOUNDATION PROVIDED NURSING SCHOLARSHIPS AND CONTINUING
EDUCATION FOR PHYSICIANS.

THE CARDIOLOGY FUND AIDED THE EXPANSION OF LIFE-SAVING PROGRAMS FOR
PATIENTS SUFFERING FROM HEART DISEASE.

ORTHOPEDIC RESEARCH WAS MADE POSSIBLE THROUGH THE BONE & JOINT HOSPITAL
FUND.

TREE OF LIFE FUND

ST. ANTHONY PATIENTS SUFFERING FROM CANCER IN 2009 RECEIVED A TOTAL OF
\$6,981.37 IN FINANCIAL ASSISTANCE FROM THE TREE OF LIFE FUND IN THE FORM
OF MEDICATIONS, PROSTHETIC DEVICES AND GAS CARDS TO ALLOW THEM TO TRAVEL
TO CHEMOTHERAPY AND OTHER CANCER TREATMENTS.

THE SISTERS FUND

THE SISTERS FUND PROVIDES FREE MEDICATIONS TO PATIENTS WHO RECEIVE CARE

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

THROUGH SAINTS HOSPITALS, CLINICS AND PROGRAMS. THE SISTERS FUND HELPS PATIENTS WHO OFTEN CHOOSE BETWEEN PAYING FOR RENT, BUYING FOOD OR BUYING MEDICATION. FOR 20 YEARS, DONATIONS TO THE SISTERS FUND HAVE HELPED PEOPLE WHO CANNOT AFFORD THE MEDICATIONS THEY NEED. IN 2009, 781 PATIENTS RECEIVED MORE THAN \$80,575.85 IN PRESCRIPTION MEDICATIONS.

SUPPORT OF COMMUNITY NONPROFIT ORGANIZATIONS

CONTRIBUTIONS MADE IN 2009 TO COMMUNITY NONPROFIT ORGANIZATIONS INCLUDED: \$500 FOR SPONSORSHIP TO THE LIBRARY ENDOWMENT TRUST, \$500 SPONSORSHIP TO THE OKLAHOMA CITY PUBLIC SCHOOL FOUNDATION, \$500 SPONSORSHIP TO THE GIRL SCOUTS, \$2,552 FOR JASMINE MORAN CHILDREN'S MUSEUM AND \$350 FOR DOWNTOWN COMMUNITY SUPPORT.

GENERAL STATEMENT 2

PART V: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

PART V: QUESTION 2A - THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A IS NONE. THE SALARIES REFLECTED ON FORM 990, PART IX, LINE 7, WERE ALL REPORTED ON THE FORM 941 EMPLOYER'S QUARTERLY FEDERAL TAX RETURN, OF SSM HEALTH CARE OF OKLAHOMA, INC., EIN 73-0657693. THESE SALARIES WERE REIMBURSED TO SSM HEALTH CARE OF OKLAHOMA, INC. AND THUS WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON SSM HEALTH CARE OF OKLAHOMA, INC.'S FORM 990.

GENERAL STATEMENT 3

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTIONS 6, 7A & 7B - THE SOLE MEMBER OF THE ORGANIZATION IS SSM HEALTH CARE OF OKLAHOMA, INC. (SSMOK). SSMOK IS A NONPROFIT 501(C)(3) ORGANIZATION THAT OPERATES ST. ANTHONY HOSPITAL. BOTH ST.

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

ANTHONY HOSPITAL FOUNDATION AND SSMOK ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH CARE, WHICH OPERATES IN FOUR STATES AND OWNS, MANAGES AND IS AFFILIATED WITH 20 ACUTE-CARE HOSPITALS AND 2 NURSING HOMES.

THE GOVERNING DOCUMENTS PROVIDE THAT ST. ANTHONY HOSPITAL FOUNDATION'S SOLE MEMBER, SSMOK, HAS CERTAIN RESERVED POWERS, INCLUDING THE FOLLOWING:

- *APPOINT THE DIRECTORS OF THE FOUNDATION AND APPROVE NEW MEMBERS VOTED ON BY THE GOVERNING BOARD
- *REMOVE THE DIRECTORS WITH OR WITHOUT CAUSE
- *AMEND GOVERNING DOCUMENTS
- *AUTHORIZE OPENING/CLOSING OF BANK AND INVESTMENT ACCOUNTS

GENERAL STATEMENT 4

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 9 - ALL OF THE INDIVIDUALS LISTED IN PART VII AND ON SCHEDULE J-2 CAN BE REACHED AT: P.O. BOX 205, OKLAHOMA CITY, OK 73101.

GENERAL STATEMENT 5

PART VI: SECTION B. POLICIES

PART VI: QUESTION 11 - ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990. THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR COORDINATION OF THE SYSTEM LEVEL FORM 990

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

INFORMATION. THE INFORMATION IS THEN SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORMS 990 FROM THE SSMHC INFORMATION. THE OUTSIDE PREPARER CONDUCTS AT LEAST TWO LEVELS OF REVIEW FOR EACH FORM 990. PRIOR TO FINALIZING THE RETURNS, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL. UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORMS 990 TO SSMHC FOR THE APPROPRIATE SIGNATURES AND FILING ACTION. AN ELECTRONIC COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AFTER FORM 990 IS FILED WITH THE IRS.

