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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 43-0980256	
<b>B</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		<b>E Telephone number</b> (314) 525-1000	
<b>C</b> 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		<b>G</b> Gross receipts \$ 462,692,435	
<b>F</b> Name and address of principal officer KENNETH J VENUTO 10010 KENNERLY RD ST LOUIS, MO 63128		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J Website:</b> ▶ WWW.STANTHONYSMEDCENTER.COM			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1971	<b>M</b> State of legal domicile MO

<b>Part I</b>	<b>Summary</b>
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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) . . . . .	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	5,070
	6 Total number of volunteers (estimate if necessary) . . . . .	6	299
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	91,593
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	78,044	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	1,144,832	611,845
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	424,984,380	407,435,858
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,539,555	431,280
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	18,483,993	20,139,655
		447,152,760	428,618,638
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	32,143	20,505
	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)	211,858,569	210,053,883
	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–24e) . . . . .	218,322,978	213,452,939
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	430,213,690	423,527,327
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	16,939,070	5,091,311
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16) . . . . .		459,543,114	456,076,109
21 Total liabilities (Part X, line 26) . . . . .		249,891,628	265,836,559
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .		209,651,486	190,239,550

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	***** Signature of officer			2013-05-01 Date	
	KENNETH VENUTO CFO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Donna J Larson	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733			EIN <input type="text"/>
					Phone no <input type="text"/> (314) 231-5544

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

Part III

Statement of Program Service Accomplishments

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

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 organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 394,983,366 including grants of \$ 20,505 ) (Revenue \$ 407,515,032 )

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 \$ 394,983,366

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	<b>Section 501(c)(3) organizations.</b> 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 	4	Yes	
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 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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. 	11a	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. 	11b		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. 	11c		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. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	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. 	11f		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 	12a		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 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . .	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . 	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . . 	20b	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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	147			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	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.	<b>2a</b>	5,070			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes			
<b>4a</b>	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 or securities account)?	<b>4a</b>				No
<b>b</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.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

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 . . . . .		
1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	12
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	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete 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 the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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 ▶ KENNETH J VENUTO 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 organizations compensated any current or former officer, director, or trustee

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	7,531,524	0	494,689

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 145

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	Yes	
<b>4</b>	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> . . . . .	<b>4</b>	Yes	
<b>5</b>	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> . . . . .	<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASPEN ADVISORS LLC 22337 MEADOW VIEW ROAD MORRISON, CO 80465	IT PLANNING	3,202,080
SSM CARDINAL GLENNON CHILDRENS HOSP 1195 CORPORATE LAKE DR ST LOUIS, MO 63132	PEDIATRIC PHYSICIANS	1,696,176
LARRY BAST CONSTRUCTION CO INC 1409 HERCULANEUM DR HERCULANEUM, MO 63048	CONSTRUCTION	3,745,263
PAVILION SERVICES LLC 12855 N FORTY DR SUITE 300 ST LOUIS, MO 63141	BILLING SERVICES	3,463,371
DIAMOND HEALTH PARTNERS 10012 KENNERLY ROAD ST LOUIS, MO 63128	PHYSICIAN SERVICES	1,699,992
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>51</b>		

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	535,171			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	76,674			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		611,845			
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	407,353,766	407,353,766		
	b	EDUCATIONAL PGMS	611710	82,092	82,092		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		407,435,858			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		483,292		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real 1,423,996	(ii) Personal			
b		Less rental expenses	231,677				
c		Rental income or (loss)	1,192,319				
d		Net rental income or (loss) . . . . .		1,192,319			1,192,319
7a		Gross amount from sales of assets other than inventory	(i) Securities 31,067,556	(ii) Other 0			
b		Less cost or other basis and sales expenses	31,119,568	0			
c		Gain or (loss)	-52,012	0			
d		Net gain or (loss) . . . . .		-52,012			-52,012
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	8,078,358			
b		Less cost of goods sold . . . .	b	2,722,552			
c		Net income or (loss) from sales of inventory . .		5,355,806		79,174	5,276,632
		Miscellaneous Revenue	Business Code				
11a		CAFETERIA SALES	722210	2,635,984			2,635,984
b		JOINT VENTURE INCOME	900099	1,507,859			1,507,859
c	AMORTIZATION OF DEFERRED GAIN ON SALE OF BLDGS	900099	833,004			833,004	
d	All other revenue . . . . .		8,614,683		12,419	8,602,264	
e	Total. Add lines 11a-11d . . . . .		13,591,530				
12	Total revenue. See Instructions . . . . .		428,618,638	407,435,858	91,593	20,479,342	

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)

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

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 United States See Part IV, line 21	20,505	20,505		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	4,188,630	1,085,297	3,103,333	
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	169,671,553	163,526,099	6,145,454	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,481,626	7,201,371	280,255	
9	Other employee benefits	16,300,981	15,478,285	822,696	
10	Payroll taxes	12,411,093	11,563,035	848,058	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	369,794	182,655	187,139	
c	Accounting	129,396		129,396	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	13,096,432	10,438,622	2,657,810	
12	Advertising and promotion	1,815,110	1,815,110		
13	Office expenses	101,015,143	99,891,917	1,123,226	
14	Information technology	5,054,337	361,067	4,693,270	
15	Royalties	0			
16	Occupancy	1,581,343	1,581,343		
17	Travel	391,242	391,242		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	223,476	223,476		
20	Interest	7,678,428	7,678,428		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,640,083	23,318,601	7,321,482	
23	Insurance	3,439,724	3,439,724		
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	27,291,936	27,291,936		0
b	MEDICAL SPECIALIST	9,722,504	9,522,504	200,000	
c	LEASE RENT BUILDING	6,379,040	5,989,536	389,504	
d	MEDICAL CODING COMPLIANCE	760,395	760,395		
e					
f	All other expenses	3,864,556	3,222,218	642,338	
25	Total functional expenses. Add lines 1 through 24f	423,527,327	394,983,366	28,543,961	0
26	Joint costs. Check here <input 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 . . . . .			0	1	2,771,124
	2	Savings and temporary cash investments . . . . .			1,405,589	2	2,901,909
	3	Pledges and grants receivable, net . . . . .			759,040	3	160,001
	4	Accounts receivable, net . . . . .			63,532,729	4	59,310,975
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			39,559,411	7	52,387,156
	8	Inventories for sale or use . . . . .			5,903,852	8	5,474,895
	9	Prepaid expenses and deferred charges . . . . .			2,508,266	9	2,673,597
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	625,446,846			
	b	Less: accumulated depreciation . . . . .	10b	357,225,212	275,421,646	10c	268,221,634
	11	Investments—publicly traded securities . . . . .			63,404,123	11	53,218,118
	12	Investments—other securities. See Part IV, line 11 . . . . .			631,427	12	730,843
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			6,417,031	15	8,225,857
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			459,543,114	16	456,076,109	
Liabilities	17	Accounts payable and accrued expenses . . . . .			55,846,433	17	53,143,625
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			145,310,176	20	141,597,628
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			144,390	23	88,357
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			48,590,629	25	71,006,949
	26	Total liabilities. Add lines 17 through 25 . . . . .			249,891,628	26	265,836,559
	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 . . . . .			209,651,486	27	189,490,218
28		Temporarily restricted net assets . . . . .			0	28	749,332
29		Permanently restricted net assets . . . . .			0	29	0
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 . . . . .			209,651,486	33	190,239,550
34	Total liabilities and net assets/fund balances . . . . .			459,543,114	34	456,076,109	

