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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2009 Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization ST ANTHONY'S MEMORIAL HOSPITAL		D Employer identification number 37-0661233	
		Doing Business As				E Telephone number (217) 347-2121			
		Number and street (or P O box if mail is not delivered to street address) Room/suite 503 N MAPLE STREET				G Gross receipts \$ 117,685,336			
		City or town, state or country, and ZIP + 4 EFFINGHAM, IL 624012099							
		F Name and address of principal officer daniel woods 503 n maple street Effingham, IL 62401				H(a) Is this a group return for affiliates? ☐ Yes ☒ No			
						H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)			
		I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶ 0928			
		J Website: ▶ stanthonyshospital.org							
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶						L Year of formation 1955		M State of legal domicile IL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PARTICIPATE IN THE HEALTHCARE MINISTRY OF THE CHURCH BY COMMITTING OUR RESOURCES TO PROVIDE A FAMILY-CENTERED APPROACH IN MEETING THE HEALTHCARE NEEDS OF ALL PEOPLE IN THE COMMUNITY		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 _____	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 _____	
	5	Total number of employees (Part V, line 2a)	5 _____ 1,01	
Revenue	6	Total number of volunteers (estimate if necessary)	6 _____ 28	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b _____	
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,976,932	Current Year 398,030
	9	Program service revenue (Part VIII, line 2g)	106,416,207	111,908,736
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,417,173	4,487,251
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	428,977	434,587
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,404,943	117,228,604
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,920,568	44,748,043
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,862,711	52,418,566
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,783,279	97,166,609
	19	Revenue less expenses Subtract line 18 from line 12	7,621,664	20,061,995
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	234,214,958	265,031,873
	21	Total liabilities (Part X, line 26)	55,805,417	66,855,450
22	Net assets or fund balances Subtract line 21 from line 20	178,409,541	198,176,423	

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 2011-04-30 Date
	Daniel J Woods CEO Type or print name and title
Paid Preparer's Use Only	Preparer's signature KPMG LLP Date Check if self-employed ☐ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568
	EIN Phone no (614) 249-2300

1 Briefly describe the organization's mission

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

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

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.

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
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.	Yes	
	• 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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Yes	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
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	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		1c	
	1a	90		
	1b	0		
b				
c				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		2b	Yes
	2a	1,018		
	b			
3a				
b			No	
4a			No	
b				
5a			No	
b			No	
c				
6a			No	
b				
7 Organizations that may receive deductible contributions under section 170(c).				
a			No	
b				
c			No	
d		7d		
e			No	
f			No	
g				
h				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	No	
9 Sponsoring organizations maintaining donor advised funds.				
a		9a	No	
b		9b	No	
10 Section 501(c)(7) organizations. Enter				
a		10a		
b		10b		
11 Section 501(c)(12) organizations. Enter				
a		11a		
b		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	No	
b		12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	9	
b	Enter the number of voting members that are independent	1b	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAVE STORM 503 N MAPLE STREET EFFINGHAM, IL 624012099 (217) 347-1333

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

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

Form 990 (2009)

1b	Total	1,283,783	940,020	1,200,850
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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 **21**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LJ SWINGLER SONS INC PO BOX 637 TEUTOPOLIS, IL 62467	CONSTRUCTION	2,791,886
PRAIRIE CARDIOVASCULAR PO BOX 19420 SPRINGFIELD, IL 62794	PHYSICIAN SERVICES	1,141,113
SHARED IMAGING INC BOX 88544 MILWAUKEE, WI 532880544	MRI SERVICES	727,935
AMSOL ANESTHETISTS OF IL PC PO BOX 6633 HIGH POINT, NC 27262	ANESTHESIA SERVICES	454,054
CROSSROADS EMERGENCY PHYSICIANS PO BOX 793 TRAVERSE CITY, MI 496850793	EMERGENCY SERVICES	370,606

