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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
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	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) Room/suite 10010 Kennerly Road City or town, state or country, and ZIP + 4 St Louis, MO 63128	D Employer identification number 43-0980256
	F Name and address of principal officer JOHN SKEANS 10010 KENNERLY RD ST LOUIS,MO 63128	E Telephone number (314) 525-1000
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	G Gross receipts \$ 480,074,473
	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"/> 501(c) () ◀(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"/> Association <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 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)	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5,409	
	6	Total number of volunteers (estimate if necessary)	400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	33,291	
	7b	Net unrelated business taxable income from Form 990-T, line 34	31,766	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,084,731	1,144,832
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	397,300,301	424,984,380
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,182,602	2,539,555
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,760,591	18,483,993
			418,328,225	447,152,760
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	32,143
	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)	197,750,181	211,858,569
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	206,871,611	218,322,978
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	404,621,792	430,213,690
	19	Revenue less expenses Subtract line 18 from line 12	13,706,433	16,939,070
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	443,868,067	459,543,114
	21	Total liabilities (Part X, line 26)	266,272,861	249,891,628
	22	Net assets or fund balances Subtract line 21 from line 20	177,595,206	209,651,486

Part II Signature Block					
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.					
Sign Here	***** Signature of officer			2012-05-11 Date	
	JOHN SKEANS CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Donna J Larson	Preparer's signature Donna J Larson	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ BKD LLP				Firm's EIN ▶
	Firm's address ▶ 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733				Phone no ▶ (314) 231-5544
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE COMMUNITY BENEFIT REPORT - SCHEDULE O

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 403,790,420 including grants of \$ 32,143) (Revenue \$ 424,984,380)

SEE COMMUNITY BENEFIT REPORT - SCHEDULE O

4b

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

4c

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

4d

















Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 403,790,420

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	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. 		No
c	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. 		No
d	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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	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	Yes	
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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	147
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments 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	5,409
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b10		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,755,791	0	319,012

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 **127**

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ST LOUIS UNIVERSITY HOSPITAL SURGE 3635 VISTA AVE DEPT OF SURGERY CT- ST LOUIS, MO 63110	PHYSICIAN SERVICES	2,344,580
MIDWEST ACUTE CARE CONSULTANTS 11155 DUNN ROAD ST LOUIS, MO 63136	MEDICAL SERVICES	1,253,955
ASPEN ADVISORS LLC 22337 MEADOW VIEW ROAD MORRISON, CO 80465	IT PLAN & DEVELOP	2,532,656
SSM CARDINAL GLENNON CHILDRENS HOSP 1195 CORPORATE LAKE DR ST LOUIS, MO 63132	PEDIATRIC PHYSICIANS	1,636,353
DIAMOND HEALTH PARTNERS LLC 10012 KENNERLY ROAD ST LOUIS, MO 63128	PHYSICIAN SERVICES	1,699,992

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 52

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	1,067,105			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77,727			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,144,832			
	Program Service Revenue	2a	Business Code				
		PATIENT CARE	621110	424,921,353	424,921,353		
b		EDUCATIONAL PGMS	611710	63,027	63,027		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		424,984,380			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			1,246,337	
	4	Income from investment of tax-exempt bond proceeds . . .			0		
	5	Royalties			0		
	6a	Gross Rents	(i) Real	(ii) Personal			
			126,784				
	b	Less rental expenses	246,786				
	c	Rental income or (loss)	-120,002				
	d	Net rental income or (loss)			-120,002		-120,002
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			31,729,948	0			
	b	Less cost or other basis and sales expenses	30,127,028	309,702			
	c	Gain or (loss)	1,602,920	-309,702			
	d	Net gain or (loss)			1,293,218		1,293,218
	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					
		7,470,778					
b	Less cost of goods sold	b	2,238,197				
c	Net income or (loss) from sales of inventory . . .			5,232,581	31,720	5,200,861	
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA SALES	722210	2,663,430			2,663,430	
b	RENT REVENUE	532000	1,310,556			1,310,556	
c	AMORT OF DEFERRED GAIN ON SALE OF BLDGS	900099	833,004			833,004	
d	All other revenue		8,564,424		1,571	8,562,853	
e	Total. Add lines 11a-11d		13,371,414				
12	Total revenue. See Instructions		447,152,760	424,984,380	33,291	20,990,257	

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	32,143	32,143		
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	3,338,710	963,177	2,375,533	
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	172,195,742	163,394,003	8,801,739	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,118,909	5,754,314	364,595	
9	Other employee benefits	17,715,436	16,982,124	733,312	
10	Payroll taxes	12,489,772	11,619,648	870,124	
a	Fees for services (non-employees) Management	0			
b	Legal	281,153		281,153	
c	Accounting	136,704		136,704	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	10,904,679	7,375,925	3,528,754	
12	Advertising and promotion	1,929,919	1,929,919		
13	Office expenses	110,184,364	109,030,690	1,153,674	
14	Information technology	4,215,874	4,215,874		
15	Royalties	0			
16	Occupancy	4,103,978	4,103,978		
17	Travel	421,917	400,724	21,193	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	223,991	205,299	18,692	
20	Interest	7,651,033	7,651,033		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	29,817,833	22,590,085	7,227,748	
23	Insurance	4,474,531	4,474,531		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	28,416,798	28,416,798		
b	MEDICAL SPECIALIST	8,110,426	8,110,426		
c	LEASE RENT BUILDING	3,220,217	3,220,217		
d	SHARED EXPENSES	934,964	729,272	205,692	
e	MEDICAL CODING COMPLIANCE	782,473	610,329	172,144	
f	All other expenses	2,512,124	1,979,911	532,213	
25	Total functional expenses. Add lines 1 through 24f	430,213,690	403,790,420	26,423,270	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			48,999,026	2	1,405,589
	3	Pledges and grants receivable, net			250,001	3	759,040
	4	Accounts receivable, net			53,756,686	4	63,532,729
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			30,671,540	7	39,559,411
	8	Inventories for sale or use			5,834,447	8	5,903,852
	9	Prepaid expenses and deferred charges			2,043,674	9	2,508,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	601,621,212			
	b	Less: accumulated depreciation	10b	326,199,566	271,906,389	10c	275,421,646
	11	Investments—publicly traded securities			23,646,733	11	63,404,123
	12	Investments—other securities. See Part IV, line 11			539,559	12	631,427
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,220,012	15	6,417,031
16	Total assets. Add lines 1 through 15 (must equal line 34)			443,868,067	16	459,543,114	
Liabilities	17	Accounts payable and accrued expenses			53,569,938	17	55,846,433
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			148,854,572	20	145,310,176
	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			198,348	23	144,390
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			63,650,003	25	48,590,629
	26	Total liabilities. Add lines 17 through 25			266,272,861	26	249,891,628
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			177,595,206	27	209,651,486
	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			177,595,206	33	209,651,486
34	Total liabilities and net assets/fund balances			443,868,067	34	459,543,114	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	447,152,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	430,213,690
3	Revenue less expenses Subtract line 2 from line 1	3	16,939,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	177,595,206
5	Other changes in net assets or fund balances (explain in Schedule O)	5	15,117,210
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	209,651,486

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's 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 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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			
K DANE BROOKSHER FIRST VICE CHAIRMAN	10	X		X				0	0	0
JOSEPH LIPIC MEMBER	10	X						0	0	0
THOMAS ROCKERS PRESIDENT	400	X		X				617,058	0	63,735
THOMAS KUTIS SECOND VICE CHAIRMAN	10	X		X				0	0	0
JOHN K PRUELLAGE TREASURER	30	X		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		X				0	0	0
DAVID M SINDELAR CHAIRMAN	30	X		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		X				72,750	0	0
DANIEL BIPPEN MEMBER	10	X						0	0	0
RICHARD MAYHALL MEMBER	10	X						0	0	0
JAMES G POWERS MEMBER	10	X						0	0	0
JEFFREY D WILKINSON MD MEMBER	10	X						0	0	0
DAVID MORTON MEMBER	10	X						0	0	0
JOHN SKEANS EXECUTIVE VP - CFO	400			X				284,130	0	17,955
ROBERT P THAMES EXECUTIVE VP - COO	400			X				366,885	0	23,876
ROBERT GRIESBAUM VP - PATIENT CARE QUALITY	400				X			295,928	0	23,368
ANN BOLLONE VP - HUMAN RESOURCES	400				X			263,756	0	17,379
SHERRY NELSON VP - PATIENT CARE SERVICES	400				X			228,169	0	17,298
EMILY NIEHAUS VP - MARKETING	400				X			232,245	0	21,929
GORDON LASHMETT VP - CIO	400				X			211,348	0	16,523
KEVIN SPRECHER VP - CLINICAL EFFECTIVENESS	400				X			157,851	0	12,692