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	428,618,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	423,527,327
3	Revenue less expenses Subtract line 2 from line 1	3	5,091,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	209,651,486
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-24,503,247
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	190,239,550

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

2011

Open to Public  
Inspection

Name of the organization St Anthony's Medical Center	Employer identification number 43-0980256
---	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety Se**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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions )

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))

14

15 Public Support Percentage for 2010 Schedule A, Part II, line 14

15

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



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

Facts And Circumstances Test

Explanation

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization St Anthony's Medical Center	Employer identification number  43-0980256
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

3

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

▶ \$

4

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5

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

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		32,610
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			32,610
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions.

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	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 . . . . .	21,798,631	20,897,736	18,436,504	21,577,451
b	Contributions . . . . .	208,253,399	19,335	58,094	832,413
c	Investment earnings or losses . . . . .	-8,383,763	4,285,185	2,518,572	-3,230,778
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	3,093,519	3,403,625	115,434	742,582
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	218,574,748	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 ▶ 98 715 %

b

Permanent endowment ▶

c

Term endowment ▶ 1 285 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

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

Part VI

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

Description of property	(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 . . . . .		242,440,727	87,415,759	155,024,968
c Leasehold improvements . . . . .				
d Equipment . . . . .		352,094,421	260,632,255	91,462,166
e Other . . . . .		21,067,593	9,177,199	11,890,394
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				268,221,634

Schedule D (Form 990) 2011



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. THE CURRENT YEAR COLUMN INCLUDES FUNDS HELD BY RELATED ORGANIZATIONS FOR THE BENEFIT OF THE HOSPITAL. THESE FUNDS ARE TO BE USED FOR FUTURE CAPITAL IMPROVEMENTS.
UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

**Name of the organization**  
St Anthony's Medical Center

**Employer identification number**  
43-0980256

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? 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 Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? 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 did 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	3a	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1) . . . . .			7,529,044	0	7,529,044	1 910 %
b Medicaid (from Worksheet 3, column a) . . . . .			55,274,155	50,749,122	4,525,033	1 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			62,803,199	50,749,122	12,054,077	3 060 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			271,672	16,232	255,440	0 060 %
f Health professions education (from Worksheet 5) . . . . .			315,977	0	315,977	0 080 %
g Subsidized health services (from Worksheet 6) . . . . .			9,513,612	9,253,015	260,597	0 070 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			55,639	0	55,639	0 010 %
j <b>Total</b> Other Benefits . . . . .			10,156,900	9,269,247	887,653	0 220 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			72,960,099	60,018,369	12,941,730	3 280 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			20,500	0	20,500	0 010 %
9Other						
10Total			20,500	0	20,500	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 Heathcare Financial Management Association Statement No 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	28,535,843	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	30	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5135,821,645	
6	Enter Medicare allowable costs of care relating to payments on line 5	6143,175,942	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-7,354,297	
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	Did the organization have a written debt collection policy during the tax year?	9aYes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures (see instructions)

(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 %
1SOUTH COUNTY PET	IMAGING SERVICES	52 000 %	0 %	48 000 %
2PLAZA SURGERY SVCS	OUTPATIENT SERVICES	52 000 %	0 %	48 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

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

## Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ST ANTHONY'S MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance? . . . . .	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size 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	ARNOLD URGENT CARE 3619 RICHARDSON ROAD ARNOLD, MO 63010	URGENT CARE FACILITY
3	LEMAY URGENT CARE 2900 LEMAY FERRY ROAD ST LOUIS, MO 63125	URGENT CARE FACILITY
4	BIG BEND URGENT CARE 10296 BIG BEND BLVD ST LOUIS, MO 63122	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 descriptions 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, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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, LINES 7(A) AND 7(B), 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 \$27,291,936 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 2012 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
CHARGES FOR MEDICAL CARE	PART V, LINE 19	FINANCIAL ASSISTANCE DETERMINATION LEVELS ARE UPDATED ANNUALLY BASED ON FEDERAL POVERTY GUIDELINES USUALLY PUBLISHED IN JANUARY THE MEDICARE COST-TO-CHARGE RATIO IS UPDATED ANNUALLY AFTER PREPARATION OF THE MEDICARE COST REPORT THE UNINSURED DISCOUNT FOR PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE IS REVIEWED ANNUALLY AND IS BASED ON LOW VOLUMES MANAGED CARE CONTRACT DISCOUNTS POLICIES WILL BE UPDATED ANNUALLY AFTER RECEIPT OF THE FEDERAL POVERTY GUIDELINES AND THE CMS TENTATIVE REVIEW OF THE COST REPORT SETTLEMENT

