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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>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**

<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>C</b> Name of organization THE ST ANTHONY HOSPITAL FOUNDATION INC		<b>D</b> Employer identification number 73-6104300
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 477 N LINDBERGH	Room/suite	<b>E</b> Telephone number (314) 994-7800
	City or town, state or country, and ZIP + 4 ST LOUIS, MO 63141		<b>G</b> Gross receipts \$ 3,366,062
	<b>F</b> Name and address of principal officer SHERRY RICE RHODES 826 NW 11ST ST OKLAHOMA CITY,OK 73106		<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 <input checked="" type="checkbox"/> 0928
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <input checked="" type="checkbox"/> WWW.GIVETOSAINTS.COM			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT PATIENTS IN SSM HEALTH CARE OF OKLAHOMA HOSPITALS, HEALTHPLEXES AND CLINICS		
	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	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,247,642	1,995,137
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,710,529	1,292,462
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,913	0
		2,963,084	3,287,599
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,502,096	1,234,116
	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)	442,712	472,159
	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"/> 599,144		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	275,613	243,096
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,220,421	1,949,371
	19 Revenue less expenses Subtract line 18 from line 12	-257,337	1,338,228
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		22,502,656	25,111,957
21 Total liabilities (Part X, line 26)		680,680	676,270
22 Net assets or fund balances Subtract line 21 from line 20		21,821,976	24,435,687

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2013-11-15</div> <div>Date</div> </div>		
	<div> <div>JUNE L PICKETT ASST SECRETARY</div> <div>Type or print name and title</div> </div>					
<b>Paid Preparer Use Only</b>	<div> <div>Prnt/Type preparer's name</div> <div>BROOKE KITCHEN</div> </div>		<div> <div>Preparer's signature</div> <div></div> </div>		<div> <div>Date</div> <div></div> </div>	<div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00849302</div> </div> </div>
	<div> <div>Firm's name</div> <div>DELOITTE TAX LLP</div> </div>				<div> <div>Firm's EIN</div> <div>86-1065772</div> </div>	
	<div> <div>Firm's address</div> <div>1111 BAGBY STREET SUITE 4500</div> <div>HOUSTON, TX 770022591</div> </div>				<div> <div>Phone no</div> <div>(713) 982-2000</div> </div>	

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,234,116 including grants of \$ 1,234,116 ) (Revenue \$ )

PLEASE SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

4b

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

4c

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

4d

Other program services (Describe in Schedule O )



















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

4e

Total program service expenses 1,234,116

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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 for escrow or custodial account liability, 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 Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	30		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its 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	Yes
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	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	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	No
b	Describe in Schedule O the process, if any, used by the organization to review this 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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OK
18	Section 6104 requires an organization to make its 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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	
LEAH HODGES PO BOX 205 OKLAHOMA CITY, OK (405) 272-7499		

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	758,760	488,936

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

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

## **Section B. Independent Contractors**

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

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

Part VIII

Statement of Revenue

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

			(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	467,895		
	d	Related organizations . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,527,242		
	g	Noncash contributions included in lines 1a-1f \$		104,816		
	h	Total. Add lines 1a-1f . . . . .		1,995,137		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		656,142	
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .			636,320	636,320
8a		Gross income from fundraising events (not including \$ 467,895 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
a				78,463		
b		Less direct expenses . . . . .	b	78,463		
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 . .				
10a		Gross sales of inventory, less returns and allowances .				
a						
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .					
12	Total revenue. See Instructions . . . . .		3,287,599	0	0	1,292,462

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).