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			
BABU R DANDAMUDI PHYSICIAN	40 0					X		298,810	0	12,555
IQBAL AMIN MD PHYSICIAN	40 0					X		591,567	0	26,393
MOHAMMED MOJID MD PHYSICIAN	40 0					X		255,320	0	19,971
RIFFAT IMDAD PHYSICIAN	40 0					X		295,400	0	4,438
KURT JAEGER PHYSICIAN	40 0					X		220,739	0	10,900
JOHN P MCGUIRE FORMER EXECUTIVE VP - CFO	0 0						X	363,835	0	30,000

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

2010

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
2a	
2b	
2c	
2d	

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) 2010

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

	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	20,897,736	18,436,504	21,577,451	
b	Contributions	19,335	58,094	832,413	
c	Investment earnings or losses	4,285,185	2,518,572	-3,230,778	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	3,403,625	115,434	742,582	
f	Administrative expenses				
g	End of year balance	21,798,631	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

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		237,143,479	78,402,901	158,740,578
c Leasehold improvements				
d Equipment		327,004,908	239,245,344	87,759,564
e Other		27,628,719	8,551,321	19,077,398
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				275,421,646

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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 the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year 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 FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%</div> 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% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%</div> 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
5c	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?		No
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			6,213,957	0	6,213,957	1 550 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			52,566,375	51,899,323	667,052	0 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			58,780,332	51,899,323	6,881,009	1 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			295,962	13,858	282,104	0 070 %
f Health professions education (from Worksheet 5)			302,451	0	302,451	0 080 %
g Subsidized health services (from Worksheet 6)			8,689,425	8,071,348	618,077	0 150 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			62,307	0	62,307	0 020 %
j Total Other Benefits			9,350,145	8,085,206	1,264,939	0 320 %
k Total. Add lines 7d and 7j			68,130,477	59,984,529	8,145,948	2 040 %

Part IICommunity Building Activities

during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			1,712		1,712	
8Workforce development						
9Other		2,000	23,150		23,150	0.010 %
10Total		2,000	24,862		24,862	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,124,964
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0
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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	130,168,391
6	Enter Medicare allowable costs of care relating to payments on line 5	6	136,366,430
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-6,198,039
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
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.	9b	Yes

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	54.000 %	0 %	46.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

[illegible]

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 4

Name and address		Type of Facility (Describe)
1	FENTON URGENT CARE 714 GRAVOIS ROAD FENTON,MO 63026	URGENT CARE FACILITY
2	FENTON URGENT CARE 714 GRAVOIS ROAD FENTON,MO 63026	URGENT CARE FACILITY
3	FENTON URGENT CARE 714 GRAVOIS ROAD FENTON,MO 63026	URGENT CARE FACILITY
4	FENTON URGENT CARE 714 GRAVOIS ROAD FENTON,MO 63026	URGENT CARE FACILITY
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	PART I, LINE 7, COLUMN F	THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF \$28,416,798 REPORTED ON PART IX, LINE 24 HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
FOOTNOTE TO AUDITED FINANCIAL STATEMENTS - BAD DEBT EXPENSE	PART III, LINE 4	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

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED FOR BAD DEBT EXPENSE	PART III, LINE 4	THE COSTING METHODOLOGY USED FOR DETERMINING BAD DEBT EXPENSE AS REPORTED IN PART III, LINE 2 AND 3 WAS THE RATIO OF PATIENT CARE COSTS TO CHARGES AS COMPUTED IN WORKSHEET 2 OF THE FORM INSTRUCTIONS THE RATIONALE FOR INCLUDING BAD DEBT IN COMMUNITY BENEFITS IS THAT MEDICALLY NECESSARY SERVICES WERE PROVIDED AND NO REIMBURSEMENT WAS RECEIVED

Identifier	ReturnReference	Explanation
MEDICARE SHORTFALL TREATED AS COMMUNITY BENEFIT	PART III, LINE 8	THE SHORTFALL IS UNCOMPENSATED MEDICARE COST WHICH SHOULD BE INCLUDED IN COMMUNITY BENEFITS SINCE MEDICALLY NECESSARY SERVICES WERE PROVIDED AND NOT REIMBURSED

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED FOR MEDICARE	PART III, LINE 8	THE COSTING METHODOLOGY SOURCE USED WAS THE FY 2011 MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
DEBT COLLECTION POLICY	PART III, LINE 9(B)	PROCEDURES ARE IN PLACE TO PROCESS ACCOUNTS FOR PATIENTS THAT QUALIFY FOR CHARITY CARE NO COLLECTION PRACTICES TAKE PLACE FOR THOSE PATIENTS

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, QUESTION 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

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, QUESTION 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 -ADDITIONAL INFORMATION IN REGARD TO FINANCIAL ASSISTANCE IS LISTED ON BILLING STATEMENTS OR CAN BE FOOUND ON SAMC'S WEBSITE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, QUESTION 4	<p>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% *SOURCE 2010 ESTIMATES AND 2015 PROJECTIONS NIELSEN CLARITAS THE PRIMARY SERVICE AREA PAYOR MIX OF SELF-PAY AND MEDICAID PATIENTS AT ST ANTHONY'S FROM FISCAL YEAR 2010, WAS 18% DATA SHOWS THIS PERCENTAGE HAS RISEN MORE THAN 4% OVER THE LAST FIVE FISCAL YEARS</p>

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, QUESTION 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 OTHER INFORMATION IMPORTANT TO HOW THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE COMMUNITY -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 \$220,445 IN CASH DONATIONS TO NON-PROFIT ORGANIZATIONS AND SET UP \$465,000 IN SCHOLARSHIP FUNDING FOR EMPLOYEE'S SONS AND DAUGHTERS WHICH IS NOT INCLUDED IN THIS TAX RETURN

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, QUESTION 6	NOT APPLICABLE TO ST ANTHONY'S MEDICAL CENTER

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, QUESTION 7	

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	MO,

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I General Information on Grants and Assistance

1

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

☒ Yes

☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MISSOURI STATE MEDICAL ASSOCIATION 680 CRAIG ROAD SUITE 308 ST LOUIS,MO 63141	43-1572458	501(C)(3)	10,000				SUPPORT DR HEALTH

2

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

1

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2	THE ORGANIZATION DOES NOT MONITOR THE GRANTS PAID, BUT IT MAKES GRANTS TO TAX-EXEMPT ORGANIZATIONS THAT ARE REQUIRED TO USE MONEY RECEIVED TOWARDS ITS' EXEMPT PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 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 from the organization or a related organization?	4a Yes	
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 duplicate copies if additional space is 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				
(1) THOMAS ROCKERS	(i)	485,314	109,046	22,698	60,413	3,322	680,793	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN P MCGUIRE	(i)	161,635	0	202,200	30,000	0	393,835	0
	(ii)	0	0	0	0	0	0	0
(3) JOHN SKEANS	(i)	237,665	42,465	4,000	10,337	7,618	302,085	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT P THAMES	(i)	299,463	55,404	12,018	10,413	13,463	390,761	0
	(ii)	0	0	0	0	0	0	0
(5) BABU R DANDAMUDI	(i)	145,452	119,361	33,997	11,319	1,236	311,365	0
	(ii)	0	0	0	0	0	0	0
(6) IQBAL AMIN MD	(i)	369,888	221,679	0	12,863	13,530	617,960	0
	(ii)	0	0	0	0	0	0	0
(7) MOHAMMED MOJID MD	(i)	129,938	125,382	0	7,066	12,905	275,291	0
	(ii)	0	0	0	0	0	0	0
(8) ROBERT GRIESBAUM	(i)	230,181	42,491	23,256	9,981	13,387	319,296	0
	(ii)	0	0	0	0	0	0	0
(9) ANN BOLLONE	(i)	222,283	41,473	0	9,777	7,602	281,135	0
	(ii)	0	0	0	0	0	0	0
(10) SHERRY NELSON	(i)	192,096	36,073	0	8,503	8,795	245,467	0
	(ii)	0	0	0	0	0	0	0
(11) EMILY NIEHAUS	(i)	195,818	36,427	0	8,576	13,353	254,174	0
	(ii)	0	0	0	0	0	0	0
(12) GORDON LASHMETT	(i)	178,123	33,225	0	7,829	8,694	227,871	0
	(ii)	0	0	0	0	0	0	0
(13) RIFFAT IMDAD	(i)	84,446	210,954	0	4,433	5	299,838	0
	(ii)	0	0	0	0	0	0	0
(14) KEVIN SPRECHER	(i)	131,836	24,661	1,354	5,744	6,948	170,543	0
	(ii)	0	0	0	0	0	0	0
(15) KURT JAEGER	(i)	220,739	0	0	7,288	3,612	231,639	0
	(ii)	0	0	0	0	0	0	0
(16)								