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	



Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	THE MEDICAL ELIGIBILITY PROGRAM IS A HOSPITAL SERVICE PROVIDED TO PATIENTS AT NO COST PATIENTS MAY QUALIFY FOR GOVERNMENT PROGRAMS WHICH PAY FOR ALL OR PART OF THEIR HOSPITAL AND MEDICAL EXPENSES IF PATIENT IS UNDER 21 OR OVER 65 YEARS OLD, HAVE CHILDREN IN THE HOUSEHOLD, ARE PREGNANT, POTENTIALLY DISABLED, OR HAVE BEEN A VICTIM OF CRIME THEY MAY QUALIFY SAMC HOSPITAL FINANCIAL COUNSELORS WILL ASSIST PATIENT WITH THE APPLICATION PROCESS PATIENTS ARE INFORMED ABOUT OUR FINANCIAL ASSISTANCE PROCESS IN A NUMBER OF WAYS -FINANCIAL COUNSELORS ARE AVAILABLE TO PATIENTS DURING THEIR STAY - DISCUSSIONS ABOUT FINANCIAL ASSISTANCE OCCUR WHEN SPEAKING TO PATIENTS ON THE PHONE ABOUT THEIR ACCOUNT BALANCES -INFORMATION REGARDING OUR FINANCIAL ASSISTANCE POLICY IS LOCATED AT SAMC AND ON THE BILLING STATEMENTS -ADDITIONAL INFORMATION IN REGARD TO FINANCIAL ASSISTANCE IS LISTED ON BILLING STATEMENTS OR CAN BE FOUND ON SAMC'S WEBSITE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	THE PRIMARY COMMUNITY THAT ST ANTHONY'S SERVES INCLUDES A GEOGRAPHIC AREA OF SOUTH ST LOUIS COUNTY, SOUTH ST LOUIS CITY AND JEFFERSON COUNTY IN MISSOURI AND MONROE COUNTY IN ILLINOIS THE SERVICE AREA COULD BEST BE DESCRIBED AS A COMBINATION SUBURBAN COMMUNITY ST ANTHONY'S SERVES A COMBINED POPULATION OF MORE THAN 566,000 RESIDENTS WHO RESIDE WITHIN A 25-30 MINUTE DRIVE TO ST ANTHONY'S THE PRIMARY SERVICE AREA ACCOUNTS FOR ABOUT 80% OF THE PATIENTS SERVED THE DEMOGRAPHIC DATA* FOR THE PRIMARY SERVICE AREA INCLUDES A POPULATION OF MORE THAN 566,000 WITH TOTAL HOUSEHOLDS OF MORE THAN 227,000 MOST OF THE RESIDENTS ARE WHITE (90% ), WITH 4% BLACK RESIDENTS, HISPANIC 2%, ASIAN/PACIFIC ISLANDER 2% AND ALL OTHER 2% WE ALSO SERVE A LARGE BOSNIAN POPULATION THE APPROXIMATE OCCUPATION BREAKOUT OF THE PRIMARY SERVICE AREA IS 62% WHITE COLLAR, 22% BLUE COLLAR AND ABOUT 16% SERVICE WORKERS THE AVERAGE HOUSEHOLD INCOME IS ABOUT \$70,000/YR THE ELDERLY POPULATION OF AGES 65 AND OLDER IS 23% THE HOUSEHOLDS OF OWNER OCCUPIED ARE 77% VERSUS 23% RENTER OCCUPIED SINGLE PARENT HOUSEHOLDS ARE ABOUT 34% THE PERCENTAGE OF RESIDENTS WITH INCOME LEVELS OF LESS THAN \$25,000 IS 18% *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

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	-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 \$150,828 IN CASH DONATIONS TO NON-PROFIT ORGANIZATIONS AND SET UP \$636,000 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, LINE 7	

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☒

(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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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
---	--

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 type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	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	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) (ii)	516,041 0	126,911 0	16,502 0	60,413 0	4,086 0	723,953 0	0 0
(2) JOHN SKEANS	(i) (ii)	280,977 0	59,020 0	10,656 0	26,913 0	7,994 0	385,560 0	0 0
(3) ROBERT P THAMES	(i) (ii)	313,891 0	116,440 0	6,703 0	26,706 0	7,932 0	471,672 0	0 0
(4) ROBERT GRIESBAUM	(i) (ii)	230,089 0	54,312 0	20,181 0	10,413 0	13,372 0	328,367 0	0 0
(5) ANN BOLLONE	(i) (ii)	227,779 0	49,476 0	336 0	9,777 0	7,899 0	295,267 0	0 0
(6) SHERRY NELSON	(i) (ii)	199,818 0	52,990 0	808 0	26,913 0	9,159 0	289,688 0	0 0
(7) EMILY NIEHAUS	(i) (ii)	199,251 0	43,160 0	433 0	10,413 0	13,340 0	266,597 0	0 0
(8) GORDON LASHMETT	(i) (ii)	179,848 0	59,065 0	218 0	9,130 0	9,019 0	257,280 0	0 0
(9) PATRICK GARRETT	(i) (ii)	319,714 0	121,462 0	637 0	26,913 0	4,645 0	473,371 0	0 0
(10) MICHAEL L SHAPIRO	(i) (ii)	745,451 0	75,915 0	3,130 0	26,913 0	14,062 0	865,471 0	0 0
(11) GREGORY W BOTTERON	(i) (ii)	749,931 0	75,915 0	80 0	7,350 0	13,762 0	847,038 0	0 0
(12) MICHAEL G GOLDMEIER	(i) (ii)	742,451 0	75,915 0	1,674 0	26,913 0	14,062 0	861,015 0	0 0
(13) RAJIV R HANDA	(i) (ii)	748,451 0	75,915 0	1,092 0	26,913 0	14,062 0	866,433 0	0 0
(14) CHARLES F CAREY	(i) (ii)	747,397 0	75,915 0	728 0	26,913 0	8,585 0	859,538 0	0 0
(15) KEVIN SPRECHER	(i) (ii)	137,466 0	42,270 0	110 0	22,876 0	7,241 0	209,963 0	0 0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
HEALTH OR SOCIAL CLUB DUES	PART I, LINE 1(A)	THOMAS ROCKERS, THE PRESIDENT, RECEIVED AN ALLOWANCE FOR HEALTH/SOCIAL CLUB MEMBERSHIP DUES. THE SOCIAL CLUB MEMBERSHIP IS TO BE USED EXCLUSIVELY FOR BUSINESS PURPOSES.
SEVERANCE PAYMENT	PART I, LINE 4(A)	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT PER A CONTRACTUAL TERMINATION AGREEMENT: GORDON LASHMETT \$22,149; ROBERT THAMES \$148,090. 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): PATRICK GARRETT \$16,500; SHERRY R. NELSON \$16,500; JOHN SKEANS \$16,500; ROBERT THAMES \$16,500; KEVIN SPRECHER \$15,074; THOMAS ROCKERS \$33,500.
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: MICHAEL L. SHAPIRO \$75,915; GREGORY W. BOTTERON \$75,915; MICHAEL G. GOLDMEIER \$75,915; RAJIV R. HANDA \$75,915; CHARLES F. CAREY \$75,915.