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 **9**

Part VIII

Statement of Revenue

				(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					
	d	Related organizations	1d	398,030				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			398,030			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	900,099	111,908,736	111,908,736			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			111,908,736			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			4,470,038		4,470,038	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents		342,165				
		b	Less rental expenses	456,137				
		c	Rental income or (loss)	-113,972				
	d	Net rental income or (loss)			-113,972		-113,972	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		17,808				
		b	Less cost or other basis and sales expenses	595				
		c	Gain or (loss)	17,213				
	d	Net gain or (loss)			17,213		17,213	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . . .			0		
	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	MEDICAL RECORDS		900,099	66,998			66,998	
b	AUXILIARY GIFT SHOP		453,220	64,662			64,662	
c	CAFETERIA/VENDING		722,210	283,540			283,540	
d	All other revenue			133,359			133,359	
e	Total. Add lines 11a-11d			548,559				
12	Total revenue. See Instructions			117,228,604	111,908,736	0	4,921,838	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,148,943		1,148,943	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	30,293,248	22,772,970	7,520,278	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,173,642	850,046	323,596	
9	Other employee benefits	9,867,175	7,146,604	2,720,571	
10	Payroll taxes	2,265,035	1,640,521	624,514	
11	Fees for services (non-employees)				
a	Management	3,909,996		3,909,996	
b	Legal	218,306		218,306	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	23,805		23,805	
g	Other	3,761,256	3,761,256		
12	Advertising and promotion	0			
13	Office expenses	18,989,186	18,058,419	930,767	
14	Information technology	283,966	205,671	78,295	
15	Royalties	0			
16	Occupancy	1,717,846	19,578	1,698,268	
17	Travel	72,847	71,871	976	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	127,137	68,722	58,415	
20	Interest	193,890		193,890	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,766,741	2,680,037	3,086,704	
23	Insurance	504,556		504,556	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	4,723,680	4,723,680		
b	MEDICAID TAX ASSESSMENT	2,109,769	2,109,769		
c	MAINTENANCE & REPAIRS	8,956,555	6,503,284	2,453,271	
d	LEASE/RENTALS	820,108	660,446	159,662	
e	OTHER	238,922	41,334	197,588	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	97,166,609	71,314,208	25,852,401	0
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			9,998,624	2	5,158,891
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,506,546	4	16,546,875
	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			2,831,710	8	5,228,140
	9	Prepaid expenses and deferred charges			6,013,124	9	6,420,660
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	128,272,887	52,383,956	10c	53,433,417
	b	Less accumulated depreciation	10b	74,839,470			
	11	Investments—publicly traded securities			149,143,059	11	177,752,242
	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			337,939	15	491,648
	16	Total assets. Add lines 1 through 15 (must equal line 34)			234,214,958	16	265,031,873
Liabilities	17	Accounts payable and accrued expenses			5,419,883	17	5,992,748
	18	Grants payable				18	
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			29,424,502	20	28,279,502
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	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			4,975,539	23	4,440,662
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			15,985,493	25	28,142,538
	26	Total liabilities. Add lines 17 through 25			55,805,417	26	66,855,450
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			175,535,326	27	195,251,007
	28	Temporarily restricted net assets			2,761,997	28	2,813,198
	29	Permanently restricted net assets			112,218	29	112,218
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			178,409,541	33	198,176,423
	34	Total liabilities and net assets/fund balances			234,214,958	34	265,031,873

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes," to 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	2c	Yes
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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

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 **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 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)		No
11g(ii)		No
11g(iii)		No

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

Part II

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

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
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		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—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		
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		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment 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

☐

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

☐

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

☐

Part IV

Supplemental Information. 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 C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
ST ANTHONY’S MEMORIAL HOSPITAL

Employer identification number

37-0661233

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		24,722
	j Total lines 1c through 1i			24,722
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Description of other lobbying activities	Schedule C, Part II-B, Question 1i	ST ANTHONY'S HOSPITAL ("THE HOSPITAL") IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION (CHA), THE ILLINOIS HEALTH ASSOCIATION (IHA), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION (AHA) AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES AND PART OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED ABOVE IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	534,601	512,929		1,047,530
b Buildings	4,736,847	47,926,920	19,389,498	33,274,269
c Leasehold improvements		70,648	24,301	46,347
d Equipment		54,513,705	41,367,859	13,145,846
e Other		19,977,237	14,057,812	5,919,425
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				53,433,417

Schedule D (Form 990) 2009

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
ASC SUBTOPIC 740-10		ON JULY 1, 2007, HSHS ADOPTED ASC SUBTOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109. ASC SUBTOPIC 740-10 ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER ASC SUBTOPIC 740-10, HSHS MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. ASC SUBTOPIC 740-10 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES AT THE DATE OF ADOPTION, AND AS OF JUNE 30, 2010 AND 2009, HSHS DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		2,721	1,839,169		1,839,169	1 990 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		16,438	13,820,114	8,766,065	5,054,049	5 470 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		17,231	4,419,306	4,187,501	231,805	0 250 %
d Total Charity Care and Means-Tested Government Programs		36,390	20,078,589	12,953,566	7,125,023	7 710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		7,943	243,631	861	242,770	0 260 %
f Health professions education (from Worksheet 5)		63	25,980		25,980	0 030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		4,323	51,726	12,143	39,583	0 040 %
j Total Other Benefits		12,329	321,337	13,004	308,333	0 330 %
k Total. Add lines 7d and 7j		48,719	20,399,926	12,966,570	7,433,356	8 040 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	1		63		63	
4Environmental improvements						
5Leadership development and training for community members	1		4,032		4,032	
6Coalition building	1		2,275		2,275	
7Community health improvement advocacy	2		23,264		23,264	0.030 %
8Workforce development	201		26,495		26,495	0.030 %
9Other						
10Total	206		56,129		56,129	0.060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1Yes	
2Enter the amount of the organization's bad debt expense (at cost)	24,723,680		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3831,468		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			
Section B. Medicare			
5Enter total revenue received from Medicare (including DSH and IME)	538,244,003		
6Enter Medicare allowable costs of care relating to payments on line 5	647,036,133		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-8,792,130		
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices			
9aDoes the organization have a written debt collection policy?		9a	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.		9b	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

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

See additional data

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

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

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

IL

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
David A Storm	(i)	160,596	0	0	140,804	2,179	303,579	0
	(ii)	0	0	0	0	0	0	0
Charles S Schuette	(i)	147,613	0	0	131,083	1,139	279,835	0
	(ii)	0	0	0	0	0	0	0
Daniel J Woods	(i)	0	0	0	0	0	0	0
	(ii)	247,003	67,957	43,842	121,976	20,648	501,426	28,007
Mary C Finley	(i)	104,397	0	0	63,962	2,136	170,495	0
	(ii)	0	0	0	0	0	0	0
Kal Keitel	(i)	96,259	0	0	75,341	7,996	179,596	0
	(ii)	0	0	0	0	0	0	0
Charles E Luchtefeld	(i)	130,951	0	0	103,577	1,669	236,197	0
	(ii)	0	0	0	0	0	0	0
Ellen R Ritz	(i)	121,155	0	0	80,646	3,057	204,858	0
	(ii)	0	0	0	0	0	0	0
Ann Carr	(i)	0	0	0	0	0	0	0
	(ii)	131,424	0	22,024	104,209	13,649	271,306	8
Kevin Kast	(i)	0	0	0	0	0	0	0
	(ii)	352,197	53,393	22,180	100,813	18,875	547,458	40,681
Robert W Esker	(i)	168,619	0	0	168,879	3,215	340,713	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 37-0661233
Name: ST ANTHONY'S MEMORIAL HOSPITAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

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

▶ Attach to Form 990.