Part IIISupplemental 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
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 COMPENSATION.
SEVERANCE PAYMENT	PART I, LINE 4(A)	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT PER A CONTRACTUAL TERMINATION AGREEMENT: JOHN MCGUIRE \$198,700. 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 \$34,500; JOHN MCGUIRE \$30,000.
COMPENSATION CONTINGENT ON REVENUES	PART I, LINE 5(B)	SAMC PAYS AN INCENTIVE TO PHYSICIANS BASED ON BUSINESS GENERATION FOR ST. ANTHONY'S PHYSICIAN ORGANIZATION (A RELATED ORGANIZATION). THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII RECEIVED THIS TYPE OF COMPENSATION: BABU DANDAMUDI \$119,361; IQBAL AMIN \$221,679; MOHAMMED MOJID \$125,382; RIFFAT IMDAD \$210,954.
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 \$109,046; JOHN SKEANS \$42,465; ROBERT THAMES \$55,404; ROBERT GRIESBAUM \$42,491; ANN BOLLONE \$41,473; SHERRY NELSON \$36,073; EMILY NIEHAUS \$36,427; GORDON LASHMETT \$33,225; KEVIN SPRECHER \$24,661.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ 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.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization St Anthony's Medical Center										Employer identification number 43-0980256		

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		(i) Pool financing	
							Yes	No	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		X		X		X
B	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60635RX44	06-13-2006	70,000,000	EXPANSION, RENOVATION, & EQUIP		X		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966		05-09-2007	3,100,000	ACQUIRE MEDICAL EQUIPMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	11,400,000		1,250,000		1,702,107			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	101,212,940		73,778,079		3,100,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		18,095		0			
6	Proceeds in refunding escrow	164,541		0		0			
7	Issuance costs from proceeds	826,257		609,414		0			
8	Credit enhancement from proceeds	1,654,145		2,200,845		0			
9	Working capital expenditures from proceeds	47,800		0		0			
10	Capital expenditures from proceeds	0		70,949,725		3,100,000			
11	Other spent proceeds	98,520,198		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	1991		2008		2007			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	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	
				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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	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		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 %		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 %		0 %			
6	Total of lines 4 and 5	0 %		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		X		

Part IVArbitrage

		A		B		C		D	
		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 entered into a hedge with respect to the bond issue?	X		X			X		
b	Name of provider	UBS AG		UBS AG					
c	Term of hedge	25		30 4					
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		
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			

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
MANAGEMENT PRACTICES AND PROCEDURES	PART III, LINE 7	SEE STATEMENT IN SCHEDULE O

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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
See Additional Data Table					

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
STERLING ENGINEERING	J BERRA, BOARD MEMBER,	127,563	SURVEYING		No
STERLING ENGINEERING CON'T	IS AN OWNER IN STERLING				No
Q MC	D PARASHAK, BOARD MEMBER,	744,374	CARE MANAGEMENT SERVICES		No
Q MC CON'T	IS A DIRECTOR OF QMC				No
LEWIS RICE AND FINGERISH	J PRUELLAGE,BOARD MEMBER,	877,477	LEGAL SERVICES		No
LEWIS RICE AND FINGERISH CON	IS AN OFFICER OF LRF				No
SC ANESTHESIA	J WILKINSON, BOARD MEMBER	806,236	ANESTHESIA SERVICES		No
SC ANESTHESIA CON'T	IS A CO-OWNER OF SCA				No

2010

Open to Public
Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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 ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES. IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW.</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, EVERY DAY. 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 QUALIFIED PHYSICIANS, AND MAINTAINS A GOVERNING BOARD OF DIRECTORS COMPRISED PRIMARILY OF COMMUNITY MEMBERS. WE PROMOTE AND ADDRESS THE SPECIFIC HEALTH NEEDS OF THE COMMUNITY AND PROVIDE SUPPORT THROUGH EDUCATIONAL, RELIGIOUS, AND CHARITABLE ACTIVITIES. EXCESS REVENUE IS USED FOR THE FURTHER DEVELOPMENT OF SUCH ACTIVITIES.</p> <p>B. ST ANTHONY'S MEDICAL CENTER'S APPROACH TO PROVIDING COMMUNITY BENEFIT IS ILLUSTRATED AS FOLLOWS:</p> <p>-OUR GEOGRAPHIC AREA AND TARGET POPULATION ARE SOUTH ST. LOUIS COUNTY, JEFFERSON COUNTY, OUTSTATE MISSOURI AND SOUTHERN ILLINOIS.</p> <p>-MAJOR TRENDS, NEEDS, AND PROBLEMS IN THE COMMUNITY ARE ADDRESSED BY ST ANTHONY'S MEDICAL CENTER 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, SUCH AS POVERTY OR LACK OF EDUCATION. FOR EXAMPLE, OBESITY AND DIABETES ARE KEY ISSUES IN OUR COMMUNITY. 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 EDUCATION AND PROGRAMS REGARDING PROPER NUTRITION AND EXERCISE.</p> <p>-ST ANTHONY'S MEDICAL CENTER 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.</p> <p>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.</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: 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.</p> <p>-SEVERAL HOSPITAL DEPARTMENTS DEDICATE STAFF TO ASSIST IN COMMUNITY BENEFITS EFFORTS. STAFFING IS BASED UPON TYPE OF COMMUNITY BENEFIT AND LEVEL OF SUPPORT NEEDED.</p> <p>C. ST ANTHONY'S MEDICAL CENTER HAS FINANCIAL ASSISTANCE AND UNINSURED POLICIES 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 PATIENTS POLICY - ST ANTHONY'S MEDICAL CENTER WORKS WITH ALL PATIENTS THAT HAVE SELF-PAY BALANCES TO ESTABLISH PAYMENT PLANS THAT ARE REASONABLE FOR THE PATIENT AND STILL MAINTAIN THE CASH FLOW NEEDS OF THE HOSPITAL. PAYMENT PLANS ARE TYPICALLY ESTABLISHED AFTER SERVICE HAS BEEN RENDERED AND BY COMMUNICATION BETWEEN THE PATIENT/RESPONSIBLE PARTY AND PATIENT ACCOUNTS CUSTOMER SERVICE OR FINANCIAL COUNSELING STAFF. PATIENTS THAT ARE UNINSURED MAY CONTACT 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, VICTIMS OF CRIME, THIRD PARTY LIABILITY INSURANCE, ETC.). IF NO ADDITIONAL OUTSIDE FUNDS ARE AVAILABLE, THEN THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM ST ANTHONY'S MEDICAL CENTER.</p> <p>ANY PATIENT THAT IS UNINSURED AND DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR DOES 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 CENTER TO TREAT ALL PATIENTS REQUIRING EMERGENCY TREATMENT REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, STAFF WILL ASSIST PATIENTS WHO CANNOT</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, SUPPLEMENT TO PART III, LINE 1	<p>OT PAY FOR PART OF ALL OF THE CARE THEY RECEIVE BY WORKING WITH THE PATIENT TO FIND ALTERNATIVE SOURCES OF PAYMENT OR TO DEVELOP A PAYMENT SCHEDULE THAT IS SATISFACTORY FOR ALL PARTIES WE MUST ALSO BALANCE THE NEED FOR FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER 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 TELEPHONE AND IN-PERSON TO DISCUSS HOSPITAL BILLS, BILLING POLICIES, METHODS OF PAYMENT, AND ALTERNATIVE SOURCES OF PAYMENT QUESTIONS REGARDING HOSPITAL BILLS AND FINANCIAL ASSISTANCE ARE ACKNOWLEDGED PROMPTLY PRICE QUOTES, ESTIMATES OF CHARGES, AND FULLY ITEMIZED BILLS ARE PROVIDED UPON REQUEST CHARITY CARE INFORMATION IS PROVIDED TO UNINSURED AND UNDERINSURED 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 PATIENTS NEEDING HEALTHCARE SERVICES THE HOSPITAL PROVIDES ASSISTANCE TO PATIENTS APPLYING FOR MEDICAID OR VICTIM OF CRIMES FUNDS ST ANTHONY'S MEDICAL CENTER IS A HOST SITE FOR THE CLAIM PROGRAM IN THE STATE OF MISSOURI THIS FREE SERVICE PROVIDES ASSISTANCE FOR MEDICARE ELIGIBLE 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 ALL INSURANCE HAS PAID OR BEEN FINALIZED BY THE INSURANCE PLAN, OUR PATIENTS OR GUARANTORS RECEIVE TWO BILLING STATEMENTS AND TWO PRE-COLLECTION NOTICES PRIOR TO BEING FORWARDED TO AN OUTSIDE AGENCY FOR COLLECTION IF NO PAYMENTS ARE RECEIVED LARGER ACCOUNTS MAY ALSO RECEIVE 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 LONGER PAYMENT PLAN PERIODS IN SOME CASES, ACCOUNTS MAY BE SENT TO A COLLECTION ATTORNEY AND SUIT BY THE HOSPITAL AUTHORIZED WHEN ALL PREVIOUS ATTEMPTS AT COLLECTING PAYMENT OR ESTABLISHING 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 LIST ACCOUNTS WITH CREDIT BUREAUS NINETY DAYS FROM DATE OF PLACEMENT WHEN NO ACCOUNT RESOLUTION 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 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 PHY SICIANS 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 3 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS A THE PROGRAMS BELOW DESCRIBE AND HIGHLIGHT SEVERAL PROGRAMS THAT CLEARLY MEET IDENTIFIED COMMUNITY HEALTH NEEDS HEALTH SCREENINGS, LECTURES AND EVENTS - EACH YEAR, ST ANTHONY'S OFFERS 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 INFORMATION AND CONSULTATION WITH NUMEROUS MEDICAL PROFESSIONALS FROM PHY SICIANS, NURSE PRACTITIONERS AND OTHER CLINICIANS TO NUTRITIONISTS, EXERCISE PHY SIOLOGISTS AND THERAPISTS ADDITIONALLY, THE MEDICAL CENTER SPONSORS ONGOING FREE LECTURES, HOSTED BY PHY SICIANS AND CLINICIANS, TO ADDRESS KEY CONCERNS, SUCH AS HEART DISEASE, CANCER, DIABETES, AND SAFETY AND INJURY PREVENTION COMMUNITY OUTREACH HEALTH EDUCATION AND SPEAKERS BUREAU - ST ANTHONY'S MEDICAL CENTER OFFERS EXTENSIVE PREVENTATIVE HEALTH EDUCATION BY SKILLED STAFF TO COMMUNITY GROUPS SUCH AS SCHOOLS, CHURCH GROUPS, BUSINESSES AND OTHER ORGANIZATIONS FREE OF CHARGE BASED ON THE NEEDS OF THE GROUPS, ST ANTHONY'S MEDICAL CENTER PRESENT TOPICS AND HEALTH INFORMATION THAT WILL HELP THE COMMUNITY TO MAKE HEALTHY, EDUCATED AND WISE CHOICES WHEN IT COMES 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 INTERNSHIPS IN FIELDS SUCH AS PHY SICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH THERAPY ST ANTHONY'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 PLACE OF UNDERSTANDING AND ACCEPTANCE OF THEIR LOSS PROGRAMS BEYOND ST ANTHONY'S MEDICAL CENTER 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 - TRAINED STAFF MEMBERS FROM THE ST ANTHONY'S EMERGENCY DEPARTMENT OFFER FREE HELMET FITTINGS FOR BOTH CHILDREN AND ADULTS BICYCLE SAFETY EDUCATION IS ALSO PROVIDED TO THE CHILDREN PARTICIPANTS ARE MADE AWARE OF THE SERIOUSNESS OF HEAD INJURIES AND HOW THEY CAN BE PREVENTED, RESULTING IN FEWER HEAD INJURIES IN CHILDREN 4 LINKS TO ADDITIONAL COMMUNITY BENEFIT INFORMATION 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 BUSINESS 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	<p>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 PHY SICIAN 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 PHY SICIAN 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</p>