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	
											2011	
	Department of the Treasury Internal Revenue Service 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	13,950,000		1,950,000		2,163,114			
2	Amount of bonds 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	0		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	98,684,739		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	1991		2010		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?				X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?				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		0			
c	Term of hedge	25		30 4					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	0		0		0			
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 VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VISupplemental 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 SCHEDULE O

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

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
(1) LEWIS RICE AND FINGERISH	J PRUELLAGE,BOARD MEMBER,	443,504	LEGAL SERVICES		No
(2) LEWIS RICE AND FINGERISH CON	IS A BOARD MEMBER OF LRF				
(3) SC ANESTHESIA	J WILKINSON, BOARD MEMBER	794,341	ANESTHESIA SERVICES		No
(4) SC ANESTHESIA CON'T	IS A CO-OWNER OF SCA				

**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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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization St Anthony's Medical Center	Employer identification number 43-0980256
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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. 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. 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. 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 <a href="http://WWW.STANTHONYSMEDCENTER.COM/COMPROGRAMS/COMMUNITYMENU.ASP">HTTP /WWW STANTHONY SMEDCENTER COM/COMPROGRAMS/COMMUNITY MENU ASP</a></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 AND STACIE HASTIE, 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 LOSS IN INVESTMENT RETURN (2,989,956) UNREALIZED GAINS ON INVESTMENTS 3,154,819 UNREALIZED MARKET ADJUSTMENT (914,344) DEFINED BENEFIT PENSION PLANS (3,569,761) RECLASS NONCONTROLLING INTEREST (238,826) CURTAILMENT LOSS (914,017) INEFFECTIVE PORTION OF BOND SWAP ( 19,031,162) ----- TOTAL OTHER CHANGES IN NET ASSETS (24,503,247)

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND MANAGEMENT PRACTICES AND PROCEDURES	SCHEDULE K, PART III, LINE 7 and PART V	<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. WHEN SAMC FILED ITS FORM 990 FOR FISCAL YEAR END 6/30/2010, IT 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, FOR FISCAL YEAR END 6/30/2011, SAMC BECAME 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 WORKED WITH COUNSEL TO DEVELOP SEPARATE WRITTEN TAX COMPLIANCE PROCEDURES AND ADOPTED SUCH WRITTEN PROCEDURES NOVEMBER 21, 2012. THESE WRITTEN TAX COMPLIANCE PROCEDURES ADDRESS BOTH (A) POST-ISSUANCE COMPLIANCE AND (B) REMEDIATION OF NONQUALIFIED BONDS (INCLUDING UTILIZATION OF THE VOLUNTARY CLOSING AGREEMENT PROGRAM). SAMC ANTICIPATES THAT IT WILL BE ABLE TO ANSWER "YES" TO QUESTIONS REGARDING SEPARATE, WRITTEN MANAGEMENT PRACTICES AND PROCEDURES FOR ENSURING POST-ISSUANCE TAX COMPLIANCE AND REMEDIATION OF NONQUALIFIED BONDS AS PART OF SCHEDULE K IN FUTURE YEARS.</p>

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH LIPIC TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS ROCKERS TITLE PRESIDENT HOURS 3

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 DANIEL BIPPEN TITLE MEMBER 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 JOHN SKEANS TITLE EXECUTIVE VP - CFO HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK GARRETT TITLE EXECUTIVE VP - PHYS NETWORKS HOURS 8

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
St Anthony's Medical Center

**Employer identification number**  
43-0980256

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	2,797,980	424,477	SAMC
(2) PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	1,540,880	762,931	SAMC
(3) URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	9,027,053	1,762,554	SAMC
(4) HEART SPECIALTY ASSOCIATES 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	MEDICAL	MO	7,310,216	800,698	SAMC

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	Yes	
(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	Yes	
(3) ST ANTHONY'S CHARITABLE FOUNDATION  10010 KENNERLY ROAD  ST LOUIS, MO 63128 26-1516789	FUNDRAISING	MO	501(C)(3)	11 - I	SAMC	Yes	
(4) AUXILIARY OF ST ANTHONY'S MEDICAL CTR  10010 KENNERLY ROAD  ST LOUIS, MO 63128 43-6056990	FUNDRAISING	MO	501(C)(3)	9	SAMC	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) S CNTY PET IMAGLLC  10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	IMAGING SERVICES	MO	SAMC	RELATED	308,819	724,081		No			No	52 400 %
(2) PLZ SRGICL SERVS CO  12700 SOUTHFORK ROAD ST LOUIS, MO 63128 20-4709312	SURGICAL SERV	MO	SAMC	RELATED	113,700	49,768		No		Yes		52 083 %

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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

No

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)			

Schedule R (Form 990) 2011

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	
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**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	125,000	COST
(2) ST ANTHONY'S PHYSICIAN ORGANIZATION	K	12,962,378	COST
(3) ST ANTHONY'S CHARITABLE FOUNDATION	L	538,111	COST
(4) ST ANTHONY'S PHYSICIAN ORGANIZATION	P	31,513,926	COST
(5) ST ANTHONY'S CHARITABLE FOUNDATION	C	467,738	COST
(6) ST ANTHONY'S CHARITABLE FOUNDATION	R	262,484	COST
(7) ST ANTHONY'S CHARITABLE FOUNDATION	P	537,134	COST
(8) AUXILIARY OF ST ANTHONY'S MEDICAL CTR	P	173,731	COST
(9) ST ANTHONY'S MEDICAL CENTER FOUNDATION	Q	122,500	COST