GENERAL STATEMENT 6

PART VI: SECTION B. POLICIES

PART VI: QUESTION 12C - THE BOARD OF DIRECTORS ANNUALLY REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT. IN ADDITION, ALL EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY DURING THEIR REVIEW PROCESS. THESE ARE REVIEWED BY THEIR MANAGER AND ANY ISSUES ARE BROUGHT TO THE ATTENTION OF THE COMPLIANCE DEPARTMENT.

ALL EMPLOYEES FROM MANAGEMENT LEVEL UP ARE REQUIRED TO COMPLETE ONLINE COURSES ASSIGNED BY SSM HEALTH CARE CORPORATION RELATED TO CONFLICT OF INTEREST COMPLIANCE.

THROUGHOUT THE YEAR, EMPLOYEES HAVE THE OPPORTUNITY TO REPORT ANY ISSUES RELATED TO POSSIBLE CONFLICT OF INTEREST ISSUES DIRECTLY TO A CORPORATE COMPLIANCE OFFICER (CRP) VIA AN ANONYMOUS CALL LINE OR MAY CONTACT CRP DIRECTLY.

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

GENERAL STATEMENT 7

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15 - THE PRESIDENT'S SALARY IS DETERMINED BY AN OUTSIDE CONSULTANT WHO USES THIRD PARTY SALARY SURVEY INFORMATION TO DETERMINE SALARY RECOMMENDATIONS. THE REGIONAL PRESIDENT OF SSM HEALTH CARE CORPORATION, THE PARENT ORGANIZATION MAKES A RECOMMENDATION TO THE SSM HEALTH CARE CORPORATION PRESIDENT WHO GRANTS FINAL APPROVAL OF SALARY. THERE WAS ONLY ONE INDIVIDUAL OF THE FOUNDATION THAT RECEIVED COMPENSATION AS AN OFFICER OR KEY EMPLOYEE, THEREFORE, NO OTHER PROCESS IS DESCRIBED.

GENERAL STATEMENT 8

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - ST. ANTHONY HOSPITAL FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR SSM HEALTH CARE CORPORATION, INC., (SSMHC), A RELATED CORPORATION. THESE CONSOLIDATED FINANCIAL STATEMENTS ARE DISCLOSED QUARTERLY. QUARTERLY UNAUDITED STATEMENTS AND THE ANNUAL AUDIT REPORT OF SSMHC ARE POSTED ON THE INTERNET.

LINK: [HTTP://WWW.SSMHC.COM/INTERNET/HOME/SSMCorp.NSF](http://WWW.SSMHC.COM/INTERNET/HOME/SSMCorp.NSF)

SSMHC DOES NOT MAKE THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

Name of the organization	Employer identification number
ST. ANTHONY HOSPITAL FOUNDATION, INC.	73-6104300

GENERAL STATEMENT 9

PART VIII: STATEMENT OF REVENUE

PART VIII: LINE 7 - ST. ANTHONY HOSPITAL FOUNDATION, INC. (THE FOUNDATION) PARTICIPATES IN A POOLED INVESTMENT FUND THAT IS CONTROLLED BY THE PARENT ORGANIZATION, SSM HEALTH CARE SYSTEM, INC. (EIN 46-6029223). IT INCLUDES FUNDS FROM DIFFERENT ENTITIES WITHIN THE SSM HEALTH CARE SYSTEM. AS A RESULT, THE REALIZED GAINS/(LOSSES) ALLOCATED TO THE FOUNDATION ARE BASED ON THE PERCENTAGE OF THE FUND THAT RELATES TO THE FOUNDATION'S INVESTMENT. SSM HEALTH CARE SYSTEM, INC. DOES NOT REPORT TO EACH ENTITY WITHIN THE SYSTEM ITS SHARE OF THE COST BASIS AND PROCEEDS ASSOCIATED WITH THE REALIZED GAINS/(LOSSES) ALLOCATED TO EACH ENTITY.

GENERAL STATEMENT 10

PART XI: FINANCIAL STATEMENTS AND REPORTING

PART XI: QUESTION 2C - SSM HEALTH CARE OF OKLAHOMA IS THE SOLE MEMEBER OF THE ST. ANTHONY HOSPITAL FOUNDATION (THE FOUNDATION) AND AS SUCH ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FOUNDATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Part I