2009

Open to Public Inspection

Name of the organization ST ANTHONY'S MEMORIAL HOSPITAL	Employer identification number 37-0661233
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Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PAGE 2, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED,SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES. OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION. INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES. DURING FISCAL YEAR 2010, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 7,083 INPATIENTS UTILIZING 26,733 ADULT AND PEDIATRIC DAYS OF CARE. IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 93,239 OUTPATIENTS. ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM. CHARITY CARE PROVIDED AT COST WAS \$1,839,169. IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES. FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 2,137 DAYS OF CARE. THE UNPAID COST OF MEDICAID WAS \$5,054,049. OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$39,583. ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST. THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$8,792,130 DURING FISCAL YEAR 2010.

Identifier	Return Reference	Explanation
TAX EXEMPT BONDS	FORM 990, PART IV, LINE 24	ST ANTHONY'S MEMORIAL HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS PARENT CORPORATION, HOSPITAL SISTERS SERVICES, INC. AS A RESULT, THIS QUESTION WAS ANSWERED NO, AND SCHEDULE K WILL BE COMPLETED ON THE HOSPITAL SISTERS SERVICES, INC. FORM 990.

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

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

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11A	The hospital employs KPMG to assist in the overall review and electronic submission of its Form 990. KPMG provides guidance in identifying critical errors in the return submission and feedback on quantitative and qualitative responses. Additionally, the hospital CFO performs a thorough review of the return and reviews it with the hospital CEO and/or senior leaders before presenting it in its entirety to the hospital Board for questioning and review prior to the return's signing and submission to the IRS.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	The organization is subject to the corporate compliance program and conflict of interest policy ("policy") of Hospital Sisters Health System, an Illinois not for profit corporation exempt from federal taxation under section 501(c)(3) of the internal revenue code. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN IMPLEMENTED SINCE JANUARY, 2009 TO MANAGE CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE organization's CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP OR ACTIVITY CONTEMPLATED, ENTERED INTO OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS AND MEDICAL DEVICES, ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT - SYSTEM RESPONSIBILITY, VICE PRESIDENT - RISK & COMPLIANCE OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWERS ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN OR ENTER INTO A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED: 1. THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2. THE CONTRACT, TRANSACTION, ARRANGEMENT OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3. THE CONTRACT, TRANSACTION, ARRANGEMENT OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4. HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE: 1. APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION OR ARRANGEMENT, 2. INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3. OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4. STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS. IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY. FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVITY, ALL CONFLICT MANAGEMENT PLANS SHALL: 1. STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2. STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3. STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT AND/OR GOVERNMENT AGENCIES, AND 4. PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE. IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS. IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED. THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES.

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

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

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEMORIAL HOSPITAL

Employer identification number
37-0661233

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Springfield Health Partners LLC 4936 Laverna Road springfield, IL 62707 37-1364419	healthcare	IL			hshs mg

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
See Additional Data Table					

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		Yes	No
See Additional Data Table											

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
See Additional Data Table							

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Prairie Cardiovascular	o	1,141,113
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 37-0661233