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				659,454	0	64,499
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
ROBERT F BECKMAN MD MEMBER - MED STAFF PRESIDENT	20	X		X				25,000	0	0
DANIEL BIPPEN MEMBER	10	X						0	0	0
RICHARD MAYHALL MEMBER	10	X						0	0	0
JOHN H BERRA JR MEMBER	10	X						0	0	0
JAMES POWERS MEMBER	10	X						0	0	0
STACY HASTIE MEMBER	10	X						0	0	0
JEFFREY WILKINSON MEMBER	10	X						0	0	0
JOHN SKEANS EXECUTIVE VP - CFO	400			X				350,653	0	34,907
PATRICK GARRETT EXECUTIVE VP - PHYS NETWORKS	400			X				441,813	0	31,558
ROBERT GRIESBAUM VP - PATIENT CARE QUALITY	400				X			304,582	0	23,785
ANN BOLLONE VP - HUMAN RESOURCES	400				X			277,591	0	17,676
SHERRY NELSON VP - PATIENT CARE SERVICES	400				X			253,616	0	36,072
EMILY NIEHAUS VP - MARKETING	400				X			242,844	0	23,753
GORDON LASHMETT VP - CIO	400				X			239,131	0	18,149
KEVIN SPRECHER VP - CLINICAL EFFECTIVENESS	400				X			179,846	0	30,117

**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			
MICHAEL L SHAPIRO PHYSICIAN	400					X		824,496	0	40,975
GREGORY W BOTTERON PHYSICIAN	400					X		825,926	0	21,112
MICHAEL G GOLDMEIER PHYSICIAN	400					X		820,040	0	40,975
RAJIV R HANDA PHYSICIAN	400					X		825,458	0	40,975
CHARLES F CAREY PHYSICIAN	400					X		824,040	0	35,498
ROBERT P THAMES FORMER EXECUTIVE VP - COO							X	437,034	0	34,638

# **St. Anthony's Medical Center and Affiliates**

Accountants' Report and Consolidated Financial Statements

June 30, 2012 and 2011

**St. Anthony's Medical Center and Affiliates**  
**June 30, 2012 and 2011**

**Contents**

<b>Independent Accountants' Report.....</b>	<b>1</b>
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**Consolidated Financial Statements**

Balance Sheets	2
Statements of Operations and Changes in Net Assets	3
Statements of Cash Flows	5
Notes to Financial Statements	7

## 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, 2012 and 2011, 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, 2012 and 2011, 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 19, 2012

**St. Anthony's Medical Center and Affiliates**  
**Consolidated Balance Sheets**  
**June 30, 2012 and 2011**  
(In thousands)

**Assets**

	<b>2012</b>	<b>2011</b>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 2,771	\$ 1,406
Assets limited as to use - current	3,780	3,690
Patient accounts receivable, less allowance for uncollectible accounts, 2012 - \$172,409, 2011 - \$151,756	61,798	60,757
Investments	11,599	12,905
Supplies	5,475	5,904
Prepaid expenses and other	15,159	8,443
Total current assets	<u>100,582</u>	<u>93,105</u>
<b>Assets Limited As To Use</b>		
Board designated	196,625	205,450
Held by trustee for self-insurance	19,142	21,798
Held by trustee under bond indenture	-	165
Charitable foundation	2,808	2,640
Beneficial interest in trust	2,208	2,248
	<u>220,783</u>	<u>232,301</u>
Less amount required to meet current obligations	<u>3,780</u>	<u>3,690</u>
	<u>217,003</u>	<u>228,611</u>
<b>Investments</b>	<u>24,668</u>	<u>28,536</u>
<b>Property and Equipment, At Cost</b>		
Land and land improvements	24,744	24,364
Buildings	249,808	237,143
Equipment	352,094	327,005
Construction in progress	6,168	13,108
	<u>632,814</u>	<u>601,620</u>
Less accumulated depreciation	<u>357,373</u>	<u>326,200</u>
	<u>275,441</u>	<u>275,420</u>
<b>Other Assets</b>		
Deferred financing costs	4,042	4,243
Other	5,290	4,200
	<u>9,332</u>	<u>8,443</u>
Total assets	<u><u>\$ 627,026</u></u>	<u><u>\$ 634,115</u></u>

See Notes to Consolidated Financial Statements

## Liabilities and Net Assets

	2012	2011
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 4.070	\$ 4.084
Accounts payable	11.420	9,349
Accrued expenses	45.668	43,790
Total current liabilities	61.158	57.223
 <b>Accrued Pension Payable</b>	9.216	4.972
<b>Interest Rate Swap Liability</b>	39.909	20.878
<b>Estimated Self-insurance Costs</b>	17.318	17.478
<b>Deferred Gain on Sale Leaseback</b>	4.142	4.975
<b>Long-term Debt</b>	138.037	141.657
	208.622	189.960
Total liabilities	269.780	247.183
 <b>Net Assets</b>		
Unrestricted	352.191	382.487
Temporarily restricted	5.055	4.445
Total net assets	357.246	386.932
Total liabilities and net assets	\$ 627.026	\$ 634.115



**St. Anthony's Medical Center and Affiliates**  
**Consolidated Statements of Operations and Changes in Net Assets**  
**Years Ended June 30, 2012 and 2011**  
**(In thousands)**