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.	1,093,282	1,093,282		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	140,834	140,834		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	175,000		17,500	157,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	268,472		24,650	243,822
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.	28,687		3,156	25,531
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	13,810		13,810	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	49,726		49,726	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,492			11,492
12	Advertising and promotion.				
13	Office expenses.	41,529			41,529
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.	5,138		5,138	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,075		118	957
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	FUNDRAISING EXPENSES	94,195	0	0	94,195
b	DONOR CULTIVATION	24,118	0	0	24,118
c	MISCELLANEOUS EXPENSE	2,013	0	2,013	0
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,949,371	1,234,116	116,111	599,144
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			35,041	1	32,365
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			476,507	3	1,019,624
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	600
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	359,435	127,760	10c	126,684
	b	Less: accumulated depreciation	10b	232,751			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11.			21,625,245	12	23,667,557
	13	Investments—program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			238,103	15	265,127
	16	Total assets. Add lines 1 through 15 (must equal line 34).			22,502,656	16	25,111,957
Liabilities	17	Accounts payable and accrued expenses			321,379	17	334,178
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			359,301	25	342,092
	26	Total liabilities. Add lines 17 through 25.			680,680	26	676,270
		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
Net Assets or Fund Balances	27	Unrestricted net assets			11,307,061	27	12,850,464
	28	Temporarily restricted net assets			10,439,342	28	11,509,650
	29	Permanently restricted net assets			75,573	29	75,573
		Organizations that do not follow SFAS 117 (ASC 958), 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			21,821,976	33	24,435,687
	34	Total liabilities and net assets/fund balances			22,502,656	34	25,111,957

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	3,287,599
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,949,371
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	1,338,228
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	21,821,976
5	Net unrealized gains (losses) on investments . . . . .	5	1,360,136
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-84,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,435,687

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

Additional Data

Software ID:

Software Version:

EIN: 73-6104300

Name: THE ST ANTHONY HOSPITAL FOUNDATION INC

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MINNIE BAJAJ DIRECTOR	1 00	X						0	0	0
JERRY BENDORF DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
CARLEEN BURGER DIRECTOR	1 00	X						0	0	0
MIKE COLLISON DIRECTOR	1 00	X						0	0	0
MELINDA COX DIRECTOR	1 00	X						0	0	0
PAUL W DUDMAN DIRECTOR	1 00	X						0	0	0
JAMIE FARHA DIRECTOR & CHAIRPERSON	1 00	X		X				0	0	0
JOAN FRATES DIRECTOR & SECRETARY	1 00	X		X				0	0	0
SUSIE FULLER DIRECTOR	1 00	X						0	0	0
SHEILA HEIM DIRECTOR	1 00	X						0	0	0
RICHARD HORTON DIRECTOR	1 00	X						0	0	0
LAUREN HUMPHREY DIRECTOR	1 00	X						0	0	0
ERIC JOINER DIRECTOR	1 00	X						0	0	0
JENEE NAIFEH LISTER DIRECTOR	1 00	X						0	0	0
JUDY M LOVE DIRECTOR	1 00	X						0	0	0
DEBBIE LUCAS DIRECTOR	1 00	X						0	0	0
MICHAEL MILLIGAN DIRECTOR	1 00	X						0	0	0
LEE ANN NORDIN DIRECTOR	1 00	X						0	0	0
VINCENT ORZA DIRECTOR	1 00	X						0	0	0
JAMES PICKEL DIRECTOR	1 00	X						0	0	0
MYRLA PIERSON DIRECTOR	1 00	X						0	0	0
CHARLOTTE RICHEL DIRECTOR	1 00	X						0	0	0
PATRICK ROONEY DIRECTOR	1 00	X						0	0	0
BECKY ROTEN DIRECTOR	1 00	X						0	0	0
AVIS SCARAMUCCI DIRECTOR	1 00	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DAVID SCHNEIDER DIRECTOR	1 00	X						0	0	0
STEPHANIE SINGER DIRECTOR	1 00	X						0	0	0
LINDA STEWART DIRECTOR	1 00	X						0	0	0
SEAN TRAUSCHKE DIRECTOR & TREASURER	1 00	X		X				0	0	0
LORI TYLER DIRECTOR	1 00	X						0	0	0
JUNE L PICKETT ASST SECRETARY	1 00 40 00			X				0	240,525	353,818
SHERRY RICE RHODES PRESIDENT	40 00			X				0	191,445	61,743
SHASTA MANUEL REG VICE PRES - FINANCE	1 00 40 00			X				0	326,790	73,375

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

2012

Open to Public Inspection

Name of the organization  
THE ST ANTHONY HOSPITAL FOUNDATION INC

Employer identification number  
73-6104300

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

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

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,133,515	795,181	1,312,533	1,194,800	1,995,137	6,431,166
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,133,515	795,181	1,312,533	1,194,800	1,995,137	6,431,166
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)						648,343
6 Public support. Subtract line 5 from line 4						5,782,823