Name: ST ANTHONY'S MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Hospital Sisters of St Francis Fdtn 4936 LAVERNA ROAD Springfield, IL62707 37-1186514	HEALTHCARE	IL	501(c)(3)	11a	N/A
HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1058692	HEALTHCARE	IL	501(c)(3)	11A	NA
HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1163402	HEALTHCARE	IL	501(c)(3)	11A	NA
HSBS HEALTH CARE PLAN TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1137724	HEALTHCARE	IL	501(c)(9)		NA
Hospital Sisters Healthcare - West Inc 2661 COUNTY HIGHWAY I CHIPPEWA FALLS, WI54729 51-0157933	HEALTHCARE	WI	501(c)(3)	11A	NA
SACRED HEART HOSPITAL 900 WEST CLAIREMONT AVENUE EAU CLAIRE, WI54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	NA
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	NA
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL62220 37-0663567	HEALTHCARE	IL	501(c)(3)	3	NA
ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL62769 37-0661238	HEALTHCARE	IL	501(c)(3)	3	NA
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	NA
ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	NA
ST JOSEPH'S HOSPITAL 1515 MAIN STREET HIGHLAND, IL62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	NA
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	NA
ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL62521 36-2169181	HEALTHCARE	IL	501(c)(3)	3	NA
ST MARY'S HOSPITAL 111 SPRING STREET STREATOR, IL61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	NA
ST VINCENT HOSPITAL 835 S VAN BUREN GREEN BAY, WI54301 39-0817529	HEALTHCARE	WI	501(c)(3)	3	NA
ST MARY'S HOSPITAL MEDICAL CENTER 1726 SHAWANO AVENUE GREEN BAY, WI54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	NA
HSBS MEDICAL GROUP INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 26-3956318	HEALTHCARE	IL	501(c)(3)	11A	NA
HSBS WISCONSIN MEDICAL GROUP INC 8040 Excelsior drive ste 200 MADISON, WI53717 26-4515959	HEALTHCARE	WI	501(c)(3)	11A	NA
HSBS Self Insurance Trust Fund 4936 Laverna Road Springfield, IL62707 37-1120626	Insurance	IL	501(c)(3)	11a	NA
Orange Cross Ambulance Inc 919 Ashland Ave Sheboygan, WI53081 39-1860942	Healthcare	WI	501(c)(3)	9	St Nicholas
Wisconsin Upper Pen Onc Mngmt Services 835 S Van Buren Green Bay, WI54301 39-1677100	Healthcare	WI	501(c)(3)	3	St Vincents
Unity Limited Partnership 2366 Oak Ridge Circle De Pere, WI54115 39-1750729	Healthcare	WI	501(c)(3)	9	HSSI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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
Memorial and St Elizabeth's Healthcare 4000 North Illinois Street Swansea, IL62226 37-1312961	HealthCare	IL	St Elizabeth's	Related	0	0		No	0		No
Health Ventures Of SoIllinois LLC 2810 Frank Scott Pkwy W STE 700 Belleville, IL62223 37-1334060	HealthCare	IL	St Elizabeth's	Related	0	0		No	0		No
Prairie Heart Insutute - Carbondale LLC 800 East Carpenter Street Springfield, IL62769 37-1321197	HealthCare	IL	St John's	Related	0	0		No	0		No
Northeast Wisconsin Radiation Therapy Se 1821 S Webster Avenue STE 300 Green Bay, WI543079047 26-3749065	HealthCare	WI	St Vincent's	Related	0	0		No	0		No
Pain Center of Wisconsin 4131 W Loomis Road STE 300 Greenfield, WI53221 26-3155343	HealthCare	WI	St Vincent's	Related	0	0		No	0		No
Surgery Center of Sheboygan LLC 3141 Saemann Ave Sheboygan, WI53081 26-0822209	HealthCare	WI	St Nicholas	Related	0	0		No	0		No
Prevea Ventures LLC 2710 EXECUTIVE DR Green Bay, WI54304 20-3775127	HealthCare	WI	HSSI	Related	0	0		No	0		No
Kiara Clinical Integration Ntwk 4936 Laverna Rd Springfield, IL62707 26-1417684	HealthCare	IL	Kiara Inc	Related	0	0		No	0		No
Carpenter Street Hotel LLC 525 North Sixth Street springfield, IL62702 36-4128127	hotel	IL	lasante inc	related	0	0		No	0		No
Springfield Urgent Care Real Estate LLC PO Box 19456 springfield, IL627949456 03-0413258	rent real estate	IL	lasante inc	related	0	0		No	0		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Kiara Inc 4936 Laverna Rd Springfield, IL62707 37-1163401	HealthCare	IL	SHSH	C Corp	0	0	
LaSante Wisconsin Inc 4936 Laverna Rd Springfield, IL62707 39-1572196	HealthCare	IL	Kiara Inc	C Corp	0	0	
LaSante Inc 4936 Laverna Rd Springfield, IL62707 37-1163400	HealthCare	IL	Kiara Inc	C Corp	0	0	
Prairie Cardiovascular 619 East Mason STE 4P57 Springfield, IL62701 37-1071858	HealthCare	IL	Kiara Inc	C Corp	0	0	
Prevea Health Services 2710 EXECUTIVE DR Green Bay, WI54304 39-1839351	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Clinic Inc 2710 EXECUTIVE DR Green Bay, WI54304 39-1839349	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Health Network 2710 EXECUTIVE DR Green Bay, WI54304 39-2000537	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Regional Services 2710 EXECUTIVE DR Green Bay, WI54304 39-1909993	HealthCare	WI	HSSI	C Corp	0	0	
RENAISSANCE QUALITY INSURANCE 98-0669953	INSURANCE	CJ	HSSI	C CORP	0	0	

Additional Data

Software ID:
Software Version:
EIN: 37-0661233
Name: ST ANTHONY'S MEMORIAL HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE AS THE ORGANIZATION DOES FOLLOW FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR PROVIDING CHARITY AND DISCOUNTED CARE TO LOW-INCOME UNINSURED AND UNDERINSURED INDIVIDUALS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

St Anthony's publishes an Annual Report which includes financial and narrative information about St Anthony's community benefits. The Annual Report is available on the hospital's web site at www.stanthonyshospital.org. The Annual Report is also mailed to over 19,000 residents in the hospital's service area.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Cost to Charge Ratio costing methodology was used to calculate the amounts reported in the table at hospital cost. Please reference Schedule H Form 990 Worksheet 2 for the detail calculation of the Ratio of Patient Care Costs to Charges.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The hospital does not have sufficient information at this time to determine if subsidized services exist based on the definition and calculations required by the IRS and is working to provide such information in next year's return

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The percent of charity care and certain other benefits at cost as a percent of total expenses less bad debt is 7.7%

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The hospital does not have any health care facilities that are not registered as a health care facility under state law