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 CONSULTANT IS HIRED TO REVIEW COMPENSATION AND COMPARE IT TO APPROPRIATE PEER GROUPS. THESE EXTERNAL REPORTS ARE PRESENTED TO THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL ALONG WITH THE ANNUAL EVALUATIONS OF THE SENIOR STAFF MEMBERS.

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, WHICH PLACES IT IN A POSITION TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE ARRANGEMENTS

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 THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 5	UNREALIZED GAINS ON INVESTMENTS 1,974,689 DEFINED BENEFIT PENSION PLANS 8,471,494 RECLASS NONCONTROLLING INTEREST 485,329 CURTAILMENT LOSS (757,968) INEFFECTIVE PORTION OF BOND SWAP 4,943,666 ----- TOTAL OTHER CHANGES IN NET ASSETS 15,117,210

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND MANAGEMENT PRACTICES AND PROCEDURES	SCHEDULE K, PART III, LINE 7	<p>HISTORICALLY, ST ANTHONY'S MEDICAL CENTER ("SAMC") HAS RELIED UPON THE TAX COMPLIANCE AGREEMENT OR SIMILAR DOCUMENT ENTERED INTO IN CONJUNCTION WITH TAX-EXEMPT FINANCINGS AS THE ORGANIZATION'S WRITTEN PRACTICES AND PROCEDURES FOR ENSURING POST-ISSUANCE COMPLIANCE WITH THE FEDERAL TAX REQUIREMENTS. THESE PROCEDURES INCLUDE REQUIRING SAMC TO CONTACT BOND COUNSEL IN THE EVENT SAMC SEEKS TO ENTER INTO A MANAGEMENT AGREEMENT, LEASE, RESEARCH AGREEMENT, OR OTHER ARRANGEMENT THAT MAY GIVE RISE TO PRIVATE BUSINESS USE OF THE FINANCED FACILITY. FOR FISCAL YEAR 2010, SAMC INDICATED IT HAD WRITTEN PRACTICES AND PROCEDURES FOR ENSURING POST-ISSUANCE COMPLIANCE WITH THE FEDERAL INCOME TAX REQUIREMENTS BASED ON THESE PRACTICES AND PROCEDURES. AS PART OF THE PREPARATION PROCESS FOR FORM 990, SCHEDULE K, SAMC HAS BECOME AWARE THAT THE IRS DOES NOT VIEW A TAX COMPLIANCE AGREEMENT OR SIMILAR DOCUMENT ENTERED INTO IN CONJUNCTION WITH A TAX-EXEMPT FINANCING AS SUFFICIENT WRITTEN POST-ISSUANCE TAX COMPLIANCE PROCEDURES. INSTEAD, SAMC UNDERSTANDS THAT THE IRS BELIEVES THAT ISSUERS AND CONDUIT BORROWERS SHOULD HAVE WRITTEN PROCEDURES THAT ARE SEPARATE FROM THE TAX COMPLIANCE AGREEMENT. AS A RESULT, SAMC HAS ELECTED TO RESPOND TO THE QUESTION IN PART III, LINE 7 AS "NO" AND PLANS TO WORK WITH COUNSEL TO DEVELOP SEPARATE WRITTEN TAX COMPLIANCE PROCEDURES OVER THE NEXT SEVERAL MONTHS. SAMC ANTICIPATES THAT IT WILL BE ABLE TO ANSWER "YES" TO A QUESTION REGARDING SEPARATE, WRITTEN MANAGEMENT PRACTICES AND PROCEDURES FOR ENSURING POST-ISSUANCE TAX COMPLIANCE AS PART OF SCHEDULE K FOR ITS FORM 990 NEXT FISCAL YEAR.</p>

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH LIPIC TITLE MEMBER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS ROCKERS TITLE PRESIDENT HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN K PRUELLEGE TITLE TREASURER HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID M SINDELAR TITLE CHAIRMAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN H BERRA JR TITLE MEMBER HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL BIPPEN TITLE MEMBER HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN SKEANS TITLE EXECUTIVE VP - CFO HOURS 1

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

2010

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
(1) ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	PHARMACY	MO	2,269,930	343,512	NA
(2) PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	703,518	389,118	NA
(3) URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	8,236,269	1,630,620	NA
(4) HEART SPECIALTY ASSOCIATES 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	MEDICAL	MO	3,382,670	1,249,587	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ST ANTHONY'S PHYSICIAN ORGANIZATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501(C)(3)	3	SAMC		
(2) ST ANTHONY'S MEDICAL CENTER FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1841204	SUPPORT ORG	MO	501(C)(3)	11 - I	SAMC		
(3) ST ANTHONY'S CHARITABLE FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FUNDRAISING	MO	501(C)(3)	11 - I	SAMC		
(4) AUXILIARY OF ST ANTHONY'S MEDICAL CTR 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-6056990	FUNDRAISING	MO	501(C)(3)	9	SAMC		

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) S CNTY PET IMAGLLC 10010 KENNERLY ROAD ST LOUIS, MO63128 43-1932907	IMAGING SERVI	MO	NA	RELATED	425,767	760,623		No			No	52 400 %
(2) PLZ SRGICL SERVS CO 12700 SOUTHFORK ROAD ST LOUIS, MO63128 20-4709312	SURGICAL SERV	MO	NA	RELATED	142,727	85,716		No		Yes		53 760 %

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, 35A, 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

No

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	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 (\$)	(d) Method of determining amount involved
(1) AUXILIARY OF ST ANTHONY'S MEDICAL CTR	C	245,000	
(2) ST ANTHONY'S PHYSICIAN ORGANIZATION	K	8,641,406	
(3) ST ANTHONY'S CHARITABLE FOUNDATION	L	671,958	
(4) ST ANTHONY'S PHYSICIAN ORGANIZATION	P	22,037,830	
(5) ST ANTHONY'S CHARITABLE FOUNDATION	C	822,105	
(6) ST ANTHONY'S CHARITABLE FOUNDATION	R	723,898	
(7) ST ANTHONY'S CHARITABLE FOUNDATION	P	670,706	

St. Anthony's Medical Center and Affiliates

Accountants' Report and Consolidated Financial Statements

June 30, 2011 and 2010

St. Anthony's Medical Center and Affiliates
June 30, 2011 and 2010

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Consolidated Financial Statements

