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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St Anthony's Medical Center	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 10010 Kennerly Road	Room/suite
		City or town, state or country, and ZIP + 4 St Louis, MO 63128	
		F Name and address of principal officer JOHN SKEANS 10010 KENNERLY RD ST LOUIS, MO 63128	
D Employer identification number 43-0980256		E Telephone number (314) 525-1000	
G Gross receipts \$ 441,983,540			
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.STANTHONYSMEDCENTER.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Associa <input type="checkbox"/> Other ▶		L Year of formation 1971	M State of legal domicile MO

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE COMMUNITY BENEFIT REPORT - SCHEDULE O		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 1		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1		
	5 Total number of employees (Part V, line 2a) 5 5,03		
	6 Total number of volunteers (estimate if necessary) 6 43		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 68,80		
	b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 31,51		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	858,178	2,084,731
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	388,564,928	397,300,301
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,705,499	1,182,602
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,683,330	17,760,591
		405,400,937	418,328,225
Expenses	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)	195,494,873	197,750,181
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="text"/>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	202,006,781	206,871,611
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	397,501,654	404,621,792
	19 Revenue less expenses Subtract line 18 from line 12	7,899,283	13,706,433
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	419,849,286	443,868,067
	21 Total liabilities (Part X, line 26)	246,550,232	266,272,861
	22 Net assets or fund balances Subtract line 21 from line 20	173,299,054	177,595,206










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		2011-05-02 Date
	JOHN SKEANS EVP-CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature  Donna J Larson	Date	Check if self-employed  <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4  BKD LLP 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733	EIN 	
	Phone no  (314) 231-5544		

1 Briefly describe the organization's mission

SEE COMMUNITY BENEFIT REPORT - SCHEDULE O

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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		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 	9		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 	10	Yes	
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.	11	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 	12		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	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		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	16		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	17		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	18		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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Yes	
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	Yes	
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	1a	158	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
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	2a	5,033	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
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	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			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	16	
b	Enter the number of voting members that are independent . . .	1b	11	
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	Yes	
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
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	Yes	
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		No

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ JOHN SKEANS 10010 KENNERLY ROAD ST LOUIS, MO 63128 (314) 525-1000

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	4,507,515	0	366,204
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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 **110**

		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>		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>	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>		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
SPELLMAN BRADY AND CO 8229 MARYLAND AVE STE 101 ST LOUIS, MO 63105	DESIGN CONSULTING	937,505
MIDWEST ACUTE CARE CONSULTANTS 11155 DUNN ROAD ST LOUIS, MO 63136	HOSPITAL SERVICES	986,333
ASPEN ADVISORS LLC 22337 MEADOW VIEW ROAD MORRISON, CO 80465	IT PLANNING	1,895,977
SSM CARDINAL GLENNON CHILDRENS HOSP 1195 CORPORATE LAKE DR ST LOUIS, MO 63132	PEDIATRIC PHYSICIANS	1,849,197
TOTAL RENAL CARE INC PO BOX 403008 ATLANTA, GA 30384	MEDICAL SERVICES	1,117,552

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 **46**

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	2,028,783			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,948			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			2,084,731		
Program Service Revenue	2a	PATIENT CARE	Business Code	621,110	397,235,924	397,235,924	
	b	EDUCATIONAL PGMS		611,710	64,377	64,377	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			397,300,301		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			504,676	
4		Income from investment of tax-exempt bond proceeds . . .			0		
5		Royalties			0		
6a		Gross Rents	(i) Real	169,280			
b		Less rental expenses	(ii) Personal	272,044			
c		Rental income or (loss)		-102,764			
d		Net rental income or (loss)			-102,764		-102,764
7a		Gross amount from sales of assets other than inventory	(i) Securities	21,879,722			
b		Less cost or other basis and sales expenses	(ii) Other	20,613,086	588,710		
c		Gain or (loss)		1,266,636	-588,710		
d		Net gain or (loss)			677,926		677,926
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	2,217,187			
b		Less cost of goods sold	b	2,181,475			
c		Net income or (loss) from sales of inventory . . .			35,712	35,674	38
Miscellaneous Revenue		Business Code					
11a		CAFETERIA SALES		722,210	3,303,068		3,303,068
b	OTHER REVENUE		621,110	13,691,569	33,135	13,658,434	
c	AMORTIZATION OF DEFERRED GAIN ON SALE OF BLDGS		900,099	833,006		833,006	
d	All other revenue						
e	Total. Add lines 11a-11d			17,827,643			
12	Total revenue. See Instructions			418,328,225	397,300,301	68,809	18,874,384

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	3,094,715	759,338	2,335,377	
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	161,755,234	153,328,961	8,426,273	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,454,280	6,103,651	350,629	
9	Other employee benefits	14,540,045	13,874,776	665,269	
10	Payroll taxes	11,905,907	11,070,182	835,725	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	470,119		470,119	
c	Accounting	147,923		147,923	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	10,453,838	4,131,978	6,321,860	
12	Advertising and promotion	1,889,434	1,889,434		
13	Office expenses	106,063,108	104,318,967	1,744,141	
14	Information technology	3,705,069	3,705,069		
15	Royalties	0			
16	Occupancy	3,713,540	3,713,540		
17	Travel	458,813	411,098	47,715	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	334,460	274,242	60,218	
20	Interest	7,901,901	7,901,901		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	27,318,149	23,164,679	4,153,470	
23	Insurance	2,220,694	2,220,694		
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 DEBTS	27,670,776	27,670,776		
b	MEDICAL SPECIALIST	7,416,224	7,416,224		
c	LEASE RENT BUILDING	2,961,258	2,961,258		
d	MISCELLANEOUS	2,927,075	2,304,553	622,522	
e	DUES & SUBSCRIPTIONS	697,793	399,213	298,580	
f	All other expenses	521,437	502,717	18,720	
25	Total functional expenses. Add lines 1 through 24f	404,621,792	378,123,251	26,498,541	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			28,728,142	2	48,999,026
	3	Pledges and grants receivable, net			420,000	3	250,001
	4	Accounts receivable, net			58,590,216	4	53,756,686
	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			25,115,851	7	30,671,540
	8	Inventories for sale or use			6,115,254	8	5,834,447
	9	Prepaid expenses and deferred charges			1,780,623	9	2,043,674
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	568,303,085			
	b	Less accumulated depreciation	10b	296,396,696	258,591,891	10c	271,906,389
	11	Investments—publicly traded securities			31,073,479	11	23,646,733
	12	Investments—other securities See Part IV, line 11			586,122	12	539,559
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,847,708	15	6,220,012
	16	Total assets. Add lines 1 through 15 (must equal line 34)			419,849,286	16	443,868,067
Liabilities	17	Accounts payable and accrued expenses			48,315,593	17	53,569,938
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			135,456,529	20	148,854,572
	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			314,263	23	198,348
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			62,463,847	25	63,650,003
	26	Total liabilities. Add lines 17 through 25			246,550,232	26	266,272,861
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			173,299,054	27	177,595,206
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			173,299,054	33	177,595,206
	34	Total liabilities and net assets/fund balances			419,849,286	34	443,868,067

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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 . . .		