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

St Anthony's partnered with local agencies in 2005 to conduct a Community Health Assessment entitled, Checkup 2005. The goal of the assessment was to determine the physical, emotional, and safety needs of Effingham County residents and develop strategies to address the identified needs. The survey was administered by telephone to 1,000 area residents aged 18 and older. Specific items addressed included general health status, access to health care services, tobacco and alcohol use, injury control, disease prevalence, nutrition and physical fitness, disease prevalence and screening, activity limitations, and mental health. Results of Checkup 2005 identified 20 areas of opportunity for Effingham County. The Checkup 2005 committee considered these opportunities and identified the top five health priorities based on survey results and committee recommendations. The top priorities chosen included raising awareness and providing education about suicide and depression, raising awareness and providing education about drunk driving and binge drinking, addressing the lack of mental health professionals in the area, and improving the nutrition and fitness of the community. Since 2005, St Anthony's Memorial Hospital has been involved in needs assessments conducted by several other organizations. Health care needs identified by community members involved in a grassroots effort to improve quality of life for Effingham County identified health care needs that paralleled those identified by Checkup 2005. Members of Vision 2020 eventually joined the Checkup 2005 committee to form the Alliance for a Healthier Effingham County which continues today. St Anthony's has a number of representatives on the Alliance, including the hospital's current chairperson of its Board of Directors, President and CEO, Director of Quality Support, Director of People Services, and the Community Relations and Marketing manager. In addition to St Anthony's involvement, the Alliance membership is comprised of representatives from the county health department, physicians' offices, dental offices, the local federally-qualified health clinic, Catholic Charities and other social service agencies, area schools and colleges, community businesses, the state treasurer's office, and area media. Members of the Alliance continue to monitor needs assessments completed through the Effingham County Health Department (IPLAN) and a health assessment recently conducted through Lake Land Community College to determine priorities that should continue to be addressed and to include new health priorities. Needs identified through these various assessments led to the development of the Alliance's Goals for 2011. These include - Continue to focus on exercise, nutrition, and healthy lifestyles - Continue to raise awareness and improve access to affordable health care - Improve access to dental care - Continue to improve occupational opportunities for health care professionals in the Effingham area - Continue to raise awareness and improve access to mental health treatment for youth and families.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Effingham is located in central Illinois at the crossroads of two major interstate systems. Effingham has a population of over 12,000 people with an economy comprised of various businesses from agriculture, printing, and manufacturing plants to health care and tourism. St. Anthony's Memorial Hospital's service area is Effingham County along with portions of the counties of Clark, Clay, Crawford, Cumberland, Fayette, Jasper, Marion, Richland, and Shelby, serving a population of over 175,000 people. According to the 2009 estimates of the U.S. Census, the demographic make-up of Effingham County is 97% white (non-Hispanic), 1.5% of Hispanic or Latino origin, and 1.5% other. In 2008, the percentage of people living below poverty level in Effingham County was 10.8%. In 2006, the leading causes of death for Effingham County residents were diseases of the heart, including coronary heart disease (33%), metastatic cancer, including cancer of the lung, lymph nodes, bone marrow and blood (33%), and accidents, including motor vehicle accidents (12%). The remaining leading causes of death were cerebrovascular disease, chronic lower respiratory disease such as COPD, emphysema, and chronic bronchitis, and diabetes. (Source: Illinois Project for Local Assessment of Needs [IPLAN])

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A number of St. Anthony's employees serve on area agencies Board of Directors to advance the health and welfare of the community. The United Way of Effingham County requests representation by the hospital on their Board of Directors. Ross Richardson, Inpatient Support manager, serves on the United Way Board of Directors. Ross offers his time working on the Board and in the community on United Way activities, as well as providing other costs associated with his service on the Board. A hospital representative also serves on the Heartland Human Services Board of Directors. Heartland Human Services is a nonprofit organization that uses a comprehensive approach to address the mental health and substance abuse issues of their clients. Heartland Human Services requests representation by the hospital on their Board of Directors. Teri Phillips, Health Information manager, offers her time and other costs associated with her service on the Board. The sharing of electronic health records (EHR) between health care providers is an initiative that St. Anthony's is taking an active part in by participating in the Health Information Exchange of Southern Illinois Steering Committee (HIESI). Robin Brown, Diagnostic Services manager, serves on this committee, which is leading a planning process to increase collaboration and technology to improve the quality of care and increase access to health care services in the region. In her role on the committee, Robin meets regularly with various health care leaders from hospitals, physicians' offices, laboratories, pharmacies, and imaging centers in the southern Illinois region to help drive the adoption of EHR that follows patients throughout the health care delivery system which is accessible to patients and all their health care providers. St. Anthony's is an active participant in Alliance for a Healthier Effingham County, an endeavor to improve the health of all citizens in Effingham County. St. Anthony's assists the Alliance by preparing materials, newsletters and flyers about healthy topics. In addition, the Alliance sponsors a quarterly Community Breakfast where healthy, self-improvement topics are addressed. St. Anthony's assists in the publicity, materials preparation, and presentations for the breakfast meeting. St. Anthony's is actively involved in all Alliance activities and supports this health improvement endeavor by offering staff time and other costs. St. Anthony's crucial role in emergency situations is the reason that the City of Effingham has requested hospital representation on the City of Effingham Emergency Preparedness Committee. Dave Storm, Chief Financial Officer, and Dennis Baker, Plant Services manager, both serve on the City's Emergency Preparedness Committee, which meets regularly to develop and revise the City's Emergency Operations Plan and to prepare for any disaster or emergency situation that might arise. Other community members of this committee represent the Effingham City Police and Fire Departments, emergency dispatch, area schools, Effingham County Coroner, City Engineer and other city departments. One example of how St. Anthony's partners with these local agencies in emergency preparedness was when St. Anthony's partnered with the Effingham Fire and Police Department and Effingham City/County Ambulance in August 2010 on a disaster drill involving hazardous materials. St. Anthony's supports the local community with its participation with the Greater Effingham Chamber of Commerce and Industry. Through the hospital's participation with the Chamber, St. Anthony's and the Chamber partner in working toward improving health care in the community. One of the main activities St. Anthony's and the Chamber offer to the community, along with other sponsors, is the Chamber Health and Fitness Day, among other activities throughout the year. St. Anthony's is a main sponsor of this event, providing a number of health screenings and educational materials to attendees. It is important to St. Anthony's to assist the younger generation in discovering where their gifts and interests lie to determine the best career for them. By partnering with the Eastern Illinois Education for Employment System (EIEFES) and Lake Land College in offering the Health Occupations, St. Anthony's helps students from area schools in their career exploration. St. Anthony's contributes staff time, supplies and other costs associated with offering this course to area students. St. Anthony's leadership volunteers are important members of St. Anthony's family. The hospital believes in investing in their leaders personal and health development. As such, St. Anthony's supports their leaders by sending them to conferences and workshops for further training to give them a complete view of rural health care and their role in it. One example was the Illinois Hospital Association Leadership Summit in 2010. St. Anthony's partners with Lake Land College to address future health care workforce shortages.