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,133,515	795,181	1,312,533	1,194,800	1,995,137	6,431,166
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,109,776	792,035	744,035	663,512	656,142	3,965,500
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						10,396,666
12	Gross receipts from related activities, etc (see instructions)					12	812,749
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	55 620 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	53 690 %
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	<b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization THE ST ANTHONY HOSPITAL FOUNDATION INC	Employer identification number 73-6104300
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Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	75,573	75,573	75,573	75,573	
b Contributions . . . . .					
c Net investment earnings, gains, and losses	3,331	7,000	14,500	13,499	75,573
d Grants or scholarships . . . . .	3,331	7,000	14,500		
e Other expenditures for facilities and programs . . . . .				13,168	
f Administrative expenses . . . . .				331	
g End of year balance . . . . .	75,573	75,573	75,573	75,573	75,573

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment 100.000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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 . . . . .		124,100		124,100
b Buildings . . . . .				
c Leasehold improvements . . . . .		63,515	63,515	0
d Equipment . . . . .		171,820	169,236	2,584
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				126,684

Schedule D (Form 990) 2012



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	4,594,893
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,360,136
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-52,842
e	Add lines 2a through 2d . . . . .	2e	1,307,294
3	Subtract line 2e from line 1 . . . . .	3	3,287,599
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	3,287,599

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	1,981,182
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 XIII ) . . . . .	2d	31,811
e	Add lines 2a through 2d . . . . .	2e	31,811
3	Subtract line 2e from line 1 . . . . .	3	1,949,371
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	1,949,371

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S PERMANENT ENDOWMENT FUNDS ARE HELD FOR THE PURPOSE OF PROVIDING SCHOLARSHIPS TO NURSING STUDENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2012 OR 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS		LOSS ON UNCOLLECTIBLE PLEDGES -52,842
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL LOSS ON GIFT ANNUITY LIABILITY 31,811

73-6104300



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SAINTS BALL (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	546,358		546,358
	2	Less Contributions . . .	467,895		467,895
	3	Gross income (line 1 minus line 2) . . . .	78,463		78,463
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	31,891		31,891
	7	Food and beverages .	42,446		42,446
	8	Entertainment . . . .	3,200		3,200
	9	Other direct expenses .	926		926
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

# 2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ST ANTHONY HOSPITAL FOUNDATION INC

Employer identification number

73-6104300

## 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. Part II can be duplicated if additional space is needed.

[illegible]

- |          |   |   |          |
|----------|---|---|----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . |  | <u>1</u> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            |  | 0        |

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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
(1) FREE PRESCRIPTION MEDICATION TO THE NEEDY	908	123,584			
(2) SCHOLARSHIPS	10	17,250			

**Part IV**

**Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FOUNDATION'S GRANTS TO ORGANIZATIONS WERE MADE TO A RELATED ORGANIZATION THAT IS TAX EXEMPT UNDER SECTION 501(C)(3) THIS ORGANIZATION HAS DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS APPROVED GRANT APPLICATIONS FOR GRANTS TO INDIVIDUALS ARE FORWARDED TO THE FOUNDATION AND THE FOUNDATION PAYS THE REQUESTED EXPENDITURE TO MONITOR THE USE OF ALL GRANTS, THE FOUNDATION PRESIDENT REVIEWS ALL REQUESTS FOR GRANTS FROM ALL DESIGNATED FUNDS INCLUDING THE TREE OF LIFE FUND AND THE SISTER'S FUND TO ENSURE REQUESTS MEET THE CRITERIA ESTABLISHED FOR THESE FUNDS PAYMENTS FROM THE SISTER'S FUND FOR PHARMACEUTICALS ARE MADE DIRECTLY TO THE PHARMACY AFTER THE PHARMACEUTICALS HAVE BEEN PROVIDED AND NOT TO THE INDIVIDUAL RECEIVING ASSISTANCE

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE ST ANTHONY HOSPITAL FOUNDATION INC