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 Medical Center	Employer identification number 43-0980256
---	--

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)

(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 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 Medical Center

Employer identification number
43-0980256

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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	18,436,504	21,577,451		
b	Contributions	58,094	832,413		
c	Investment earnings or losses	2,518,572	-3,230,778		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	115,434	742,582		
f	Administrative expenses				
g	End of year balance	20,897,736	18,436,504		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100.000 %

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)

No

b

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

3b

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		9,844,106		9,844,106
b Buildings		229,434,081	70,033,073	159,401,008
c Leasehold improvements				
d Equipment		309,410,122	218,458,460	90,951,662
e Other		19,614,776	7,905,163	11,709,613
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				271,906,389

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
ENDOWMENT FUNDS	PART V, LINE 4	THE FUNDS ARE TO BE USED FOR THE SELF INSURANCE TRUST OF THE ORGANIZATION, WHICH IS USED TO COVER MALPRACTICE CLAIMS
UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements

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 Medical Center

Employer identification number
43-0980256

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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	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 <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input checked="" type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	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)			7,226,888	0	7,226,377	1 920 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			49,514,814	46,245,356	3,269,458	0 870 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			56,741,702	46,245,356	10,495,835	2 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			273,690	12,286	261,404	0 070 %
f Health professions education (from Worksheet 5)			238,367	0	238,367	0 060 %
g Subsidized health services (from Worksheet 6)			8,339,793	7,556,245	783,548	0 210 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			77,934	0	77,934	0 020 %
j Total Other Benefits			8,929,784	7,568,531	1,361,253	0 360 %
k Total. Add lines 7d and 7j			65,671,486	53,813,887	11,857,088	3 150 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members		12,500		12,500	
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		1,860		1,860	
9	Other					
10	Total		14,360		14,360	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	28,978,064	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30	
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5123,184,989	
6	Enter Medicare allowable costs of care relating to payments on line 5	6128,140,364	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7-4,955,375	
8	Describe 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "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.	9bYes	

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 SOUTH COUNTY PET	IMAGING SERVICES	52.000 %	0 %	42.000 %
2 PLAZA SURGERY SVCS	OUTPATIENT SERVICES	51.000 %	0 %	49.000 %
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 communites served

NOT APPLICABLE TO ST ANTHONY'S MEDICAL CENTER

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

MO

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 Medical Center	Employer identification number 43-0980256
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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		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> 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 Yes	
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 Yes	
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		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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 Yes	
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 Yes	
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 Yes	
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				
THOMAS ROCKERS	(i)	487,217	62,051	13,539	61,020	7,194	631,021	0
	(ii)	0	0	0	0	0	0	0
JOHN P MCGUIRE	(i)	313,102	33,189	14,421	41,518	9,300	411,530	0
	(ii)	0	0	0	0	0	0	0
JOHN SKEANS	(i)	234,208	45,950	0	1,908	13,121	295,187	0
	(ii)	0	0	0	0	0	0	0
ROBERT P THAMES	(i)	305,573	60,818	11,420	9,534	16,569	403,914	0
	(ii)	0	0	0	0	0	0	0
BABU R DANDAMUDI	(i)	181,106	177,002	0	17,288	1,304	376,700	0
	(ii)	0	0	0	0	0	0	0
IQBAL AMIN MD	(i)	374,400	122,729	0	12,233	17,546	526,908	0
	(ii)	0	0	0	0	0	0	0
MOHAMMED MOJID MD	(i)	134,597	153,744	0	14,699	15,821	318,861	0
	(ii)	0	0	0	0	0	0	0
DONN RICHARDS	(i)	203,883	66,469	17,092	9,411	8,053	304,908	0
	(ii)	0	0	0	0	0	0	0
ROBERT GRIESBAUM	(i)	234,354	24,235	23,207	9,533	16,539	307,868	0
	(ii)	0	0	0	0	0	0	0
ANN BOLLONE	(i)	228,738	34,476	0	4,403	16,498	284,115	0
	(ii)	0	0	0	0	0	0	0
SHERRY NELSON	(i)	198,952	20,536	0	5,769	8,544	233,801	0
	(ii)	0	0	0	0	0	0	0
EMILY NIEHAUS	(i)	200,907	20,776	0	5,627	16,298	243,608	0
	(ii)	0	0	0	0	0	0	0
GORDON LASHMETT	(i)	183,248	18,950	0	6,671	8,802	217,671	0
	(ii)	0	0	0	0	0	0	0
RIFFAT IMDAD	(i)	84,446	156,180	0	10,995	6	251,627	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
TRAVEL FOR COMPANIONS	PART I, LINE 1(A)	THE FOLLOWING INDIVIDUALS RECEIVED A BENEFIT FOR COMPANION TRAVEL. ROBERT F. BECKMAN, MD - MEMBER. ANN BOLLONE - VP HUMAN RESOURCES. SHERRY NELSON - VP PATIENT CARE SERVICES. THESE INDIVIDUALS' SPOUSES ACCOMPANIED THEM ON A PILGRIMAGE. THE PURPOSE OF THE PILGRIMAGE IS TO PROVIDE CATHOLIC MINISTRY TRAINING AT A VERY DEEP LEVEL SO THE SPIRITUAL MISSION OF THE ORGANIZATION CAN BE INFUSED THROUGHOUT THE HOSPITAL AND IT CAN MAINTAIN ITS CATHOLIC IDENTITY. THE ORGANIZATION BELIEVES THERE WAS A BONAFIDE BUSINESS PURPOSE FOR THE SPOUSES TO ATTEND THE PILGRIMAGE. THE SPOUSES PARTICIPATED IN ALL ASPECTS OF THE PILGRIMAGE SO THEY COULD UNDERSTAND AND SUPPORT THE MISSION ENTRUSTED TO THE SAMC INDIVIDUALS.
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES AND PERSONAL SERVICES	PART I, LINE 1(A)	THOMAS ROCKERS, THE PRESIDENT, RECEIVED AN ALLOWANCE FOR HEALTH/SOCIAL CLUB MEMBERSHIP DUES, LEGAL SERVICES, AND FINANCIAL PLANNING SERVICES. THE SOCIAL CLUB MEMBERSHIP IS TO BE USED EXCLUSIVELY FOR BUSINESS PURPOSES. THE VALUE OF THE OTHER SERVICES ARE INCLUDED IN TAXABLE COMPENSTAION.
NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4(B)	THE FOLLOWING INDIVIDUALS RECEIVED CONTRIBUTIONS FROM THE FILING ORGANIZATION TO A NONQUALIFIED RETIREMENT PLAN UNDER SECTION 457(F): TOM ROCKERS \$33,500; JOHN MCGUIRE \$13,500.
COMPENSATION CONTINGENT ON REVENUES	PART I, LINE 5(B)	ST. ANTHONY'S PHYSICIAN ORGANIZATION (A RELATED ORGANIZATION) PAYS AN INCENTIVE TO PHYSICIANS BASED ON BUSINESS GENERATION. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII RECEIVED THIS TYPE OF COMPENSATION: BABU DANDAMUDI \$177,002; IQBAL AMIN \$122,729; MOHAMMED MOJID \$153,744; DONN RICHARD \$66,469; RIFFAT IMDAD \$156,180.
COMPENSATION CONTINGENT ON NET EARNINGS	PART I, LINE 6(A)	SAMC PAYS MANAGERS AND ABOVE AN INCENTIVE BASED ON A POSITIVE VARIANCE TO THE BUDGET AND OTHER NON-FINANCIAL CRITERIA. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII RECEIVED THIS TYPE OF COMPENSATION: THOMAS ROCKERS \$62,051; JOHN SKEANS \$45,950; ROBERT THAMES \$60,818; JOHN MCGUIRE \$33,189; ROBERT GRIESBAUM \$24,235; ANN BOLLONE \$34,476; SHERRY NELSON \$20,536; EMILY NIEHAUS \$20,776; GORDON LASHMETT \$18,950; KEVIN SPRECHER \$12,446.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization St Anthony's Medical Center	Employer identification number 43-0980256
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60635RW60	12-21-2005	86,600,000	ADVANCE REFUND OF SERIES 2000 BOND		X		X
B	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60635RX44	06-13-2006	70,000,000	EXPANSION, RENOVATION, & EQUIPPING		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966		05-09-2007	3,100,000	ACQUIRE MEDICAL EQUIPMENT		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	99,850,421		73,778,079		3,100,000					
2	Gross proceeds in reserve funds	0		0		0					
3	Proceeds in refunding or defeasance escrows	84,075,152		0		0					
4	Other unspent proceeds	0		0		0					
5	Issuance costs from proceeds	2,480,402		2,810,259		0					
6	Working capital expenditures from proceeds	0		0		0					
7	Capital expenditures from proceeds	0		70,967,820		3,100,000					
8	Year of substantial completion	1991		2008		2007					
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X				
10	Were the bonds issued as part of an advance refunding issue?	X			X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %							
6	Total of lines 4 and 5	0 %		0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X				
b	Name of provider	USB AG		USB AG							
c	Term of hedge	25		30 4							
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X	X					