	<b>2012</b>	<b>2011</b>
<b>Unrestricted Revenues, Gains and Other Support</b>		
Net patient service revenue	\$ 447,620	\$ 454,351
Other	19,540	19,129
	<hr/>	<hr/>
Total unrestricted revenues, gains and other support	467,160	473,480
	<hr/>	<hr/>
<b>Expenses</b>		
Salaries and wages	206,487	199,787
Employee benefits	39,435	39,470
Purchased services and professional fees	13,947	12,792
Supplies and other	145,950	149,195
Depreciation and amortization	31,446	30,614
Interest	7,678	7,651
Provision for uncollectible accounts	27,786	28,821
	<hr/>	<hr/>
Total expenses	472,729	468,330
	<hr/>	<hr/>
<b>Operating Income (Loss)</b>	(5,569)	5,150
	<hr/>	<hr/>
<b>Other Income (Expense)</b>		
Investment return	2,793	7,386
Other, net	(1,706)	(981)
Curtailment loss	(914)	(758)
Amortization of deferred gain on sale of buildings	833	833
Change in fair value of interest rate swap agreements	(19,032)	4,943
	<hr/>	<hr/>
Total other income (expense)	(18,025)	11,423
	<hr/>	<hr/>
<b>Excess (Deficiency) of Revenues Over Expenses</b>	<u>\$ (23,594)</u>	<u>\$ 16,573</u>

**St. Anthony's Medical Center and Affiliates**  
**Consolidated Statements of Operations and Changes in Net Assets (Continued)**  
**Years Ended June 30, 2012 and 2011**  
**(In thousands)**

	<b>2012</b>	<b>2011</b>
<b>Unrestricted Net Assets</b>		
Excess (deficiency ) of revenues over expenses	\$ (23,594)	\$ 16,573
Investment return - change in unrealized gains (losses) on investments	(3,146)	25,183
Reclassification of noncontrolling interests	(239)	487
Defined benefit pension plans		
Net gain/(loss) arising during the period	(3,571)	8,472
Net assets released from restriction used for purchase of property and equipment	<u>254</u>	<u>131</u>
Increase (decrease) in unrestricted net assets	<u>(30,296)</u>	<u>50,846</u>
<b>Temporarily Restricted Net Assets</b>		
Contributions received	864	2,763
Net assets released from restriction	<u>(254)</u>	<u>(131)</u>
Increase in temporarily restricted net assets	<u>610</u>	<u>2,632</u>
<b>Change in Net Assets</b>	(29,686)	53,478
<b>Net Assets, Beginning of Year</b>	<u>386,932</u>	<u>333,454</u>
<b>Net Assets, End of Year</b>	<u><u>\$ 357,246</u></u>	<u><u>\$ 386,932</u></u>

**St. Anthony's Medical Center and Affiliates**  
**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2012 and 2011**  
**(In thousands)**

	<b>2012</b>	<b>2011</b>
<b>Operating Activities</b>		
Change in net assets	\$ (29,686)	\$ 53,478
Items not requiring (providing) cash		
Depreciation and amortization	31,446	30,614
Realized and unrealized (gains) losses on investments, net	3,993	(29,722)
Change in minimum pension liability recognized	4,244	(8,696)
Change in value of swap agreements	19,032	(4,943)
(Gain) loss on sale of equipment	(10)	310
Restricted contributions received	(864)	(2,763)
Amortization of deferred gain	(833)	(833)
Changes in		
Patient accounts receivable, net	(1,041)	(9,614)
Supplies	429	(70)
Prepays and other current assets	(6,716)	(455)
Accounts payable and accrued expenses	4,493	2,051
Insurance reserves	(160)	(871)
Net cash provided by operating activities	<u>24,327</u>	<u>28,486</u>
<b>Investing Activities</b>		
Purchase of property and equipment, net	(31,288)	(32,371)
Proceeds from sale of equipment	10	8
Net change in assets limited as to use	7,524	(231)
Net change in investments	5,173	(38,693)
Net change in other assets	(1,090)	(3,010)
Net cash used in investing activities	<u>(19,671)</u>	<u>(74,297)</u>
<b>Financing Activities</b>		
Principal payments on long-term debt	(4,155)	(4,545)
Proceeds from contributions restricted for acquisition on long-lived assets	864	2,763
Net cash used in financing activities	<u>(3,291)</u>	<u>(1,782)</u>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	1,365	(47,593)
<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>1,406</u>	<u>48,999</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$ 2,771</u></u>	<u><u>\$ 1,406</u></u>

(Continued)

**St. Anthony's Medical Center and Affiliates**  
**Consolidated Statements of Cash Flows (Continued)**  
**Years Ended June 30, 2012 and 2011**  
**(In thousands)**

	<u>2012</u>	<u>2011</u>
<b>Supplemental Cash Flows Information</b>		
Interest paid	<u>\$ 5,276</u>	<u>\$ 5,394</u>
Capital lease incurred for equipment	<u>\$ 520</u>	<u>\$ 1,233</u>
Property and equipment in accounts payable	<u>\$ 1,098</u>	<u>\$ 1,643</u>

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(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 and New Standards***

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, Heart Specialty Associates, LLC and St. Anthony's Physician Organization all of which are under common control. The Medical Center is a 75% owner in South County PET Imaging, LLC, an imaging center and a 52% owner in Plaza Surgery Services Company, an outpatient surgery center. 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. Noncontrolling interest are not significant and are included in unrestricted net assets in the consolidated financial statements.

In 2011, the Medical Center adopted the provisions of Accounting Standards Update (ASU) 2010-24, *Health Care Entities (Topic 954) - Presentation of Insurance Claims and Related Insurance Recoveries*, which eliminates the practice of netting claim liabilities with expected insurance recoveries for balance sheet presentation. Claim liabilities are to be determined without consideration of insurance recoveries. Expected recoveries are presented separately. Prior to the adoption of ASU 2010-24, accounting principles generally accepted in the United States of America required a health care provider to accrue only an estimate of the malpractice claims costs for both reported claims and claims incurred but not reported where the risk of loss had not been transferred to a financially viable insurer. There was no material impact of the ASU adoption to the Medical Center's financial statements.

#### ***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, 2012 and 2011**

**(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, 2012 and 2011, 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 an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

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 2012 or 2011.

### ***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, 2012 and 2011**

**(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 2009.

### ***Electronic Health Records Incentive Program***

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other



# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Medical Center recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

In 2012, the St. Anthony's Physician Organization completed the first-year requirements under the Medicare program and has recorded revenue of approximately \$669, which is included in other revenue within operating revenues in the consolidated statement of operations and changes in net assets.

### ***Reclassifications***

Certain reclassifications have been made to the 2011 consolidated financial statements to conform to the 2012 consolidated financial statement presentation. The reclassifications had no effect on the change in net assets.