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Statements of Cash Flows	5
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Independent Accountants' Report

Board of Directors
St. Anthony's Medical Center and Affiliates
St. Louis, Missouri

We have audited the accompanying consolidated balance sheets of St. Anthony's Medical Center and Affiliates (the "Medical Center") as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Anthony's Medical Center and Affiliates as of June 30, 2011 and 2010, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

BKD, LLP

September 23, 2011

St. Anthony's Medical Center and Affiliates
Consolidated Balance Sheets
June 30, 2011 and 2010
(In thousands)

Assets

	2011	2010
Current Assets		
Cash and cash equivalents	\$ 1,406	\$ 48,999
Assets limited as to use - current	3,690	3,549
Patient accounts receivable, less allowance for uncollectible accounts; 2011 - \$151,756, 2010 - \$115,088	64,758	55,144
Investments	12,905	2,749
Supplies	5,904	5,834
Prepaid expenses and other	8,443	7,988
Total current assets	<u>97,106</u>	<u>124,263</u>
Assets Limited As To Use		
Board designated	205,450	178,562
Held by trustee for self-insurance	21,798	20,898
Held by trustee under bond indenture	165	-
Charitable foundation	2,640	808
Beneficial interest in trust	2,248	2,081
	<u>232,301</u>	<u>202,349</u>
Less amount required to meet current obligations	3,690	3,549
	<u>228,611</u>	<u>198,800</u>
Investments	<u>28,536</u>	<u>-</u>
Property and Equipment, At Cost		
Land and land improvements	24,364	23,949
Buildings	237,143	229,434
Equipment	327,005	309,410
Construction in progress	13,108	5,510
	<u>601,620</u>	<u>568,303</u>
Less accumulated depreciation	326,200	296,397
	<u>275,420</u>	<u>271,906</u>
Other Assets		
Deferred financing costs	4,243	4,444
Other	4,200	1,190
	<u>8,443</u>	<u>5,634</u>
Total assets	<u><u>\$ 638,116</u></u>	<u><u>\$ 600,603</u></u>

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2011	2010
Current Liabilities		
Current maturities of long-term debt	\$ 4,084	\$ 3,626
Accounts payable	9,349	10,305
Accrued expenses	47,791	44,145
Total current liabilities	61,224	58,076
Accrued Pension Payable	4,972	13,668
Interest Rate Swap Liability	20,878	25,821
Estimated Self-insurance Costs	17,478	18,349
Deferred Gain on Sale Leaseback	4,975	5,808
Long-term Debt	141,657	145,427
	189,960	209,073
Total liabilities	251,184	267,149
Net Assets		
Unrestricted	382,487	331,641
Temporarily restricted	4,445	1,813
Total net assets	386,932	333,454
Total liabilities and net assets	\$ 638,116	\$ 600,603

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2011 and 2010
(In thousands)

	<u>2011</u>	<u>2010</u>
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	\$ 454,351	\$ 421,860
Other	<u>19,129</u>	<u>17,419</u>
Total unrestricted revenues, gains and other support	<u>473,480</u>	<u>439,279</u>
Expenses		
Salaries and wages	199,787	186,540
Employee benefits	39,470	35,739
Purchased services and professional fees	12,792	12,482
Supplies and other	149,195	136,825
Depreciation and amortization	30,614	27,976
Interest	7,651	7,902
Provision for uncollectible accounts	<u>28,821</u>	<u>28,012</u>
Total expenses	<u>468,330</u>	<u>435,476</u>
Operating Income	<u>5,150</u>	<u>3,803</u>
Other Income (Expense)		
Investment return	7,386	1,499
Other, net	(981)	(1,106)
Curtailment loss	(758)	(1,380)
Amortization of deferred gain on sale of buildings	833	833
Change in fair value of interest rate swap agreements	<u>4,943</u>	<u>(6,703)</u>
Total other income (expense)	<u>11,423</u>	<u>(6,857)</u>
Excess (Deficiency) of Revenues Over Expenses	<u><u>\$ 16,573</u></u>	<u><u>\$ (3,054)</u></u>

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Operations and Changes in Net Assets (Continued)
Years Ended June 30, 2011 and 2010
(In thousands)

	<u>2011</u>	<u>2010</u>
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	\$ 16,573	\$ (3,054)
Investment return - change in unrealized gains (losses) on investments	25,183	(5,458)
Reclassification of noncontrolling interests	487	-
Defined benefit pension plans		
Net gain/(loss) arising during the period	8,472	(2,065)
Net assets released from restriction used for purchase of property and equipment	<u>131</u>	<u>1,000</u>
Increase (decrease) in unrestricted net assets	<u>50,846</u>	<u>(9,577)</u>
Temporarily Restricted Net Assets		
Contributions received	2,763	236
Net assets released from restriction	<u>(131)</u>	<u>(1,000)</u>
Increase (decrease) in temporarily restricted net assets	<u>2,632</u>	<u>(764)</u>
Change in Net Assets	53,478	(10,341)
Net Assets, Beginning of Year	<u>333,454</u>	<u>343,795</u>
Net Assets, End of Year	<u><u>\$ 386,932</u></u>	<u><u>\$ 333,454</u></u>

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Cash Flows
Years Ended June 30, 2011 and 2010
(In thousands)

	<u>2011</u>	<u>2010</u>
Operating Activities		
Change in net assets	\$ 53,478	\$ (10,341)
Items not requiring (providing) cash		
Depreciation and amortization	30,614	27,976
Realized and unrealized (gains) losses on investments, net	(29,722)	5,604
Change in minimum pension liability recognized	(8,696)	(2,685)
Change in value of swap agreements	(4,943)	6,703
Loss on sale of equipment	310	589
Restricted contributions received	(2,763)	(236)
Gain on sale of medical office buildings	(833)	(833)
Changes in		
Patient accounts receivable, net	(9,614)	6,106
Supplies	(70)	281
Prepays and other current assets	(455)	(1,272)
Accounts payable and accrued expenses	2,051	8,638
Insurance reserves	(871)	(1,107)
Net cash provided by operating activities	<u>28,486</u>	<u>39,423</u>
Investing Activities		
Purchase of property and equipment, net	(32,371)	(44,957)
Proceeds from sale of equipment	8	9
Net change in assets limited as to use	(231)	(524)
Net change in investments	(38,693)	9,888
Net change in other assets	(3,010)	(162)
Net cash used in investing activities	<u>(74,297)</u>	<u>(35,746)</u>
Financing Activities		
Principal payments on long-term debt	(4,545)	(4,432)
Proceeds from contributions restricted for acquisition on long-lived assets	<u>2,763</u>	<u>236</u>
Net cash used in financing activities	<u>(1,782)</u>	<u>(4,196)</u>
Decrease in Cash and Cash Equivalents	(47,593)	(519)
Cash and Cash Equivalents, Beginning of Year	<u>48,999</u>	<u>49,518</u>
Cash and Cash Equivalents, End of Year	<u>\$ 1,406</u>	<u>\$ 48,999</u>

(Continued)

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Cash Flows (Continued)
Years Ended June 30, 2011 and 2010
(In thousands)

Supplemental Cash Flows Information

Interest paid	\$ 5,394	\$ 5,523
Capital lease incurred for equipment	\$ 1,233	\$ -
Property and equipment in accounts payable	\$ 1,643	\$ 1,004

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Anthony's Medical Center and Affiliates (the "Medical Center") primarily earns revenue by providing inpatient, outpatient and emergency care services to patients in the St. Louis metropolitan area. The Medical Center also provides home care and physician services in the same geographic location.

Principles of Consolidation

The consolidated financial statements of the Medical Center include the accounts of St. Anthony's Medical Center, St. Anthony's Foundation, St. Anthony's Charitable Foundation and St. Anthony's Physician Organization all of which are under common control. The Medical Center is a 52% owner in South County PET Imaging, LLC, an imaging center and a 52% owner in Plaza Surgery Services Company, an outpatient surgery center. The Heart Specialty Associates, LLC was formed in January 2011 and the Medical Center is the sole member of this company. The accounts of these three entities are also included in the Medical Center's consolidated financial statements. All significant inter-company transactions and balances have been eliminated in the consolidation.

Effective July 1, 2010, in accordance with FASB ASC Topic 810, *Noncontrolling Interests*, the Medical Center adopted Statement of Financial Accounting Standards (FAS) No. 160, *Noncontrolling Interests in Consolidated Financial Statements, an Amendment of ARB No. 51* (FAS 160) due to the requirements of FAS No. 164, *Not-for-Profit Entities: Mergers and Acquisitions*. Minority interest previously presents in the mezzanine section of the consolidated balance sheets has been reclassified as noncontrolling interest within unrestricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

St. Anthony's Medical Center and Affiliates
Notes to Consolidated Financial Statements
June 30, 2011 and 2010
(In thousands)

Cash Equivalents

The Medical Center considers all liquid investments other than those limited as to use to be cash equivalents. At June 30, 2011 and 2010, cash equivalents consisted primarily of certificates of deposit and money funds.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income; realized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Unrealized gains and losses on investments are excluded from excess of revenues over expenses as reported in the consolidated statements of operations and changes in net assets.