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
METRO HEART	D MORTON, BOARD MEMBER,	228,805	SERVICES-READING OF EEG'S		No
METRO HEART CON'T	IS A DIRECTOR OF METRO				No
QMC	D PARASHAK, BOARD MEMBER,	770,000	CARE MANAGEMENT SERVICES		No
QMC CON'T	IS A DIRECTOR OF QMC				No
LEWIS RICE AND FINGERISH	J PRUELLAGE,BOARD MEMBER,	565,455	LEGAL SERVICES		No
LEWIS RICE AND FINGERISH CON	IS A BOARD MEMBER OF LRF				No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1	<p>THE COMMUNITY BENEFIT CONTRIBUTION OF ST ANTHONY'S MEDICAL CENTER INCLUDES PROGRAMS AND A CTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES IN ORD ER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS D ESCRIBED BELOW</p> <p>SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT</p> <p>1 ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT</p> <p>A MISSION STATEMENT ST ANTHONY'S, A CATHOLIC MEDICAL CENTER, HAS THE DUTY AND PRIVILEGE TO PROVIDE THE BEST CARE TO EVERY PATIENT, EVE RY DAY</p> <p>PRIMARY EXEMPT PURPOSE ST ANTHONY'S PROVIDES CARE IN A NONDISCRIMINATORY MANNER, OPERATES AN EMERGENCY DEPARTMENT OPEN TO ALL, OFFERS MEDICAL STAFF PRIVILEGES TO ALL QUAL IFIED PHYSICIANS, AND MAINTAINS A GOVERNING BOARD OF DIRECTORS COMPRISED PRIMARILY OF COMM UNITY MEMBERS</p> <p>WE PROMOTE AND ADDRESS THE SPECIFIC HEALTH NEEDS OF THE COMMUNITY AND PROVI DE SUPPORT THROUGH EDUCATIONAL, RELIGIOUS, AND CHARITABLE ACTIVITIES</p> <p>EXCESS REVENUE IS US ED FOR THE FURTHER DEVELOPMENT OF SUCH ACTIVITIES</p> <p>B ST ANTHONY'S MEDICAL CENTER'S APPR OACH TO PROVIDING COMMUNITY BENEFIT IS ILLUSTRATED AS FOLLOWS</p> <p>-OUR GEOGRAPHIC AREA AND TA RGET POPULATION ARE SOUTH ST LOUIS COUNTY, JEFFERSON COUNTY, OUTSTATE MISSOURI AND SOUTHE RN ILLINOIS</p> <p>-MAJOR TRENDS, NEEDS, AND PROBLEMS IN THE COMMUNITY ARE ADDRESSED BY ST ANTH ONY'S MEDICAL CENTER IN A VARIETY OF WAYS</p> <p>ALONG WITH TREATING ILLNESS AND DISEASE, ST AN THONY'S SUPPORTS PROGRAMS TO ADDRESS THE ROOT CAUSES OF MANY HEALTH PROBLEMS, SUCH AS POVE RTY OR LACK OF EDUCATION</p> <p>FOR EXAMPLE, OBESITY AND DIABETES ARE KEY ISSUES IN OUR COMMUNIT Y</p> <p>IN RESPONSE, ST ANTHONY'S INITIATED AND MADE THE COMMUNITY AWARE OF NUMEROUS NUTRITION/ DIABETES EDUCATION AND PHYSICAL ACTIVITY PROGRAMS TO HELP INDIVIDUALS GAIN ACCESS TO EDUCA TION AND PROGRAMS REGARDING PROPER NUTRITION AND EXERCISE</p> <p>-ST ANTHONY'S MEDICAL CENTER S UPPORTS NEEDS AND PROBLEMS UNIQUE TO ITS COMMUNITY</p> <p>WHILE NOT DIRECTLY RELATED TO HEALTH C ARE, OUR SUPPORT FOR ACTIVITIES SUCH AS NEIGHBORHOOD REVITALIZATION, LOCAL ECONOMIC DEVELO PMENT, EDUCATION, COMMUNITY HEALTH ADVOCACY, AND SIMILAR EFFORTS ALL CONTRIBUTE TO IMPROVE MENT FOR THE PEOPLE WE SERVE THROUGHOUT THE REGION</p> <p>ST ANTHONY'S OFFERS NUMEROUS EDUCATIO NAL EVENTS, COMMUNITY CLINICS, SUPPORT GROUPS, SELF-HELP PROGRAMS (E G , WEIGHT MANAGEMENT , SMOKING CESSATION), AND PASTORAL OUTREACH AND SOCIAL SERVICE PROGRAMS</p> <p>THESE PROGRAMS AR E WIDELY AVAILABLE TO ALL, CONVENIENTLY LOCA TED ON OUR CAMPUS AND OFFERED CONTINUOUSLY THR OUGHOUT THE YEAR</p> <p>-VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH ST ANTHONY'S MEDICAL CENTER TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY</p> <p>ST ANTHONY'S WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS</p> <p>HOSPICE AGE NCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, ST LOUIS SOCIETY OF THE BLIND, MISSOU RI VOCATION REHABILITATION SERVICES, LOCAL SCHOOL DISTRICTS, SALVATION ARMY, FLORISSANT VA LLEY COMMUNITY COLLEGE, BARNES JEWISH COLLEGE OF NURSING, AMERICAN LIVER FOUNDATION, CARDI NAL GLENNON HOSPITAL, NARCOTICS ANONYMOUS, ST LOUIS UNIVERSITY , MISSOURI SOCIETY OF RESPI RATORY CARE, AMERICAN LUNG ASSOCIATION, AMERICAN RED CROSS, THE SUBURBAN JOURNALS, AND THE UNIVERSITY MISSOURI-COLUMBIA</p> <p>-SEVERAL HOSPITAL DEPARTMENTS DEDICATE STAFF TO ASSIST IN C OMMUNITY BENEFITS EFFORTS</p> <p>STAFFING IS BASED UPON TYPE OF COMMUNITY BENEFIT AND LEVEL OF S UPPORT NEEDED</p> <p>C ST ANTHONY'S MEDICAL CENTER HAS FINANCIAL ASSISTANCE AND UNINSURED POLI CIES AND PROGRAMS AS DESCRIBED BELOW</p> <p>FINANCIAL ASSISTANCE POLICY - ST ANTHONY'S MEDICAL CENTER HAS ESTABLISHED A PROGRAM TO REDUCE OR COMPLETELY ADJUST DEBTS FOR CERTAIN PATIENTS REQUIRING HEALTH CARE BUT LACKING THE MEANS TO PAY FOR SERVICES RENDERED</p> <p>UNINSURED PATIE NTS POLICY - ST ANTHONY'S MEDICAL CENTER WORKS WITH ALL PATIENTS THAT HAVE SELF-PAY</p> <p>BALAN CES TO ESTABLISH PAYMENT PLANS THAT ARE REASONABLE FOR THE PATIENT AND STILL MAINTAIN THE CASH FLOW NEEDS OF THE HOSPITAL</p> <p>PAYMENT PLANS ARE TYPICALLY ESTABLISHED AFTER SERVICE HAS BEEN RENDERED AND BY COMMUNICATION BETWEEN THE PATIENT/RESPONSIBLE PARTY AND PATIENT ACCO UNTS</p> <p>CUSTOMER SERVICE OR FINANCIAL COUNSELING STAFF</p> <p>PATIENTS THAT ARE UNINSURED MAY CONTA CT OR BE CONTACTED BY CUSTOMER SERVICE OR FINANCIAL COUNSELING STAFF IN ORDER TO DETERMINE WHETHER OTHER MEANS OF PAYMENT OF THE BILL ARE AVAILABLE (E G , MEDICAID ELIGIBILITY , VIC TIMS OF CRIME, THIRD PARTY LIABILITY INSURANCE, ETC)</p> <p>IF NO ADDITIONAL OUTSIDE FUNDS ARE AVAILABLE, THEN THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM ST ANTHONY'S MEDICA L CENTER</p> <p>ANY PATIENT THAT IS UNINSURED AND DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR D OES NOT WANT TO ACCESS HOSPITAL FINANCIAL ASSISTANCE WILL RECEIVE AN AUTOMATIC DISCOUNT OF 40% FROM BILLED CHARGES</p> <p>COLLECTION POLICY - IT IS THE POLICY OF ST ANTHONY'S MEDICAL CE NTER TO TREAT ALL PATIENTS REQUIRING EMERGENCY TREATMENT REGARDLESS OF THEIR ABILITY TO PA Y</p> <p>IN ADDITION, STAFF WILL ASSIST PATIENTS WHO CAN</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1	<p>NOT PAY FOR PART OF ALL OF THE CARE THEY RECEIVE BY WORKING WITH THE PATIENT TO FIND ALTER NATIVE SOURCES OF PAYMENT OR TO DEVELOP A PAYMENT SCHEDULE THAT IS SATISFACTORY FOR ALL PA RTIES WE MUST ALSO BALANCE THE NEED FOR FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROAD ER FISCAL RESPONSIBILITIES IN ORDER TO KEEP OUR HOSPITAL DOORS OPEN FOR ALL THAT MAY NEED CARE IN THE COMMUNITY FINANCIAL COUNSELING