### ***Subsequent Events***

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the consolidated 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.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

*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.

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

	2012	2011
Medicare	27%	28%
Medicare managed care	13%	12%
Medicaid	1%	4%
Medicaid managed care	2%	2%
Managed care	36%	34%
Other	21%	20%
	<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, 2012 and 2011, was:

	2012	2011
Medicare	23%	23%
Medicare managed care	14%	11%
Medicaid	7%	6%
Managed care	44%	43%
Self-pay and other	12%	17%
	<u>100%</u>	<u>100%</u>

Effective July 21, 2010, the FDIC's insurance limits permanently increased to \$250. At June 30, 2012, the Medical Center's interest-bearing accounts exceeded federally insured limits by approximately \$1.553.

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.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### Note 4: Investments and Investment Return

#### *Assets Limited as to Use*

Assets limited as to use include

	2012	2011
Board designated - St Anthony's Foundation	\$ 196,625	\$ 205,450
Held by trustee for self-insurance	19,142	21,798
Held by trustee under bond indenture	-	165
Charitable foundation	2,808	2,640
Beneficial interest in trust	2,208	2,248
Total assets limited as to use	<u>\$ 220,783</u>	<u>\$ 232,301</u>

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

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

The following is a summary of assets limited as to use by investment classification at June 30, 2012 and 2011

	2012	2011
Cash and cash equivalents	\$ 72,199	\$ 82,676
Certificates of deposit	2,470	1,662
U S government obligations		
U S Treasury securities	2,624	1,828
U S government sponsored enterprises	11,995	10,327
Corporate bonds - domestic	16,139	15,113
State and local bonds	6,620	5,185
Equity securities		
Financials	5,591	9,689
Information technology	12,006	14,169
Other	62,736	51,343
Mutual funds	13,447	25,215
Alternative investments	14,638	14,930
Accrued interest	318	164
Total assets limited as to use	<u>\$ 220,783</u>	<u>\$ 232,301</u>

### Investments

Investments include

	2012	2011
Equity securities	\$ -	\$ 4
Corporate bonds - domestic	405	393
U S government obligations (U S government sponsored enterprises)	35,756	40,918
Accrued interest	106	126
Total investments	36,267	41,441
Less short-term investments	(11,599)	(12,905)
Long-term investments	<u>\$ 24,668</u>	<u>\$ 28,536</u>

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

Total investment return is comprised of the following

	2012	2011
Interest and dividend income	\$ 3,640	\$ 2,847
Net realized and unrealized gains (losses) on investments	(3,993)	29,722
	<u>\$ (353)</u>	<u>\$ 32,569</u>

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

	2012	2011
Interest and dividend income	\$ 3,640	\$ 2,847
Realized gains	2,143	5,065
Losses on other-than-temporarily impaired investments	(2,990)	(526)
Investment return	<u>2,793</u>	<u>7,386</u>
Change in unrealized gains on investments	2,990	25,853
Change in unrealized losses on investments	(6,136)	(670)
Net change in unrealized gains and losses on investments	<u>(3,146)</u>	<u>25,183</u>
	<u>\$ (353)</u>	<u>\$ 32,569</u>

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, 2012 and 2011, consisted of private equity funds, real estate investment trusts and limited partnerships. Total unfunded commitments at June 30, 2012 and 2011, were \$3,264 and \$3,915. 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, 2012 and 2011, were \$65,015 and \$40,518, which is approximately 25% and 15%, 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 2012 and 2011, the Medical Center recorded other-than-temporary impairment losses of \$2,963 and \$526, respectively.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

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, 2012 and 2011.

Description of Securities	June 30, 2012				Total	
	Less than 12 Months		12 Months or Longer		Fair Value	Unrealized Losses
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses		
U S government obligations	\$ 7,594	\$ 29	\$ 8,351	\$ 265	\$ 15,945	\$ 294
Alternative investments	8,063	1,364	2,181	744	10,244	2,108
Mutual funds	9,592	810	-	-	9,592	810
Corporate bonds	3,088	57	16	-	3,104	57
Equity securities	23,030	2,825	3,100	657	26,130	3,482
Total	<u>\$ 51,367</u>	<u>\$ 5,085</u>	<u>\$ 13,648</u>	<u>\$ 1,666</u>	<u>\$ 65,015</u>	<u>\$ 6,751</u>

Description of Securities	June 30, 2011				Total	
	Less than 12 Months		12 Months or Longer		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	<u>\$ 36,501</u>	<u>\$ 1,108</u>	<u>\$ 4,017</u>	<u>\$ 770</u>	<u>\$ 40,518</u>	<u>\$ 1,878</u>

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, 2012.

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

### ***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.

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:

<b>Level 1</b>	Quoted prices in active markets for identical assets or liabilities
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# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

- |                |   |
|----------------|---|
| <b>Level 2</b> | 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 |
| <b>Level 3</b> | 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.

### ***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, 2012 and 2011.



# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

		2012			
		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	\$ 71.575	\$ 71.575	\$ -	\$ -	
Certificates of deposit	\$ 2.470	\$ 2.470	\$ -	\$ -	
U S government obligations					
U S Treasury securities	\$ 2.624	\$ -	\$ 2.624	\$ -	
U S government sponsored enterprises	\$ 47.751	\$ -	\$ 47.751	\$ -	
Equity securities					
Information technology	\$ 12.006	\$ 12.006	\$ -	\$ -	
Other	\$ 68.327	\$ 68.327	\$ -	\$ -	
Mutual funds	\$ 13.447	\$ 13.447	\$ -	\$ -	
Alternative and other investments	\$ 14.638	\$ -	\$ -	\$ 14.638	
Corporate bonds	\$ 16.544	\$ -	\$ 16.544	\$ -	
State and local bonds	\$ 6.620	\$ -	\$ 6.620	\$ -	
Interest rate swap agreements	\$ (39.909)	\$ -	\$ (39.909)	\$ -	
Beneficial interest in trust	\$ 2.208	\$ -	\$ 2.208	\$ -	

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

		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				
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	\$ -	