Assets Limited as to Use

Assets limited as to use include assets held by trustees and assets set aside by the Board of Directors for future capital improvements over which the board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Medical Center are included in current assets.

Patient Accounts Receivable

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.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective useful lives. Donations of property and equipment are reported at fair value as

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

The Medical Center capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing. No interest was capitalized in 2011 or 2010.

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose.

Excess (Deficiency) of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess (deficiency) of revenues over expenses. Changes in unrestricted net assets which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, changes in fair value of interest rate swaps, changes in minimum pension liability and certain other items.

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition in revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Receipt of contributions which are conditional are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Estimated Malpractice Costs

An annual estimated provision is accrued for the self-insured portion of medical malpractice claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported.

Self-insurance

The Medical Center is self-insured for a portion of its exposure to risk of loss from employee health and worker's compensation claims. Annual estimated provisions are accrued for the self-insured portion of employee health and workers compensation claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Income Taxes

All of the not-for-profit entities of the Medical Center have been recognized as exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. However, the Medical Center is subject to federal income tax on any unrelated business taxable income.

The Medical Center files tax returns in the U.S. federal and state jurisdictions. With few exceptions, the Medical Center is no longer subject to examinations by taxing authorities for years before 2008.

Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements to conform to the 2011 consolidated financial statement presentation. The reclassifications had no effect on the change in net assets.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Subsequent Events

Subsequent events have been evaluated through September 23, 2011, which is the date the financial statements were available to be issued.

Note 2: Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include:

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Other inpatient nonacute services and defined medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

Managed Care and Other. The Medical Center has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

A summary of the Medical Center's Medicare, Medicaid and managed care utilization percentages, based on net patient service revenue were as follows:

	2011	2010
Medicare	28%	30%
Medicare managed care	12%	11%
Medicaid	4%	3%
Medicaid managed care	2%	2%
Managed care	34%	37%
Other	20%	17%
	<u>100%</u>	<u>100%</u>

Note 3: Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at June 30, 2011 and 2010, was:

	2011	2010
Medicare	23%	26%
Medicare managed care	11%	11%
Medicaid	6%	6%
Managed care	43%	37%
Self-pay and other	17%	20%
	<u>100%</u>	<u>100%</u>

The financial institution holding the Medical Center's cash accounts participated in the FDIC's Transaction Account Guarantee Program. Under that program, through December 31, 2010, all noninterest-bearing transaction accounts were fully guaranteed by the FDIC for the entire amount in the account. Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

Effective July 21, 2010, the FDIC's insurance limits permanently increased to \$250. At June 30, 2011, the Medical Center's interest-bearing accounts exceeded federally insured limits by approximately \$21.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Note 4: Investments and Investment Return

Assets Limited as to Use

Assets limited as to use include:

	2011	2010
Board designated - St. Anthony's Foundation	\$ 205,450	\$ 178,562
Held by trustee for self-insurance	21,798	20,898
Held by trustee under bond indenture	165	-
Charitable foundation	2,640	808
Beneficial interest in trust	2,248	2,081
Total assets limited as to use	<u>\$ 232,301</u>	<u>\$ 202,349</u>

Board designated assets are set aside for the acquisition of depreciable assets and other capital-related costs.

The following is a summary of assets limited as to use by investment classification at June 30, 2011 and 2010:

	2011	2010
Cash equivalents	\$ 82,676	\$ 80,237
Certificates of deposit	1,662	1,323
U.S. government obligations		
U.S. Treasury securities	1,828	-
U.S. government sponsored enterprises	10,327	7,891
Corporate bonds - domestic	15,113	18,326
State and local bonds	5,185	1,352
Equity securities		
Financials	9,689	-
Information technology	14,169	-
Other	51,343	57,826
Mutual funds	25,215	21,662
Alternative investments	14,930	13,732
Accrued interest	164	-
Total assets limited as to use	<u>\$ 232,301</u>	<u>\$ 202,349</u>

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Investments

Investments include:

	2011	2010
Cash equivalents	\$ -	\$ 428
Equity securities	4	318
Corporate bonds - domestic	393	-
U.S. government obligations (U.S. government sponsored enterprises)	40,918	2,003
Accrued interest	126	-
Total investments	41,441	2,749
Less short-term investments	(12,905)	(2,749)
Long-term investments	<u>\$ 28,536</u>	<u>\$ -</u>

Total investment return is comprised of the following:

	2011	2010
Interest and dividend income	\$ 2,847	\$ 1,645
Net realized and unrealized gains (losses) on investments	29,722	(5,604)
	<u>\$ 32,569</u>	<u>\$ (3,959)</u>

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows:

	2011	2010
Interest and dividend income	\$ 2,847	\$ 1,645
Realized gains	5,065	1,061
Losses on other-than-temporarily impaired investments	(526)	(1,207)
Investment return	7,386	1,499
Change in unrealized gains on investments	25,853	2,004
Change in unrealized losses on investments	(670)	(7,462)
Net change in unrealized gains and losses on investments	25,183	(5,458)
	<u>\$ 32,569</u>	<u>\$ (3,959)</u>

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

The fair value of alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held at June 30, 2011 and 2010, consisted of private equity funds, real estate investment trusts and limited partnerships. Total unfunded commitments at June 30, 2011 and 2010, were \$3,915 and \$4,977. A majority of the funds the Medical Center holds have nonredeemable interests.

Certain investments in debt, marketable equity securities and alternative investments are reported in the financial statements at an amount less than their historical cost. Total fair value of these investments at June 30, 2011 and 2010, were \$40,518 and \$11,612, which is approximately 15% and 6%, respectively, of the Medical Center's investment portfolio. The declines in recent years primarily resulted from recent increases in market interest rates and failure of certain investments to maintain consistent credit quality ratings or meet projected earnings targets.

Except as discussed below, management believes the declines in fair value for these securities are temporary. In 2011 and 2010, the Medical Center recorded other-than-temporary impairment losses of \$526 and \$1,207, respectively.

Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in excess of revenues over expenses in the period the other-than-temporary impairment is identified.

The following tables show the Medical Center's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at June 30, 2011 and 2010:

Description of Securities	June 30, 2011					
	Less than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. government obligations	\$ 23,422	\$ 294	\$ 87	\$ 1	\$ 23,509	\$ 295
Alternative investments	-	-	1,511	343	1,511	343
Corporate bonds	3,511	47	166	10	3,677	57
Equity securities	9,568	767	2,253	416	11,821	1,183
Total	\$ 36,501	\$ 1,108	\$ 4,017	\$ 770	\$ 40,518	\$ 1,878

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(In thousands)

Description of Securities	June 30, 2010					
	Less than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. government obligations	\$ 405	\$ 2	\$ 16	\$ -	\$ 421	\$ 2
Alternative investments	-	-	2,157	296	2,157	296
Corporate bonds	311	7	161	11	472	18
Equity securities	5,746	173	2,816	1,995	8,562	2,168
Total	\$ 6,462	\$ 182	\$ 5,150	\$ 2,302	\$ 11,612	\$ 2,484

The Medical Center's investments in marketable equity securities consist of investments in a diverse portfolio of common stocks. The Medical Center evaluated the near-term prospects of the issuer in relation to the severity and duration of the impairment. Based on that evaluation and the Medical Center's ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the Medical Center does not consider those investments to be other-than-temporarily impaired at June 30, 2011.

Beneficial Interest in Trust

The Medical Center is the beneficiary of a trust administered by an unrelated party. The beneficial interest in the assets of the trust is included in the Medical Center's consolidated financial statements as Assets Limited as to Use. The trust is funded by the Medical Center to provide tuition assistance to students who reside in the St. Anthony's Medical Center service area and are seeking careers in health care and to children of Medical Center employees.

Other-than-temporary Impairment

Upon acquisition of a security, the Medical Center decides whether it is within the scope of the accounting guidance for beneficial interests in securitized financial assets or will be evaluated for impairment under the accounting guidance for investments in debt and equity securities and alternative investments.

The accounting guidance for beneficial interests in securitized financial assets provides incremental impairment guidance for a subset of the debt securities within the scope of the guidance for investments in debt and equity securities. For securities where the security is a beneficial interest in securitized financial assets, the Medical Center uses the beneficial interests in securitized financial asset impairment model. For securities where the security is not a beneficial interest in securitized financial assets, the Medical Center uses debt and equity securities impairment model.