AND PATIENT ACCOUNT STAFFS ARE AVAILABLE BY TE LEPHONE AND IN-PERSON TO DISCUSS HOSPITAL BILLS, BILLING POLICIES, METHODS OF PAYMENT, AND ALTERNATIVE SOURCES OF PAYMENT QUESTIONS REGARDING HOSPITAL BILLS AND FINANCIAL ASSISTAN CE ARE ACKNOWLEDGED PROMPTLY PRICE QUOTES, ESTIMATES OF CHARGES, AND FULLY ITEMIZED BILLS ARE PROVIDED UPON REQUEST CHARITY CARE INFORMATION IS PROVIDED TO UNINSURED AND UNDERINS URED PATIENTS UPON REQUEST THE INFORMATION IS AVAILABLE IN SEVERAL LANGUAGES ST ANTHONY 'S MEDICAL CENTER PARISH NURSES CAN ALSO PROVIDE THE SAME INFORMATION TO POTENTIAL PATIENT S NEEDING HEALTHCARE SERVICES THE HOSPITAL PROVIDES ASSISTANCE TO PATIENTS APPLYING FOR M EDICAID OR VICTIM OF CRIMES FUNDS ST ANTHONY'S MEDICAL CENTER IS A HOST SITE FOR THE CLA IM PROGRAM IN THE STATE OF MISSOURI THIS FREE SERVICE PROVIDES ASSISTANCE FOR MEDICARE EL IGIBLE PATIENTS WHO NEED HELP UNDERSTANDING MEDICARE INSURANCE OR THEIR HEALTHCARE BILLS DISCOUNTS ARE PROVIDED TO UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE AFTER AL L INSURANCE HAS PAID OR BEEN FINALIZED BY THE INSURANCE PLAN, OUR PATIENTS OR GUARANTORS R ECEIVE TWO BILLING STATEMENTS AND TWO PRE-COLLECTION NOTICES PRIOR TO BEING FORWARDED TO A N OUTSIDE AGENCY FOR COLLECTION IF NO PAY MENTS ARE RECEIVED LARGER ACCOUNTS MAY ALSO RECE IVE FOLLOW UP PHONE CALLS FROM THE HOSPITAL IN ADDITION TO THE BILLING STATEMENTS PAYMENT OPTIONS INCLUDE A PAYMENT PLAN WITH NO INTEREST OR A LOW-INTEREST BANK LOAN PROGRAM FOR L ONGER PAYMENT PLAN PERIODS IN SOME CASES, ACCOUNTS MAY BE SENT TO A COLLECTION ATTORNEY A ND SUIT BY THE HOSPITAL AUTHORIZED WHEN ALL PREVIOUS ATTEMPTS AT COLLECTING PAYMENT OR EST ABLISHING A PAYMENT PLAN FAIL SUCCESSFUL SUITS ARE COLLECTED BY GARNISHING WAGES, BUT NO ASSETS SUCH AS HOUSES, CARS, OR BANK ACCOUNTS ARE ATTACHED CUSTOMER COMPLAINTS REGARDING AN AGENCY ARE INVESTIGATED PROMPTLY AND THE RESULTS OF THE INVESTIGATION ARE REPORTED BACK TO THE CUSTOMER COLLECTION AGENCIES ARE AUTHORIZED BY ST ANTHONY'S MEDICAL CENTER TO LI ST ACCOUNTS WITH CREDIT BUREAUS NINETY DAYS FROM DATE OF PLACEMENT WHEN NO ACCOUNT RESOLUT ION OR PAYMENT SCHEDULE AGREEMENT HAS OCCURRED</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1 (CONT')	<p>2 ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION ST ANTHONY'S MEDICAL CENTER QUALIFIES FOR TAX EXEMPTION THROUGH VARIOUS ACTIVITIES AND PARTICIPATION AS DESCRIBED BELOW -ST ANTHO NY'S OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENT ION REGARDLESS OF THEIR ABILITY TO PAY -ST ANTHONY'S HAS AN OPEN MEDICAL STAFF WITH PRIV ILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS IN THE AREA -ST ANTHONY'S HAS A GOVERNING B OARD OF DIRECTORS IN WHICH INDEPENDENT PERSONS REPRESENTA TIVE OF THE COMMUNITY COMPRISE A MAJORITY , -ST ANTHONY'S WORKS IN COOPERATION WITH LOCAL UNIVERSITIES AND HEALTH CARE ORGA NIZATIONS TO ADVANCE THE SCIENCE OF MEDICINE BY PROVIDING A CLINICAL SETTING WHERE INNOVAT IVE TREATMENTS AND NEW THERAPEUTIC PROTOCOLS CAN BE DEVELOPED AND STUDIED -ST ANTHONY'S ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS BY TEAMING UP WITH LOCA L COMMUNITY COLLEGES AND UNIVERSITIES TO PROVIDE A CLINICAL SETTING FOR HEALTH CARE STUDEN TS -ST ANTHONY'S PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVE RNMENT-SPONSORED HEALTH CARE PROGRAMS</p> <p>3 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS A THE PROGRAMS BELOW DESCRIBE AND HIGHLIGHT SEVERAL PROGRAMS THAT CLEARLY MEET IDENTIFIED COMMU NITY HEALTH NEEDS HEALTH SCREENINGS, LECTURES AND EVENTS - EACH YEAR, ST ANTHONY'S OFFER S NUMEROUS HEALTH SCREENINGS, (E G , SUCH AS CHOLESTEROL, PROSTATE, BONE DENSITY , HEAD AND NECK AND SKIN) THAT ARE FREE AND OPEN TO THE COMMUNITY THESE SCREENINGS ARE DESIGNED TO RAISE AWARENESS OF THE IMPORTANCE OF PREVENTIVE HEALTH CARE AND EARLY DETECTION OF DISEASE OFTEN, THE SCREENINGS ARE IN CONJUNCTION WITH LARGER HEALTH FAIRS OFFERING FREE INFORMAT ION AND CONSULTATION WITH NUMEROUS MEDICAL PROFESSIONALS FROM PHY SICIANS, NURSE PRACTITION ERS AND OTHER CLINICIANS TO NUTRITIONISTS, EXERCISE PHY SIOLOGISTS AND THERAPISTS ADDITION ALLY, THE MEDICAL CENTER SPONSORS ONGOING FREE LECTURES, HOSTED BY PHY SICIANS AND CLINICIA NS, TO ADDRESS KEY CONCERNS, SUCH AS HEART DISEASE, CANCER, DIABETES, AND SAFETY AND INJUR Y PREVENTION COMMUNITY OUTREACH HEALTH EDUCATION AND SPEAKERS BUREAU - ST ANTHONY'S MEDI CAL CENTER OFFERS EXTENSIVE PREVENTATIVE HEALTH EDUCATION BY SKILLED STAFF TO COMMUNITY GR OUPS SUCH AS SCHOOLS, CHURCH GROUPS, BUSINESSES AND OTHER ORGANIZATIONS FREE OF CHARGE BA SED ON THE NEEDS OF THE GROUPS, ST ANTHONY'S MEDICAL CENTER PRESENT TOPICS AND HEALTH INF ORMATION THAT WILL HELP THE COMMUNITY TO MAKE HEALTHY , EDUCATED AND WISE CHOICES WHEN IT C OMES TO THEIR HEALTH THERAPY INTERNSHIPS AND ROTATIONS - ST ANTHONY'S MEDICAL CENTER IS NOTED AS A LEADER IN HELPING COLLEGE STUDENTS COMPLETE THEIR CLINICAL ROTATIONS OR INTERNS HIPS IN FIELDS SUCH AS PHYSICAL THERAPY , OCCUPATIONAL THERAPY , AND SPEECH THERAPY ST ANT HONY'S HAS ACTIVE THERAPY PROGRAMS INTERNSHIP PROGRAMS WITH WELL OVER A DOZEN UNIVERSITIES , COLLEGES AND COMMUNITY COLLEGES IN THE REGION BEREAVEMENT AND GRIEF SUPPORT - ADDRESSES THE NEED OF BEREAVEMENT AND GRIEF SUPPORT THROUGH A BROAD RANGE OF PROGRAMS AND SERVICES THESE TOOLS AND SUPPORT HELP THE PARTICIPANTS TO MOVE THROUGH THE STAGES OF GRIEF TO A PL ACE OF UNDERSTANDING AND ACCEPTANCE OF THEIR LOSS PROGRAMS BEYOND ST ANTHONY'S MEDICAL C ENTER AND EXTEND INTO THE COMMUNITY WITH A PRESENCE AT NURSING HOMES, HELPING THEIR STAFF DEVELOP SKILLS FOR PROVIDING COMPASSIONATE, END OF LIFE CARE FREE HELMET FITTINGS - TRAIN ED STAFF MEMBERS FROM THE ST ANTHONY'S EMERGENCY DEPARTMENT OFFER FREE HELMET FITTINGS FO R BOTH CHILDREN AND ADULTS BICYCLE SAFETY EDUCATION IS ALSO PROVIDED TO THE CHILDREN PAR TICIPANTS ARE MADE AWARE OF THE SERIOUSNESS OF HEAD INJURIES AND HOW THEY CAN BE PREVENTED , RESULTING IN FEWER HEAD INJURIES IN CHILDREN</p> <p>4 LINKS TO ADDITIONAL COMMUNITY BENEFIT I NFORMATION A HTTP //WWW STANTHONY SMEDCENTER COM/COMPROGRAMS/COMMUNITY MENU ASP</p>