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
<b>Balance, July 1, 2010</b>	<b>\$ 13.732</b>
Total realized and unrealized gains and losses included in change in net assets	113
Purchases	1.263
Settlements	(178)
<b>Balance, June 30, 2011</b>	<b>14.930</b>
Total realized and unrealized gains and losses included in change in net assets	(1.257)
Purchases	1.009
Settlements	(44)
<b>Balance, June 30, 2012</b>	<b>\$ 14.638</b>

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

The fair values of the Medical Center's other financial instruments approximate their carrying value at June 30, 2012 and 2011

### 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 4.5%. 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

	2012	2011
Revenue Bonds, Series 2005 (A)	\$ 72,650	\$ 75,200
Revenue Bonds, Series 2006 (B)	68,050	68,750
Equipment Note (C)	898	1,360
Other (D)	88	144
Other (E)	-	287
Other (F)	421	-
	<hr/>	<hr/>
	142,107	145,741
Less current maturities	(4,070)	(4,084)
	<hr/>	<hr/>
	\$ 138,037	\$ 141,657
	<hr/>	<hr/>

- (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.

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

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.

- (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.
- (F) Other represents a capital lease obligation for equipment with imputed interest of 4.42%, due April 2015.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

Aggregate annual maturities of long-term debt at June 30, 2012, are

2013	\$	4,070
2014		4,061
2015		3,788
2016		3,800
2017		3,950
Thereafter		<u>122,438</u>
	\$	<u><u>142,107</u></u>

The Medical Center has a \$45 million revolving bank line of credit expiring in April 2013. At June 30, 2012 and 2011, 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.

### 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 \$72.650 at June 30, 2012.

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 \$68.050 at June 30, 2012.

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.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

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

	2012	2011
Fair value of interest rate swap agreement	\$ 39.909	\$ 20.878
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)	\$ 5.042	\$ 5.144
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 \$5.055 and \$4.445 at June 30, 2012 and 2011, respectively, are available for purchase of property and equipment

### 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 estimated uncompensated costs related to these services for the years ended June 30, 2012 and 2011. Costs are estimated using a ratio of cost (total operating expense) to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

	2012	2011
Medicaid	\$ 8,615	\$ 9,584
Charity services	\$ 8,359	\$ 6,737

In addition to the services above, the Medical Center is committed to provide the best care to every patient every day by providing health education, prevention techniques and screening programs to the community we serve.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

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 \$726 and \$802, for the years ended June 30, 2012 and 2011, 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:

	2012	2011
Health care services	\$ 443,777	\$ 437,654
General and administrative	28,952	30,676
	<u>\$ 472,729</u>	<u>\$ 468,330</u>

### 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 \$0 to the Plan in 2013.

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

	2012	2011
Benefit obligation	\$ (59,553)	\$ (60,307)
Fair value of plan assets	50,337	55,335
Funded status	<u>\$ (9,216)</u>	<u>\$ (4,972)</u>

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit costs consist of a net loss of \$10,115 and \$6,545 for June 30, 2012 and 2011, respectively.

No plan assets are expected to be returned to the Medical Center during 2013.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

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 \$716 and \$508 at June 30, 2012 and 2011, respectively

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

	2012	2011
Projected benefit obligation	\$ 59,553	\$ 60,307
Accumulated benefit obligation	\$ 59,553	\$ 60,307
Fair value of plan assets	\$ 50,337	\$ 55,335

Other significant balances and costs are

	2012	2011
Employer contributions	\$ -	\$ -
Benefits paid	\$ 5,790	\$ 7,359

	2012	2011
Components of net periodic pension cost		
Interest cost	\$ 2,495	\$ 2,646
Expected return on plan assets	(3,450)	(4,136)
Amortization of unrecognized net loss	716	508
Net periodic cost	\$ (239)	\$ (982)

Weighted average assumptions used to determine net periodic cost are

	2012	2011
Discount rate	4.40%	4.30%
Expected return on plan assets	7.50%	8.00%



# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

Weighted average assumptions used to determine benefit obligations are

	2012	2011
Discount rate	3.40%	4.40%

The following pension benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of June 30, 2012

2013	\$ 7,200
2014	\$ 6,600
2015	\$ 6,500
2016	\$ 6,200
2017	\$ 5,800
2018 - 2022	\$ 24,200

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.

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 2012 and 2011 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, 2012 and 2011, plan assets by category are as follows:

	2012	2011
Domestic equity securities	44%	46%
International equity securities	14%	15%
Balanced/asset allocation	8%	6%
Fixed income securities	27%	0%
Alternative investments	7%	33%
	<u>100%</u>	<u>100%</u>

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### 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 and includes mutual funds. 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.

The fair values of the Medical Center's pension plan assets at June 30, 2012 and 2011, by asset category are as follows:

		2012			
		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				
Mutual funds	\$ 11,798	\$ 11,798	\$ -	\$ -	
Pooled separate accounts (A)	\$ 38,538	\$ -	\$ 38,538	\$ -	
		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	\$ -	

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

- (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.

	<b>Pooled Separate Accounts</b>
<b>Balance at July 1, 2010</b>	\$ 1.254
Total realized and unrealized gains and losses	31
Purchases, issuances and settlements	(1.285)
<b>Balance at June 30, 2011</b>	<b>\$ -</b>

The Medical Center 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 these plans was \$1.296 and \$1.243 for fiscal years 2012 and 2011, respectively.

The Medical Center also 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 \$6.959 and \$6.494 in fiscal years 2012 and 2011, 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 \$0 and \$1.403 for the years ended June 30, 2012 and 2011, respectively.

# St. Anthony's Medical Center and Affiliates

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### 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 2012 and 2011.

Future minimum lease payments at June 30, 2012, were:

2013	\$	4,895
2014		5,038
2015		5,197
2016		5,346
2017		5,436
Thereafter		2,778
	\$	<u>28,690</u>

Rent expense under all operating leases was \$8,024 and \$7,407 for the years ended June 30, 2012 and 2011, 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, 2012, were:

2013	\$	675
2014		675
2015		675
2016		675
2017		675
Thereafter		44,190
	\$	<u>47,565</u>

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(In thousands)**

### **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.

# **St. Anthony's Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(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.