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by educating area students on health care careers St Anthony's provides representation o n Lake Land College's Advisory Committee, with Teri Phillips Health Information manager, o ffering her time and other costs associated with her service on the committee In addition , St Anthony's participates in Lake Land's Job Fair and other career fairs, providing sta ff time and materials for those considering pursuing a health care career Staff also take part in PTA lectures to encourage consideration of health care careers

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St Anthony's Memorial Hospital offers hope to our community in the tradition of the Hospital Sisters of St Francis. As a healing ministry of the Catholic Church and an affiliate of the Hospital Sisters Health System (HSHS), St Anthony's is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded over 135 years ago to bring a healing presence and improve the health of our community, especially for people who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Effingham and surrounding areas. The hospital is governed by a Board of Directors, the majority of which is comprised of persons who reside in the organization's primary service area and who are neither employees nor contractors of the hospital (nor family members thereof). The Board ensures that St Anthony's is responding to community need in accordance with the process described under item #2 above. St Anthony's also has a Hospital Advisory Council comprised of community leaders who serve as liaisons between the hospital and its public by advising on matters of community health care service and its effective delivery. Community leaders also serve on the Friends of St Anthony's Board of Directors, which ensure the continuing growth, stability and future of health care in the region, by accepting and acknowledging charitable contributions to the hospital. St Anthony's Auxiliary Executive Committee is a board of volunteers who direct the Auxiliary volunteer program which promotes and advances the welfare of the hospital through services for patients and their families, and fundraising for hospital needs. Also consistent with its exempt purpose, St Anthony's has an open medical staff with privileges available to all qualified physicians in the area. In addition, the hospital operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St Anthony's reinvests surplus funds into the mission of the organization and health of the community rather than distributing them as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. For example, St Anthony's is currently working with its parent organization, Hospital Sisters Health System, to continuously enhance quality and improve coordination of care both inside the hospital and with a growing number of physician partners. Supported by investments in information technology, this "care integration" strategy is designed to better coordinate care, improve health outcomes, create new efficiencies, and help ensure that patients (especially those with chronic conditions) get well and stay well. For example, as explained in #5 above, St Anthony's is actively involved in the Exchange of Southern Illinois Steering Committee (HIESI), and helping lead the planning process to increase collaboration and technology to improve the quality of care and increase access to health care services in the region. The creation of an electronic health record (EHR) will assist caregivers with increased information by patients and other health care providers, enable the practice of evidence-based medicine, and improve patient safety and quality of care. St Anthony's also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In fiscal year 2009, St Anthony's provided over \$7.5 million in community benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, during this period, St Anthony's provided \$1.8 million (at cost) in uncompensated care to patients that did not qualify for charity care or public assistance and over \$8.8 million (at cost) in excess of Medicare payment for health care services. The range of benefits provided by St Anthony's flows from our mission and long-standing commitment to our community. In many cases, these programs would be unlikely to exist without the leadership role played by St Anthony's, and they often relieve a burden that would otherwise be carried by government. Based on the assessment of community needs described under #2 above, St Anthony's is focusing on the following priorities. St Anthony's worked alongside members of the Alliance for a Healthier Effingham County and other community members to establish these priorities and accomplish the corresponding projects linked to these priorities. Identified Priority: Exercise, Nutrition, and Healthy Lifestyles - TREC (Trail Recreation Effingham County) [2005 - 2010]. Alliance members continue to promote the importance of daily physical activity.

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tivity and encourage support of TREC (Trail Recreation Effingham County) which will establish walking trails for the health and enjoyment of all residents. This initiative is moving forward with the first two phases of construction completed. A recent financial award from the City of Effingham has enabled Phase III of the project to begin ahead of schedule.

- Summer Lunch Program [2006 - 2010] Area children receive free lunches during the summer months of June and July as a result of the development of the Summer Lunch for Kids program. Since the program began in 2006, over 5,700 children have received a free lunch and had the opportunity to participate in educational programs and activities provided by several local organizations. In 2010, the continuation of the program was threatened by a drastic reduction in funds due to the State's budget crisis. However, through the support and encouragement of St. Anthony's Memorial Hospital, Unit #40 received \$5,000 in grant funds from the Hospital Sisters of St. Francis Foundation to continue the program. During the 2010 Summer Lunch Program season, 1,740 meals were served over two months. The highest daily attendance the program reached was 85 with the lowest being 13. St. Anthony's Food and Nutrition staff and student interns frequently volunteered their time to help with the program, teaching children about nutrition through fun games and activities.