Identifier	Return Reference	Explanation
BUSINESS RELATIONSHIP	FORM 990, PART VI, SECTION A, LINE 2	JOHN H BERRA JR HAS A BUSINESS RELATIONSHIP WITH HOWARD CHILCUTT, PAUL A NOVELLY HAS A BUS INESS RELATIONSHIP WITH PAUL G LORENZINI

Identifier	Return Reference	Explanation
REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11	RETURNS ARE PREPARED AND INITIALLY REVIEWED BY ST ANTHONY'S FINANCE STAFF AND PREPARER BKD AFTER THESE REVIEWS ARE COMPLETED, THE RETURNS ARE THEN REVIEWED WITH THE CHIEF FINANCIAL OFFICER (CFO) BY FINANCE STAFF THE CFO THEN REVIEWS THE RETURNS WITH THE CEO ONCE THIS REVIEW OCCURS, RETURNS ARE MAILED TO BOARD / FINANCE COMMITTEE MEMBERS ALONG WITH THE BOARD / FINANCE COMMITTEE PACKET REVIEW OF THE 990 IS AN AGENDA ITEM AT THE FINANCE COMMITTEE MEETING WHERE EACH OF THE RETURNS ARE REVIEWED AND DISCUSSED WITH MEMBERS ONCE THIS REVIEW OCCURS, RETURNS ARE DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND DISCUSSION AS PART OF THE FINANCE COMMITTEE REPORT ONCE ALL REVIEWS HAVE TAKEN PLACE, THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE IN THE EVENT THAT THE FORM 990 CANNOT BE REVIEWED IN A FINANCE COMMITTEE OR BOARD MEETING, THE FORM 990 WILL BE DISTRIBUTED TO THE GOVERNING BODY VIA OTHER MEANS PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	TO ENSURE THAT ST ANTHONY'S OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE CONDUCTED THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS -WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARM'S-LENGTH BARGAINING -WHETHER ACQUISITIONS OF PHYSICIAN PRACTICES AND OTHER PROVIDER SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT -WHETHER PARTNERSHIP AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE ORGANIZATIONS AND PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER ST ANTHONY'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT -WHETHER AGREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEES, AND THIRD PARTY PAYORS FURTHER ST ANTHONY'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT IF THE BOARD OR COMMITTEE OR ADMINISTRATOR HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE INDIVIDUAL AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE OR ADMINISTRATOR DETERMINES THAT THE INDIVIDUAL HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