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(In thousands)

The Medical Center conducts periodic reviews to identify and evaluate each investment security to determine whether an other-than-temporary impairment has occurred on these securities. For each security in the investment portfolio, regular review is conducted to determine if an other-than-temporary impairment has occurred. Various inputs to the economic models are used to determine if an unrealized loss is other-than-temporary. If the Medical Center determines that a given security position will be subject to a write-down or loss, the Medical Center records the expected credit loss as other-than-temporary impairment included in excess of revenues over expenses.

Note 5: Disclosures About Fair Value of Assets and Liabilities

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- | | |
|----------------|---|
| Level 1 | Quoted prices in active markets for identical assets or liabilities |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities |
| Level 3 | Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities |

Following is a description of the inputs and valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include cash equivalents, certificates of deposit, equity investments and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include corporate and U.S., state and local government bonds. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include alternative and other investments.

St. Anthony's Medical Center and Affiliates

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(In thousands)

Beneficial Interest in Trust

All investments in the Trust are mutual funds with quoted prices and are classified within Level 2 of the hierarchy.

Interest Rate Swap Agreements

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

The following tables present the fair value measurements of assets (liabilities) recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2011 and 2010:

	Fair Value	2011		
		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash equivalents	\$ 81,962	\$ 81,962	\$ -	\$ -
Certificates of deposit	\$ 1,662	\$ 1,662	\$ -	\$ -
U.S. government obligations				
U.S. Treasury securities	\$ 1,828	\$ -	\$ 1,828	\$ -
U.S. government sponsored enterprises	\$ 50,708	\$ -	\$ 50,708	\$ -
Equity securities				
Financials	\$ 9,689	\$ 9,689	\$ -	\$ -
Information technology	\$ 14,169	\$ 14,169	\$ -	\$ -
Other	\$ 51,193	\$ 51,193	\$ -	\$ -
Mutual funds	\$ 24,908	\$ 24,908	\$ -	\$ -
Alternative and other investments	\$ 14,930	\$ -	\$ -	\$ 14,930
Corporate bonds	\$ 14,969	\$ -	\$ 14,969	\$ -
State and local bonds	\$ 5,185	\$ -	\$ 5,185	\$ -
Interest rate swap agreements	\$ (20,878)	\$ -	\$ (20,878)	\$ -
Beneficial interest in trust	\$ 2,248	\$ -	\$ 2,248	\$ -

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(In thousands)

		2010			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Fair Value				
Cash equivalents	\$ 80,665	\$ 80,665	\$ -	\$ -	
Certificates of deposit	\$ 1,323	\$ 1,323	\$ -	\$ -	
U.S. government obligations	\$ 9,894	\$ -	\$ 9,894	\$ -	
Equity securities	\$ 58,144	\$ 58,144	\$ -	\$ -	
Mutual funds	\$ 19,581	\$ 19,581	\$ -	\$ -	
Alternative and other investments	\$ 13,732	\$ -	\$ -	\$ 13,732	
Corporate bonds	\$ 18,326	\$ -	\$ 18,326	\$ -	
State and local bonds	\$ 1,352	\$ -	\$ 1,352	\$ -	
Interest rate swap agreements	\$ (25,821)	\$ -	\$ (25,821)	\$ -	
Beneficial interest in trust	\$ 2,081	\$ -	\$ 2,081	\$ -	

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying consolidated balance sheets using significant unobservable (Level 3) inputs:

	Alternative and Other Investments
Balance, July 1, 2009	\$ 13,087
Total realized and unrealized gains and losses included in change in net assets	1,205
Settlements	(560)
Balance, June 30, 2010	13,732
Total realized and unrealized gains and losses included in change in net assets	113
Purchases	1,263
Settlements	(178)
Balance, June 30, 2011	\$ 14,930

The fair values of the Medical Center's other financial instruments approximate their carrying value at June 30, 2011 and 2010.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

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(In thousands)

Note 6: Medical Malpractice Claims

The Medical Center is self-insured for the first \$4,000 of medical malpractice risks. The Medical Center purchases insurance coverage above the self-insurance limits. Losses from asserted claims and from unasserted claims identified under the Medical Center's incident reporting system are accrued based on estimates that incorporate the Medical Center's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. Accrued malpractice losses have been discounted at a rate of 6%. It is reasonably possible that the Medical Center's estimate of losses will change by a material amount in the near term.

Note 7: Long-term Debt

	2011	2010
Revenue Bonds, Series 2005 (A)	\$ 75,200	\$ 77,650
Revenue Bonds, Series 2006 (B)	68,750	69,400
Equipment Note (C)	1,360	1,805
Other (D)	144	198
Other (E)	287	-
	<u>145,741</u>	<u>149,053</u>
Less current maturities	<u>(4,084)</u>	<u>(3,626)</u>
	<u>\$ 141,657</u>	<u>\$ 145,427</u>

(A) The Series 2005 Auction Rate Certificate Revenue Bonds consist of Health Facilities Revenue Bonds in the original amount of \$86,600 dated December 1, 2005. The Bonds are payable in annual installments through December 1, 2030. The Bonds are subject to redemption prior to the maturity date thereof at a redemption price of 100% of the principal amount plus accrued interest. The Health and Educational Facilities Authority of the state of Missouri ("Authority") issued the Bonds on behalf of the Medical Center. The proceeds of the bond issue were loaned to the Medical Center under a trust indenture and loan agreement, dated January 9, 2006.

The trust indenture also requires the Medical Center to comply with certain restrictive covenants including maintaining minimum insurance coverage, a historical debt service coverage ratio of 1.10 and restrictions on the incurrence of additional debt.

The Series 2005 Revenue Bonds are secured by the gross revenues of the Medical Center. The Bonds have not been guaranteed by the Authority.

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(In thousands)

- (B) The Series 2006 Auction Rate Certificate Revenue Bonds consist of Health Facilities Revenue Bonds in the original amount of \$70,000 dated June 1, 2006. The Bonds are payable in annual interest only installments through December 1, 2009, and principal and interest installments through December 1, 2036. The Bonds are subject to redemption prior to the maturity date thereof at a redemption price of 100% of the principal amount plus accrued interest. The Authority issued the Bonds on behalf of the Medical Center. The proceeds of the bond issue were loaned to the Medical Center under a trust indenture and loan agreement, dated June 29, 2006.

The trust indenture requires that certain funds be established with the trustee. Accordingly, these funds are included in assets limited as to use in the financial statements. The trust indenture also requires the Medical Center to comply with certain restrictive covenants including maintaining minimum insurance coverage, a historical debt service coverage ratio of 1.10 and restrictions on the incurrence of additional debt.

The Series 2006 Revenue Bonds are secured by the gross revenues of the Medical Center and the assets restricted under the bond trust indenture. The Bonds have not been guaranteed by the Authority.

- (C) The Medical Center entered into a loan agreement for the purchase of equipment totaling \$3,100. The note is secured by the equipment.
- (D) Other represents a note payable with a group purchasing organization the Medical Center entered into to become a member of the organization.
- (E) Other represents a capital lease obligation for equipment with imputed interest of 5%, due August 2011.

Aggregate annual maturities of long-term debt at June 30, 2011, are:

2012	\$	4,084
2013		3,891
2014		3,916
2015		3,650
2016		3,800
Thereafter		<u>126,400</u>
	\$	<u>145,741</u>

The Medical Center has a \$45 million revolving bank line of credit expiring in March 2012. At June 30, 2011 and 2010, there were no borrowings against this line. The line is collateralized by substantially all of the Medical Center's assets. Interest varies with the 30-day LIBOR plus an applicable margin based upon the Medical Center's long-term credit rating from Standard & Poor's Ratings Service. In addition, the Medical Center has two standby letters of credit totaling an amount not to exceed \$2 million. The letters expire in January and April of 2012.

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(In thousands)

Note 8: Derivative Financial Instruments

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Medical Center entered into two interest rate swap agreements for its floating rate debt.

Under the first agreement, the Medical Center receives interest from the counterparty at 67% of the monthly LIBOR rate and pays the counterparty at a rate of 3.583% on notional amounts of \$75,200 at June 30, 2011.

Under the second agreement, the Medical Center receives interest from the counterparty at 67% of the monthly LIBOR rate and pays the counterparty at a rate of 3.899% on notional amounts of \$68,750 at June 30, 2011.

Management has designated the interest rate swap agreements as cash flow hedging instruments. For derivative instruments that are designated and qualify as a cash flow hedge, the effective portion of the gain or loss on the derivative is reported as a component of unrestricted net assets and reclassified into excess revenues over expenses in the same period or periods during which the hedged transaction affects earnings. Gains and losses on the derivative representing either hedge ineffectiveness or hedge components excluded from the assessment of effectiveness are recognized in current revenues over expenses.

The Medical Center has determined both swap agreements are ineffective and changes in their fair values are included in excess revenues over expenses.

The table below presents certain information regarding the Medical Center's interest rate swap agreements.