- Plant A Row Initiative [2009 - 2010] This initiative encourages community members to plant an extra row of produce in their gardens that they will then donate to area food banks for those in need. A kick-off event was held in April at the U of I Extension Center. Identified Priority: Affordable Healthcare for Uninsured and Underinsured Patients - Illinois Breast & Cervical Cancer Program Awareness [2008-2009] According to information taken from Checkup 2005, female breast cancer was one of the four leading causes of cancer deaths in Effingham County. To significantly increase awareness of the need for early cancer screenings and the programs available to uninsured women in our area, St. Anthony's Memorial Hospital, in partnership with the American Cancer Society and the Illinois Breast and Cervical Cancer Program (IBCCP), initiated an awareness/promotion campaign focusing on women's wellness and the availability of the IBCCP. This community outreach initiative was tremendously successful with nearly 800 new women enrolling in the program (compared to less than 300 previously). Two dozen of these women were diagnosed with cancerous or pre-cancerous conditions. This program's success is due in part to the promotional support provided by St. Anthony's Memorial Hospital. Through direct mail, advertising and promotion of the program at various community events, awareness of the program was increased which helped to increase the number of women using the program, and ultimately saving lives. The Illinois Breast and Cervical Cancer Program (IBCCP) offers free mammograms, breast exams, pelvic exams and Pap tests to women between the ages of 35 and 64 who cannot afford these important cancer screenings. The IBCCP is available to women in every county in Illinois. Screening and diagnostic services are coordinated through a number of lead agencies. Locally, the East Central Illinois Breast and Cervical Cancer Screening Program (ECIBCCSP) serves a 10-county area, including Coles, Clark, Crawford, Cumberland, Douglas, Edgar, Effingham, Jasper, Moultrie and Shelby counties. Identified Priority: Access to Dental Care - Effingham Health Center [2010] Providing affordable and accessible care for uninsured and Medicaid patients has been a goal of St. Anthony's Memorial Hospital for several years. The establishment of the Effingham Health Center, a federally qualified health clinic allowed Effingham to address this need. In April, the Effingham Health Center moved to a new location to allow for expansion of needed services. The Effingham Health Ce

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St Anthony's Memorial Hospital is an affiliate of Hospital Sisters Health System. The foundational mission principles of Hospital Sisters Health System (HSHS) embody the belief that every life is a sacred gift and every human being is a unity of body, mind and spirit. Our health care ministry calls on us to foster healing, serve with compassion, and promote wellness for all persons, with special attention to our neighbors who are sick, poor, underserved, and most vulnerable. These principles have made it possible for HSHS to provide high quality, cost-effective and compassionate health care for millions of people in Illinois and Wisconsin. Our health care ministry consists of 13 hospitals and numerous physician partners committed to continuing the healing ministry of Jesus Christ. Beyond functioning as a primary source for health care in the 12 primary communities we serve, HSHS also provides a wide array of Community Benefits that expand residents' access to health care, enhance their overall health status, and further medical education. In the Fiscal Year that ended June 30, 2010, HSHS hospitals provided \$152.2 million in Community Benefits (or 8.5% of total expenses), an increase of \$28 million from FY 2009. Of this amount, \$32.3 million was provided for charity care and \$89.2 million was the amount of unreimbursed care provided under the Medicaid program. In addition, HSHS hospitals provided \$159.3 million in health care services primarily to the elderly beneficiaries of the Medicare program in excess of governmental and managed care contract payments. HSHS hospitals also recorded \$95 million in uncollectible accounts. HSHS is committed to sustaining and strengthening the health of our communities by continually reinvesting any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services. These ongoing enhancements ensure that our hospitals can continue to provide high quality, compassionate care to our patients. During Fiscal Year 2010, HSHS continued to pursue a Care Integration strategy designed to continuously enhance quality and improve coordination of care both inside the hospital and with a growing number of physician partners. Supported by the system investments in information technology, this strategy is designed to better coordinate care, improve health outcomes, create new efficiencies, and help ensure that patients (especially those with chronic conditions) get well and stay well. The Care Integration strategy includes, among other efforts, three "Medical Home" pilot projects, the coordination of care for cardiac patients living in rural communities through the use of telemedicine, and development of a "clinical integration network" that will help independent physicians improve quality and the patient experience by benchmarking their care against best practices. HSHS also placed a special emphasis on investing in interoperable health information technologies and robust health information exchanges. We recognize that our investments in information technology will have a positive impact on the quality, safety and efficiency of health care. These investments also ensure that the patient is at the center of a high quality, highly integrated, compassionate health care delivery system. Expanding access to health care. At the heart of our health care ministry is the commitment to care for every patient who seeks our help. Because not all patients have health insurance, HSHS hospitals have generous Charity Care program guidelines that cover 100% of hospital charges for individuals and families who earn less than 250% of the federal poverty level. Under these guidelines a family of four without health insurance that has an annual household income of \$55,125 or less is eligible for a 100% discount on their hospital bill. HSHS Charity Care programs have a sliding scale, in some instances providing up to a 60% discount on charges for those earning up to 600% of the federal poverty level. Hospitals have created a simple two-page form for those wishing to apply for Charity Care and assign counselors to visit with inpatients who are uninsured to let them know about our charity care policies and provide assistance filling out applications for financial assistance or enrollment in publicly funded health care programs. The gratitude of the people who have benefitted from our Charity Care program (sometimes referred to as Christian Care) is reflected in some of the thank you letters sent to St. Anthony's Memorial Hospital in Effingham, IL. Comments included: "When I opened your letter today and read that you gave me a 100% Christian Care adjustment, I gasped and started crying. I am so grateful. I count this as an unexpected miracle from God working through people willing to show his love to others." - D K. The King will reply, "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me." - Matthew 25:40.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