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

Identifier	Return Reference	Explanation
JOINT VENTURES	FORM 990, PART VI, SECTION B, LINE 16 (B)	THE ORGANIZATION DOES NOT HAVE A FORMAL POLICY FOR EVALUATING JOINT VENTURES HOWEVER, THE ORGANIZATION IS THE MAJORITY OWNER OF THE TWO JOINT VENTURES IN WHICH IT PARTICIPATES, WH ICH PLACES IT IN A POSITION TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE ARRANGEMENT S

Identifier	Return Reference	Explanation
PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC	PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS ARE POSTED ON T HE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
ISSUANCE COSTS FROM PROCEEDS	SCHEDULE K, PART II, LINE 5	LINE 5, BOND (A) \$1,594,115 WAS USED TO PAY THE BOND INSURANCE PREMIUM LINE 5, BOND (B) \$2 ,200,845 WAS USED TO PAY THE BOND INSURANCE PREMIUM

Identifier	Return Reference	Explanation
PRIVATE BUSINESS USE	SCHEDULE K, PART III, LINES 1-7	BOND A - NOT APPLICABLE - THE SERIES 2005AB BONDS ADVANCED REFUNDED THE SERIES 2000 BONDS WHICH WERE ISSUED PRIOR TO JANUARY 1, 2003

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 Medical Center

Employer identification number
43-0980256

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
ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	PHARMACY	MO	2,217,187	334,609	NA
PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	1,025,785	630,747	NA
URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	10,335,201	1,810,642	NA

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
ST ANTHONY'S PHYSICIAN ORGANIZATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501(C)(3)	3	NA
ST ANTHONY'S MEDICAL CENTER FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1841204	SUPPORT ORG	MO	501(C)(3)	11 - I	NA
ST ANTHONY'S CHARITABLE FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FUNDRAISING	MO	501(C)(3)	11 - I	NA
AUXILIARY OF ST ANTHONY'S MEDICAL CTR 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-6056990	FUNDRAISING	MO	501(C)(3)	9	NA

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
S CNTY PET IMAGLLC 10010 KENNERLY ROAD ST LOUIS, MO63128 43-1932907	IMAGING SERVICES	MO	NA	RELATED	366,492	1,028,530		No		Yes	
PLZ SRGICL SERVS CO 12700 SOUTHFORK ROAD ST LOUIS, MO63128 20-4709312	SURGICAL SERVICES	MO	NA	RELATED	149,840	112,831		No		Yes	

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

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

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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) 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: 43-0980256

Name: St Anthony's Medical Center

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	AUXILIARY OF ST ANTHONY'S MEDICAL CTR	C	250,000
(2)	ST ANTHONY'S PHYSICIAN ORGANIZATION	K	5,389,853
(3)	ST ANTHONY'S CHARITABLE FOUNDATION	L	563,306
(4)	ST ANTHONY'S PHYSICIAN ORGANIZATION	P	17,034,538
(5)	ST ANTHONY'S CHARITABLE FOUNDATION	P	562,179
(6)	ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	2,877,891
(7)	ST ANTHONY'S CHARITABLE FOUNDATION	R	223,710
(8)	ST ANTHONY'S CHARITABLE FOUNDATION	C	1,778,783

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

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			
NORBERT A SIEGFRIED MEMBER	10	X						0	0	0
K DANE BROOKSHER FIRST VICE CHAIRMAN	10	X						0	0	0
JOSEPH LIPIC MEMBER	10	X						0	0	0
THOMAS ROCKERS PRESIDENT	400	X		X				562,807	0	68,214
THOMAS KUTIS SECOND VICE CHAIRMAN	10	X						0	0	0
JOHN K PRUELLAGE TREASURER	20	X						0	0	0
PAUL G LORENZINI MEMBER	5	X						0	0	0
PAUL A NOVELLY MEMBER	25	X						0	0	0
HOWARD CHILCUTT SECRETARY	20	X						0	0	0
DAVID M SINDELAR CHAIRMAN	30	X						0	0	0
DAVID J MORTON MD MEMBER	10	X						0	0	0
DOUGLAS PARASHAK MD MEMBER	10	X						0	0	0
JOHN H BERRA JR MEMBER	10	X						0	0	0
ROBERT F BECKMAN MD MEMBER - MED STAFF PRESIDENT	20	X						66,000	0	0
DANIEL BIPPEN MEMBER	10	X						0	0	0
RICHARD MAYHALL MEMBER	10	X						0	0	0
JOHN P MCGUIRE EXECUTIVE VP - CORP FINANCE	400			X				360,712	0	50,818
JOHN SKEANS EXECUTIVE VP - CFO	400			X				280,158	0	15,029
ROBERT P THAMES EXECUTIVE VP - COO	400			X				377,811	0	26,103
ROBERT GRIESBAUM VP - PATIENT CARE QUALITY	400				X			281,796	0	26,072
ANN BOLLONE VP - HUMAN RESOURCES	400				X			263,214	0	20,901
SHERRY NELSON VP - PATIENT CARE	400				X			219,488	0	14,313
EMILY NIEHAUS VP - MARKETING	400				X			221,683	0	21,925
GORDON LASHMETT VP - IS / PHARMACY	400				X			202,198	0	15,473
BABU R DANDAMUDI PHYSICIAN	400					X		358,108	0	18,592