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SSMHCS LIABILITY TRUST I 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-6331003	INSURANCE	MO	501 (C) (3)	LINE 11-I	N/A
SSM CONSOLIDATED HEALTH SERVICES 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1473657	HEALTH CARE	MO	501 (C) (3)	LINE 11-I	N/A
LEE DEWEY CORPORATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 73-1279603	MOB	OK	501 (C) (3)	LINE 11-I	N/A
DELLS MEDICAL BUILDING, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 39-1613292	MOB	WI	501 (C) (2)	N/A	N/A
ST. FRANCIS HOSPITAL FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1099253	FUNDRAISING	MO	501 (C) (3)	LINE 7	N/A
GOOD SAMARITAN REGIONAL HEALTH CENTER 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-0653587	HEALTH CARE	IL	501 (C) (3)	LINE 3	N/A
CENTRALIA MEDICAL SERVICES BUILD. ASSOC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 23-7408025	HEALTH CARE	IL	501 (C) (3)	LINE 11-II	N/A

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
SSM SJ ENDOSCOPY, 27-0046559 ST. LOUIS, MO 63141	SURGERY SERVICES	MO	N/A	N/A				X		X
SJHK MED CO-MGMT, 26-1895667 ST. LOUIS, MO 63141	MANAGEMENT	MO	N/A	N/A				X		X
SSM/CDI IMAGING, 26-3791858 BRIDGETON, MO 63044	IMAGING SERVICES	MO	N/A	N/A				X		X
SA MT AMB SURG, 73-1528341 OKLAHOMA CITY, OK 73103	SURGERY SERVICES	OK	N/A	N/A				X		X
B&J HOSPITAL, 76-0828314 OKLAHOMA CITY, OK 73103	HEALTH CARE	OK	N/A	N/A				X		X
B&J MB OFF BUILD, 73-1533449 OKLAHOMA CITY, OK 73103	MOB	OK	N/A	N/A				X		X
WITTS, LLC, 39-2016715 MADISON, WI 53713	MED. INF. SYSTEMS	WI	N/A	N/A				X		X

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

(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
SSM MANAGED CARE ORG., LLC 477 N. LINDBERGH BLVD ST. LOUIS, MO 63141	HEALTH PROMOTION	MO	N/A	C			
FPP, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
DIVERSIFIED HEALTH SERVICES CORP 477 N LINDBERGH BLVD ST LOUIS, MO 63141	MEDICAL EQUIPMENT	MO	N/A	C			
SSM CARDIO. & THORACIC SERV. 477 N LINDBERGH BLVD ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
SSM PROPERTIES, INC. 477 N. LINDBERGH BLVD ST LOUIS, MO 63141	PROPERTY SERVICES	MO	N/A	C			
SSM DEFAUL MEDICAL GROUP INC. 477 N. LINDBERGH BLVD. ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
SSM ST CHARLES CLINIC MED. GROUP INC. 477 N. LINDBERGH BLVD. ST LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C			

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

73-6104300

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
SHARED IMAGING, 39-1971378	DIAG. SERVICES	WI	N/A	N/A				X			X
PRAIRIE DU SAC, WI 53578											
SC IMAGING, 20-0122365	DIAG. SERVICES	WI	N/A	N/A				X			X
BARABOO, WI 53913											
MEADOW RIDGE, 39-1991403	ASST. LIVING	WI	N/A	N/A				X			X
BARABOO, WI 53913											
DEAN HEALTH HOLD, 26-1594709	IT SERVICES	WI	N/A	N/A				X			X
MADISON, WI 53717											
NAVITUS HEALTH SOL, 04-3608530	DRUG PROVIDER	WI	N/A	N/A				X			X
MADISON, WI 53717											
MV RAD THERAPY, 20-1382620	RADIATION THERAPY	IL	N/A	N/A				X			X
ST. LOUIS, MO 63141											
SLEEP/NEURO SO IL, 20-8468195	DIAG. SERVICES	IL	N/A	N/A				X			X
ST. LOUIS, MO 63141											
SMHC SURG CO-MGMT, 20-8929305	MANAGEMENT	MO	N/A	N/A				X			X
JEFFERSON CITY, MO 65101											
SMHC CARD CO-MGMT, 20-8929381	MANAGEMENT	MO	N/A	N/A				X			X
JEFFERSON CITY, MO 65101											
SMHC MUSC CO-MGMT, 20-8929237	MANAGEMENT	MO	N/A	N/A				X			X
JEFFERSON CITY, MO 65101											
CHOW/SMGSL, 37-1383861	MOB	MO	N/A	N/A				X			X
ST. LOUIS, MO 63141											
COMP CANCER CARE, 20-1382727	MOB	IL	N/A	N/A				X			X
ST. LOUIS, MO 63141											
CLASSEN ASSOCIATES, 73-1158158	MOB	OK	N/A	N/A				X			X
OKLAHOMA CITY, OK 73103											
M&C REALTY, 62-1851447	MOB	MO	N/A	N/A				X			X
WENTZVILLE, MO 63385											
SURG CNTR MW CITY, 23-2697171	SURGERY SERVICES	OK	N/A	N/A				X			X
MIDWEST CITY, OK 73110											
SSM WELLBRIDGE, 43-1794814	FITNESS CENTER	MO	N/A	N/A				X			X
DENVER, CO 80290											
MIA AT ST CHARLES, 42-2125740	DIAG. SERVICES	MO	N/A	N/A				X			X
ST CHARLES, MO 63301											

Schedule R-1 (Form 990) 2009