	2011	2010
Fair value of interest rate swap agreement	\$ 20,878	\$ 25,821
Balance sheet location of fair value amount	Long-term liabilities	Long-term liabilities
Loss recognized in excess revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	\$ 5,144	\$ 5,278
Location of loss recognized in excess revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	Interest expense	Interest expense

Note 9: Temporarily Restricted Net Assets

Temporarily restricted net assets of \$4,445 and \$1,813 at June 30, 2011 and 2010, respectively, are available for purchase of property and equipment.

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(In thousands)

Note 10: Charity Care and Community Services

In support of its mission, the Medical Center provides care to patients who lack financial resources and are determined to be medically indigent. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. In addition, the Medical Center provides services to other medically indigent patients under various state Medicaid programs. Such programs pay providers amounts that are less than the established charges for the services provided to the recipients.

The following is a summary of uncompensated charges related to these services for the years ended June 30, 2011 and 2010:

	2011	2010
Medicaid allowances	\$ 63,551	\$ 68,951
Charity care allowances and services	19,391	24,260
Total uncompensated charges	<u>\$ 82,942</u>	<u>\$ 93,211</u>

In addition to the uncompensated charges, the Medical Center maintains a community benefits program designed to positively impact the health status of the communities served. These services include outreach programs (designed to deliver health care services to under-served communities); medical education and research activities and direct cash and in-kind charitable contributions. Direct cash contributions to unrelated organizations supporting missions consistent with the Medical Center were \$802 and \$716, for the years ended June 30, 2011 and 2010, respectively.

Note 11: Functional Expenses

The Medical Center provides general health care services to residents within its service area including inpatient, outpatient and emergency care services. Expenses related to providing these services are as follows:

	2011	2010
Health care services	\$ 437,654	\$ 412,526
General and administrative	30,676	22,950
	<u>\$ 468,330</u>	<u>\$ 435,476</u>

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(In thousands)

Note 12: Retirement Plans

The Medical Center had a defined benefit Pension Plan covering all employees. The medical Center froze the Plan effective June 30, 2009, and has not determined when the Plan will be terminated.

The Medical Center's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Medical Center may determine to be appropriate from time to time. The Medical Center expects to contribute \$240 to the Plan in 2012.

The Medical Center uses a June 30 measurement date for the Plan. Information about the Plan's funded status follows:

	2011	2010
Benefit obligation	\$ (60,307)	\$ (65,254)
Fair value of plan assets	55,335	51,586
Funded status	\$ (4,972)	\$ (13,668)

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit costs consist of a net loss of \$6,545 and \$15,017 for June 30, 2011 and 2010, respectively.

No plan assets are expected to be returned to the Medical Center during 2012.

The estimated net actuarial loss and prior service costs for the plan that will be amortized into net periodic benefit cost over the next fiscal year are \$508 and \$-0- at June 30, 2011 and 2010, respectively.

The Plan's accumulated benefit obligation in excess of Plan assets is as follows:

	2011	2010
Projected benefit obligation	\$ 60,307	\$ 65,254
Accumulated benefit obligation	\$ 60,307	\$ 65,254
Fair value of plan assets	\$ 55,335	\$ 51,586

Other significant balances and costs are:

	2011	2010
Employer contributions	\$ -	\$ 5,000
Benefits paid	\$ 7,359	\$ 6,341

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(In thousands)

	2011	2010
Components of net periodic pension cost		
Interest cost	\$ 2,646	\$ 3,513
Expected return on plan assets	(4,136)	(4,644)
Amortization of unrecognized net loss	508	-
Net periodic cost	<u>\$ (982)</u>	<u>\$ (1,131)</u>

Weighted average assumptions used to determine net periodic cost are:

	2011	2010
Discount rate	4.30%	6.01%
Expected return on plan assets	8.00%	8.00%

Weighted average assumptions used to determine benefit obligations are:

	2011	2010
Discount rate	4.40%	4.30%

The following pension benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of June 30, 2011:

2012	\$ 7,300
2013	\$ 6,000
2014	\$ 5,700
2015	\$ 5,500
2016	\$ 5,400
2017 - 2021	\$ 23,000

Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan agreement. The Plan agreement permits investments in common stocks, corporate bonds and debentures, U.S. government securities, real estate and other specified investments, based on certain target allocation percentages.

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(In thousands)

Asset allocation is primarily based on a strategy to achieve a total return sufficient to meet the actuary's return need assumption net of investment expenses and net of fees paid out of the trust. The target asset allocation percentages for 2011 and 2010 are as follows:

Domestic equity securities	Not to exceed 50%
International equity securities	Not to exceed 25%
Alternative assets	Not to exceed 10%
Fixed income securities	Not to exceed 50%

Plan assets are re-balanced quarterly. At June 30, 2011 and 2010, plan assets by category are as follows:

	2011	2010
Domestic equity securities	46%	45%
International equity securities	15%	12%
Alternative assets	6%	10%
Fixed income securities	33%	33%
	100%	100%

Pension Plan Assets

Following is a description of the valuation methodologies and inputs used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include pooled separate accounts. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy and include pooled separate accounts.

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(In thousands)

The fair values of the Medical Center's pension plan assets at June 30, 2011 and 2010, by asset category are as follows:

		2011			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Fair Value				
Pooled separate accounts (A)	\$ 55,335	\$ -	\$ 55,335	\$ -	

		2010			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Fair Value				
Pooled separate accounts (A)	\$ 51,586	\$ -	\$ 50,332	\$ 1,254	

(A) The pooled separate accounts invest in a variety of common stocks, mutual funds and fixed securities such as asset backed securities, mortgage backed securities and corporate bonds. The Level 3 assets consist mainly of commercial real estate and mortgage loans.

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(In thousands)

	Pooled Separate Accounts
Balance at July 1, 2009	\$ 2,387
Total realized and unrealized gains and losses	(235)
Purchases, issuances and settlements	(898)
Balance at June 30, 2010	<u>1,254</u>
Total realized and unrealized gains and losses	31
Purchases, issuances and settlements	(1,285)
Balance at June 30, 2011	<u><u>\$ -</u></u>

The Medical Center also sponsors defined contribution plans covering substantially all employees. The Plans consist of both a 401(k) plan and a 403(b) plan. Contributions under the Plans include employee contributions, subject to Internal Revenue Service limitations, and a matching contribution equal to 50% up to the first 1% of the participant's compensation and 25% of the next 3%. Employees are eligible to participate upon employment and become fully vested in the matching contribution upon completion of three years of service. The Medical Center's expense related to the Matched Savings Plan was \$1,243 and \$1,149 for fiscal years 2011 and 2010, respectively.

Beginning July 1, 2009, the Medical Center sponsored an additional defined contribution plan covering substantially all employees. The contributions under this Plan are based on years of service. Plan expense under this Plan was \$6,494 and \$6,885 in fiscal years 2011 and 2010, respectively.

Note 13: Profit Participation

The Medical Center sponsors a profit sharing program whereby up to 25% of the operating income will be shared with the employees up to \$2,000. The Medical Center expense related to the profit sharing program was \$1,638 and \$1,268 for the years ended June 30, 2011 and 2010, respectively.

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Note 14: Operating Leases

During 2008, the Medical Center sold six medical office buildings and began leasing the space through a sales leaseback transaction. Under the terms of the transaction the Medical Center recognized an initial gain of \$2,646 and a deferred gain of \$8,304 which is being amortized over the term of the leases. Included in operating income is amortization of \$833 for 2011 and 2010.

Future minimum lease payments at June 30, 2011, were:

2012	\$	4,109
2013		4,225
2014		4,350
2015		4,490
2016		4,621
Thereafter		7,534
	\$	<u>29,329</u>

Rent expense under all operating leases was \$7,407 and \$6,982 for the years ended June 30, 2011 and 2010, respectively.

The Medical Center retained ownership of the land on campus in the sale leaseback transaction and entered into a ground lease for 75 years for the use of the land. As part of the agreement, the lease of the land at the Fenton Urgent Care Center was subleased to the purchaser of the medical office buildings. The Medical Center is contingently liable for \$4,300 of rental payments through 2014 in the event of default on the Fenton Urgent Care Center sublease.

Future minimum rental revenue under the terms of the ground lease at June 30, 2011, were:

2012	\$	675
2013		675
2014		675
2015		675
2016		675
Thereafter		44,892
	\$	<u>48,267</u>

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Note 15: Significant Estimates

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Notes 1 and 6.

General Litigation

The Medical Center is subject to claims and lawsuits that arise primarily in the ordinary course of business. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the consolidated financial position of the Medical Center.

Investments

The Medical Center invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

Current Economic Conditions

The current protracted economic decline continues to present hospitals with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing. The consolidated financial statements have been prepared using values and information currently available to the Medical Center.

Current economic conditions, including the rising unemployment rate, have made it difficult for certain of our patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Medical Center's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

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(In thousands)

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the consolidated financial statements could change rapidly, resulting in material future adjustments in investment values (including defined benefit pension plan investments) and allowances for accounts and contributions receivable that could negatively impact the Medical Center's ability to meet debt covenants or maintain sufficient liquidity.