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			
IQBAL AMIN MD PHYSICIAN	40 0					X		497,129	0	29,779
MOHAMMED MOJID MD PHYSICIAN	40 0					X		288,341	0	30,520
DONN RICHARDS PHYSICIAN	40 0					X		287,444	0	17,464
RIFFAT IMDAD PHYSICIAN	40 0					X		240,626	0	11,001

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 DEBTS	27,670,776	27,670,776		
MEDICAL SPECIALIST	7,416,224	7,416,224		
LEASE RENT BUILDING	2,961,258	2,961,258		
MISCELLANEOUS	2,927,075	2,304,553	622,522	
DUES & SUBSCRIPTIONS	697,793	399,213	298,580	

Additional Data

Software ID:
Software Version:
EIN: 43-0980256
Name: St Anthony's Medical Center

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

THE COSTS REPORTED IN THE TABLE IN PART I, LINE 7 USED A RATIO OF PATIENT CARE COSTS TO CHARGES AS COMPUTED IN WORKSHEET 2 OF THE FORM INSTRUCTIONS THIS METHODOLOGY WAS USED FOR ALL PATIENT SEGMENTS, WITH THE EXCEPTION OF PART I, LINE 7(G)

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

THE COSTS REPORTED IN PART I, LINE 7(G) USED A COST ACCOUNTING METHODOLOGY

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

THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF \$27,760,776 REPORTED ON PART IX, LINE 24, HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

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

4A FOOTNOTE TO AUDITED FINANCIAL STATEMENTS - BAD DEBT EXPENSE THE MEDICAL CENTER REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS, AND OTHERS THE MEDICAL CENTER PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION, AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE MEDICAL CENTER BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBT BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT 4B DESCRIPTION OF COSTING METHODOLOGY USED THE COSTING METHODOLOGY USED WAS THE COST TO CHARGE RATIO FROM THE COST REPORT THE RATIONALE FOR INCLUDING BAD DEBT IN COMMUNITY BENEFITS IS THAT MEDICALLY NECESSARY SERVICES WERE PROVIDED AND NO REIMBURSEMENT WAS RECEIVED

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

THE COSTING METHODOLOGY SOURCE USED WAS THE FY 2010 MEDICARE COST REPORT THE RATIONALE FOR INCLUDING BAD DEBT IN COMMUNITY BENEFITS IS THAT MEDICALLY NECESSARY SERVICES WERE PROVIDED AND NO REIMBURSEMENT WAS RECEIVED

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

PROCEDURES ARE IN PLACE TO PROCESS ACCOUNTS FOR PATIENTS THAT QUALIFY FOR CHARITY CARE NO COLLECTION PRACTICES TAKE PLACE FOR THOSE PATIENTS

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

ST ANTHONY'S SEEKS TO ADDRESS THE HEALTH CARE NEEDS OF ITS GEOGRAPHIC AREA AND TARGET POPULATION IN SOUTH ST LOUIS COUNTY, SOUTH ST LOUIS CITY, AND JEFFERSON COUNTY IN MISSOURI AND MONROE COUNTY IN ILLINOIS MAJOR TRENDS, NEEDS, AND PROBLEMS ARE IDENTIFIED THROUGH ANALYSIS OF FEDERAL AND STATE DATA (E G , CENTERS FOR DISEASE CONTROL AND THE MISSOURI HOSPITAL ASSOCIATION) AS WELL AS OUR OWN PATIENT DATA ADDITIONALLY, ST ANTHONY'S LEADERSHIP AND STAFF ENGAGE IN FREQUENT AND ONGOING DIALOGUE WITH OUR COMMUNITY, INCLUDING, BUT NOT LIMITED TO, ELECTED REPRESENTATIVES, BUSINESS LEADERS, SCHOOL, FIRE AND POLICE OFFICIALS, LOCAL NON-PROFIT ORGANIZATIONS, PARISH AND CHURCH LEADERS, CHAMBERS OF COMMERCE AND PROFESSIONALS PROVIDING MENTAL HEALTH SERVICES TO THE COMMUNITY BASED ON QUANTITATIVE AND QUALITATIVE ANALYSIS, ST ANTHONY'S MEDICAL CENTER DEVELOPS PROGRAMS, SERVICES, AND EVENTS ANNUALLY TO CONNECT WITH AND SERVE ITS COMMUNITY IN A VARIETY OF WAYS

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

THE MEDICAL ELIGIBILITY PROGRAM IS A HOSPITAL SERVICE PROVIDED TO PATIENTS AT NO COST PATIENTS MAY QUALIFY FOR GOVERNMENT PROGRAMS WHICH PAY FOR ALL OR PART OF THEIR HOSPITAL AND MEDICAL EXPENSES IF PATIENT IS UNDER 21 OR OVER 65 YEARS OLD, HAVE CHILDREN IN THE HOUSEHOLD, ARE PREGNANT, POTENTIALLY DISABLED, OR HAVE BEEN A VICTIM OF CRIME THEY MAY QUALIFY SAMC HOSPITAL FINANCIAL COUNSELORS WILL ASSIST PATIENT WITH THE APPLICATION PROCESS PATIENTS ARE INFORMED ABOUT OUR FINANCIAL ASSISTANCE PROCESS IN A NUMBER OF WAYS - FINANCIAL COUNSELORS ARE AVAILABLE TO PATIENTS DURING THEIR STAY -DISCUSSIONS ABOUT FINANCIAL ASSISTANCE OCCUR WHEN SPEAKING TO PATIENTS ON THE PHONE ABOUT THEIR ACCOUNT BALANCES -INFORMATION REGARDING OUR FINANCIAL ASSISTANCE POLICY IS LOCATED AT SAMC AND ON THE BILLING STATEMENTS