"We just want to take a moment to express our deepest gratitude! Your generosity has eased our minds, hearts & pocket book!" Thank you, Thank you, Thank you! God Bless You All! I pray someday I will be able to help someone in such a generous way! You have no idea what a relief this is for us! Thank You seems too simple of words!" - S L and C S "I want to say at all those who have made it possible to help us pay my hospital bills - Thank You! I don't have words to thank you for all the worry that you have taken away A thousand "thanks" May God bless you" - L B (translated by N R and W R) "My husband K and I would like to express our deepest gratitude for your assistance with his medical bill from the hospital We cannot thank you enough for the help and how this eased a financial burden that we faced Keeping this gift in mind, we will strive to help others who are in need in whatever way we can to 'Pay it forward ' Thank you and bless you all!" - K S and L S Our Charity Care programs are only one aspect of our commitment to increasing access to health care services in Illinois and Wisconsin In many of our communities, HSHS collaborates with Federally Qualified Health Centers (FQHCs) to provide greater access to health care services for low-income residents For example, St Elizabeth's Hospital in Belleville, IL hosts a FQHC primary care clinic adjacent to its Emergency Department and St John's Hospital in Springfield, IL coordinates specialty physician referrals with the local FQHC and provides free health care to its clients HSHS hospitals work collaboratively in their communities to support the various social services that together make up the fabric of the health care safety net Sacred Heart Hospital in Eau Claire, WI provides leadership, staff support and laboratory and radiology services for the Chippewa Valley Free Clinic During FY2010 Sacred Heart's Lab performed 676 tests for patients from the clinic St Mary's Hospital Medical Center in Green Bay, WI supports a Women's Place, which provides health care services and referrals for men and women in the Latino community "Because of language barriers, erratic work schedules and the lack of insurance and transportation, many in the Latino community aren't able to access our health system," explains Program Director Carol Ponce "I feel it is important to overcome those barriers and build bridges for people in the Latino community to access health care and other services that contribute to their well-being Our programs not only bring health care to the Latino community but joy and connection to other people from Mexico, Honduras, Nicaragua, Peru and Puerto Rico " In rural Illinois, Prairie Heart Institute of Illinois (PHII), a physician group affiliated with HSHS, is bringing a higher level of cardiovascular care to patients in their communities through extensive collaboration with local hospitals and physicians Through regularly scheduled clinics and sharing of protocols and best practices, rural hospitals across central and southern Illinois can more rapidly and accurately identify heart attack patients and speed treatment to minimize damage to the heart muscle Meanwhile, access to clinical trials provides opportunities for patients in rural areas to have access to drugs and treatments available only through PHII "The result of this unique commitment is that regardless of where a patient lives, they will have access to care designed to detect heart disease earlier We can also offer previously unavailable life-saving techniques and drugs and ensure a return to a quality of life," explains Jim Zito, PHII CEO The benefits of this type of collaboration are many, including the standardization of quality assurance measures, the sharing of successful patient safety strategies, the addition of clinical research, workforce development and internal benchmarking Enhancing the health status of the community A spirit of collaboration is pervasive for HSHS hospitals

Additional Data

Software ID:
Software Version:
EIN: 37-0661233
Name: ST ANTHONY'S MEMORIAL HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(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				
Daniel J Woods PRESIDENT/CEO	40 0	X		X				0	358,802	140,077	
John Kingery Chairperson	1 0	X		X				0	0	0	
Tom Henderson Secretary/Treasurer	1 0	X		X				0	0	0	
Rick Chambers Board Member	1 0	X						0	0	0	
Colleen Bingham MD Board Member	1 0	X						0	0	0	
Tom Wegman Board Member	1 0	X						0	0	0	
Sister Helen Marie Plummer OSF Board Member	1 0	X						0	0	0	
Jeffrey Whightsel MD Board Member	1 0	X						0	0	0	
Sister Marybeth Culnan OSF Board Member	1 0	X						0	0	0	
David A Storm CFO	40 0			X				160,596	0	142,983	
Ann Carr Treasurer	40 0			X				0	153,448	117,382	
Kevin Kast Division CEO	40 0			X				0	427,770	118,915	
Charles S Schuette Director-Nursing	40 0				X			147,613	0	132,222	
Mary C Finley Director, QUALITY MANAGEMENT	40 0				X			104,397	0	66,098	
Kal Keitel Director, HUMAN RESOURCES	40 0				X			96,259	0	83,337	
Robert W Esker Asst Administrator	40 0				X			168,619	0	172,094	
Charles E Luchtefeld Pharmacy Manager	40 0					X		130,951	0	105,246	
Robert T Runde Pharmacist	40 0					X		121,960	0	10,407	
Ellen R Ritz Pharmacist	40 0					X		121,155	0	83,703	
John M Merryman Pharmacist	40 0					X		112,774	0	16,826	
Amy E Denning Pharmacist	40 0					X		119,459	0	11,560	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	4,723,680	4,723,680		
MEDICAID TAX ASSESSMENT	2,109,769	2,109,769		
MAINTENANCE & REPAIRS	8,956,555	6,503,284	2,453,271	
LEASE/RENTALS	820,108	660,446	159,662	
OTHER	238,922	41,334	197,588	