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

THE PRIMARY COMMUNITY THAT ST ANTHONY'S SERVES INCLUDES A GEOGRAPHIC AREA OF SOUTH ST LOUIS COUNTY, SOUTH ST LOUIS CITY AND JEFFERSON COUNTY IN MISSOURI AND MONROE COUNTY IN ILLINOIS THE SERVICE AREA COULD BEST BE DESCRIBED AS A COMBINATION SUBURBAN COMMUNITY ST ANTHONY'S SERVES A COMBINED POPULATION OF MORE THAN 566,000 RESIDENTS WHO RESIDE WITHIN A 25-30 MINUTE DRIVE TO ST ANTHONY'S THE PRIMARY SERVICE AREA ACCOUNTS FOR ABOUT 80% OF THE PATIENTS SERVED THE DEMOGRAPHIC DATA * FOR THE PRIMARY SERVICE AREA INCLUDES A POPULATION OF MORE THAN 566,000 WITH TOTAL HOUSEHOLDS OF MORE THAN 227,000 MOST OF THE RESIDENTS ARE WHITE (90%), WITH 4% BLACK RESIDENTS, HISPANIC 2%, ASIAN/PACIFIC ISLANDER 2% AND ALL OTHER 2% WE ALSO SERVE A LARGE BOSNIAN POPULATION THE APPROXIMATE OCCUPATION BREAKOUT OF THE PRIMARY SERVICE AREA IS 62% WHITE COLLAR, 22% BLUE COLLAR AND ABOUT 16% SERVICE WORKERS THE AVERAGE HOUSEHOLD INCOME IS ABOUT \$70,000/YR THE ELDERLY POPULATION OF AGES 65 AND OLDER IS 23% THE HOUSEHOLDS OF OWNER OCCUPIED ARE 77% VERSUS 23% RENTER OCCUPIED SINGLE PARENT HOUSEHOLDS ARE ABOUT 34% THE PERCENTAGE OF RESIDENTS WITH INCOME LEVELS OF LESS THAN \$25,000 IS 18% THE PRIMARY SERVICE AREA PAYOR MIX OF SELF-PAY AND MEDICAID PATIENTS AT ST ANTHONY'S FROM THE MOST RECENT FISCAL YEAR 2010, WAS 18% DATA SHOWS THIS PERCENTAGE HAS RISEN MORE THAN 4% OVER THE LAST FIVE FISCAL YEARS *SOURCE 2010 ESTIMATES AND 2015 PROJECTIONS NIELSEN CLARITAS

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

BASED ON QUANTITATIVE AND QUALITATIVE ANALYSIS OF THE HEALTH NEEDS OF ITS COMMUNITY, ST ANTHONY'S MEDICAL CENTER DEVELOPS PROGRAMS, SERVICES AND EVENTS TO CONNECT WITH AND SERVE ITS COMMUNITY IN A VARIETY OF WAYS. ALONG WITH TREATING ILLNESS AND DISEASE, ST ANTHONY'S SUPPORTS PROGRAMS TO ADDRESS THE ROOT CAUSES OF MANY HEALTH PROBLEMS. FOR EXAMPLE, OBESITY AND DIABETES ARE KEY ISSUES IN OUR COMMUNITY. IN RESPONSE, ST ANTHONY'S INITIATED AND CONTINUES TO MAKE THE COMMUNITY AWARE OF NUMEROUS FREE OR AFFORDABLE NUTRITION/DIABETES EDUCATION AND PHYSICAL ACTIVITY PROGRAMS TO HELP INDIVIDUALS GAIN ACCESS TO EDUCATION AND PROGRAMS REGARDING PROPER NUTRITION AND EXERCISE. THIS IS ONE OF DOZENS OF EXAMPLES OF HOW ST ANTHONY'S ALIGNS ITS SERVICES AND PROGRAMS TO MEET A SPECIFIC COMMUNITY HEALTH NEED. ST ANTHONY'S MEDICAL CENTER ALSO SUPPORTS NEEDS AND PROBLEMS UNIQUE TO ITS COMMUNITY. WHILE NOT DIRECTLY RELATED TO HEALTH CARE, OUR SUPPORT FOR ACTIVITIES SUCH AS NEIGHBORHOOD REVITALIZATION, LOCAL ECONOMIC DEVELOPMENT, EDUCATION, COMMUNITY HEALTH ADVOCACY, AND SIMILAR EFFORTS ALL CONTRIBUTE TO IMPROVEMENT FOR THE PEOPLE WE SERVE THROUGHOUT THE REGION. ST ANTHONY'S OFFERS NUMEROUS EDUCATIONAL EVENTS, COMMUNITY CLINICS, SUPPORT GROUPS, SELF-HELP PROGRAMS (E.G., WEIGHT MANAGEMENT, SMOKING CESSATION), AND PASTORAL OUTREACH AND SOCIAL SERVICE PROGRAMS. THESE PROGRAMS ARE WIDELY AVAILABLE TO ALL, CONVENIENTLY LOCATED ON OUR CAMPUS AND OFFERED CONTINUOUSLY THROUGHOUT THE YEAR. VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH ST ANTHONY'S MEDICAL CENTER TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY. ST ANTHONY'S WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS: HOSPICE AGENCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, ST LOUIS SOCIETY OF THE BLIND, MISSOURI VOCATION REHABILITATION SERVICES, LOCAL SCHOOL DISTRICTS, SALVATION ARMY, FLORISSANT VALLEY COMMUNITY COLLEGE, BARNES JEWISH COLLEGE OF NURSING, AMERICAN LIVER FOUNDATION, CARDINAL GLENNON HOSPITAL, NARCOTICS ANONYMOUS, ST LOUIS UNIVERSITY, MISSOURI SOCIETY OF RESPIRATORY CARE, AMERICAN LUNG ASSOCIATION, AMERICAN RED CROSS, THE SUBURBAN JOURNALS, AND THE UNIVERSITY MISSOURI-COLUMBIA. SEVERAL HOSPITAL DEPARTMENTS DEDICATE STAFF TO ASSIST IN COMMUNITY BENEFITS EFFORTS. STAFFING IS BASED UPON TYPE OF COMMUNITY BENEFIT AND LEVEL OF SUPPORT NEEDED.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

-ST ANTHONY'S OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENTION REGARDLESS OF THEIR ABILITY TO PAY -ST ANTHONY'S HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA -ST ANTHONY'S HAS A GOVERNING BOARD OF DIRECTORS IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY -ST ANTHONY'S WORKS IN COOPERATION WITH LOCAL UNIVERSITIES AND HEALTH CARE ORGANIZATIONS TO ADVANCE THE SCIENCE OF MEDICINE BY PROVIDING A CLINICAL SETTING WHERE INNOVATIVE TREATMENTS AND NEW THERAPEUTIC PROTOCOLS CAN BE DEVELOPED AND STUDIED -ST ANTHONY'S ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS BY TEAMING UP WITH LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO PROVIDE A CLINICAL SETTING FOR HEALTH CARE STUDENTS - ST ANTHONY'S PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS -ST ANTHONY'S MEDICAL CENTER FOUNDATION CONTRIBUTED \$218,265 IN CASH DONATIONS TO NON-PROFIT ORGANIZATIONS AND SET UP \$412,000 IN SCHOLARSHIP FUNDING FOR EMPLOYEE'S SONS AND DAUGHTERS WHICH IS NOT INCLUDED IN THIS TAX RETURN