Employer identification number  
73-6104300

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	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? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JUNE L PICKETT ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	220,007	0	20,518	331,433	22,385	594,343	8,280
(2)SHERRY RICE RHODES PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	171,837	0	19,608	55,218	6,525	253,188	5,156
(3)SHASTA MANUEL REG VICE PRES - FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	307,486	0	19,304	44,625	28,750	400,165	10,400

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	<p>PART I LINE 3 COMPENSATION TO CEO/EXECUTIVE DIRECTOR THE ORGANIZATION'S CEO IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION, (1) INDEPENDENT COMPENSATION CONSULTANT, (2) COMPENSATION SURVEY OR STUDY, (3) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PART I, LINE 4A SEVERANCE PLAN SSMHC HAS ADOPTED A SEVERANCE POLICY TO PROVIDE A FINANCIAL TRANSITION IN THE EVENT OF INVOLUNTARY TERMINATION WITHOUT CAUSE FOR EXECUTIVE LEVEL POSITIONS THE AMOUNT OF THE COMPENSATION IS BASED ON THE POSITION HELD AND LENGTH OF SERVICE WITH SSMHC PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS PENSION RESTORATION PLAN SSM HEALTH CARE (SSMHC) PROVIDES THIS SUPPLEMENTAL DEFINED BENEFIT NONQUALIFIED RETIREMENT PLAN TO ANY EMPLOYEE WHO IS A PARTICIPANT IN THE SSMHC QUALIFIED DEFINED BENEFIT PLAN WHO EARNS OVER THE INTERNAL REVENUE SERVICE COMPENSATION LIMIT THE PLAN "RESTORES" THE BENEFITS TO THESE EMPLOYEES THAT WOULD HAVE BEEN PROVIDED UNDER SSMHC'S QUALIFIED PLAN IF THE REGULATIONS DID NOT IMPOSE COMPENSATION LIMITS AN INDIVIDUAL CAN TAKE A DISTRIBUTION FROM THE PLAN AT (1) AGE 65 OR OLDER IF THE INDIVIDUAL IS STILL EMPLOYED BY SSMHC OR (2) AGE 55 OR OLDER IF THE INDIVIDUAL IS NO LONGER EMPLOYED BY SSMHC NO REPORTABLE INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN DURING 2012 CAPITAL ACCUMULATION PLAN SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE LEVEL EMPLOYEES THE ORGANIZATION CONTRIBUTED A PERCENTAGE OF THE EMPLOYEE'S BASE SALARY INTO THEIR CHOICE OF A SELECT LIST OF INVESTMENTS THE DEPOSITS AND EARNINGS OF THE PLAN ARE OWNED BY SSMHC AND ARE TAX-DEFERRED UNTIL A DISTRIBUTION IS MADE TO THE EMPLOYEE IN ADDITION, THE PLAN HAS SPECIAL SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY FOR CONTRIBUTIONS MADE TO THE PLAN IN 2008 OR AFTER, THE DISTRIBUTION WILL OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE ANY ACTIVE PARTICIPANT 65 YEARS OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2012 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUAL'S TAXABLE COMPENSATION SHASTA MANUEL \$10,411 JUNE PICKETT \$8,289 SHERRY RICE RHODES \$5,162</p>

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE ST ANTHONY HOSPITAL FOUNDATION INC

Employer identification number  
73-6104300

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		25,564	COST OR SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	4	3,125	COST OR SELLING PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
VIDEOS &				
25 Other ► ( MEMORABILIA ) . . . . .	X	3	30,800	COST OR SELLING PRICE
26 Other ► ( GIFT CARDS ) . . . . .	X	18	9,150	COST OR SELLING PRICE
27 Other ► ( HEALTHY/BEAUTY ) . . . . .	X	7	2,961	COST OR SELLING PRICE
28 Other ► ( JEWELRY ) . . . . .	X	7	5,413	COST OR SELLING PRICE
Other ► ( ENTERTAINMENT ) . . . . .	X	25	27,803	COST OR SELLING PRICE

29

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

30a

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

b

If "Yes," describe the arrangement in Part II

31

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

32a

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

b

If "Yes," describe in Part II

33

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

Yes

No

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

Cat No 51227J

Schedule M (Form 990) (2012)



Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED BY THE ORGANIZATION, NOT THE ACTUAL NUMBER OF ITEMS CONTRIBUTED
THIRD PARTY USE	PART I, LINE 32B	STOCK DONATIONS ARE SOLD BY A BANK/INVESTMENT COMPANY USED BY THE SSM COMPREHENSIVE INVESTMENT PROGRAM

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

2012

Open to Public  
Inspection

Name of the organization THE ST ANTHONY HOSPITAL FOUNDATION INC	Employer identification number 73-6104300
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Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	TO PROMOTE, RECEIVE, INVEST, AND DISBURSE GIFTS IN SUPPORT OF PATIENTS IN ST ANTHONY HOSPITAL, BONE AND JOINT HOSPITAL AT ST ANTHONY, AND OTHER SSM HEALTH CARE OF OKLAHOMA HOSPITALS, HEALTHPLEXES, AND CLINICS

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, QUESTION 4A	<p>2012 COMMUNITY BENEFIT REPORT THE COMMUNITY BENEFIT CONTRIBUTION OF ST ANTHONY FOUNDATION INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES A DESCRIBE THE ORGANIZATION'S MISSION AND PRIMARY EXEMPT PURPOSE FOUND ED IN 1898 BY TWO CATHOLIC SISTERS OF ST ANTHONY FRANCIS, ST ANTHONY HOSPITAL IS A FAITH -BASED, FULL-CARE 601-BED REGIONAL REFERRAL MEDICAL CENTER LOCATED IN OKLAHOMA CITY THE F IRST HOSPITAL IN OKLAHOMA TERRITORY, ST ANTHONY REMAINS TRUE TODAY TO ITS FOUNDERS' MISSI ON OF PROVIDING COMPASSIONATE, EXCEPTIONAL HEALTHCARE TO OKLAHOMANS, INCLUDING THE POOR, V ULNERABLE AND OFTEN-FORGOTTEN ST ANTHONY IS STRENGTHENING HEALTHCARE IN RURAL OKLAHOMA T HROUGH ITS SAINTS 1ST PARTNERSHIPS WITH 19 HOSPITALS LOCATED IN WESTERN OKLAHOMA AND THROU GH ITS TELEMEDICINE PROGRAMS ST ANTHONY HOSPITAL IS PART OF SSM HEALTH CARE OF OKLAHOMA COMPRISED OF ST ANTHONY HOSPITAL, BONE AND JOINT HOSPITAL AT ST ANTHONY, ST ANTHONY SHA WNEE HOSPITAL, ST ANTHONY NORTH, ST ANTHONY SOUTH, ST ANTHONY EAST HEALTHPLEX AND ST A NTHONY SOUTH HEALTHPLEX, NUMEROUS CLINICS AND PARTNERSHIPS WITH 19 SAINTS 1ST HOSPITALS LO CATED IN RURAL OKLAHOMA ST ANTHONY IS PART OF THE INTEGRATED HEALTH CARE SYSTEM SPONSORED BY SSM HEALTH CARE (SSMHC) SPONSORED BY THE FRANCISCAN SISTERS OF MARY AND HEADQUARTERED IN ST LOUIS, MISSOURI, SSMHC OPERATES 18 HOSPITAL LOCATIONS, TWO SKILLED NURSING FACILITI ES AND HOME HEALTH AGENCIES IN FOUR STATES THE HEALTH SYSTEM EMPLOY S APPROXIMATELY 25,600 PEOPLE AND IS AFFILIATED WITH MORE THAN 6,600 PHY SICIANS IN THE TRADITION OF ITS FOUNDIN G SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTH CARE TO EV ERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY ST ANTHONY FOUNDAT ION, ESTABLISHED IN 1963, IS A SEPARATE 501(C)(3) NONPROFIT ORGANIZATION, DIRECTED BY A DE DICATED VOLUNTEER BOARD OF DIRECTORS IT CONTINUES THE MISSION OF THE SISTERS BY SEEKING P HILANTHROPIC DONATIONS FROM GRATEFUL PATIENTS AND THEIR FAMILIES, PHYSICIANS, SAINTS EMPLO YEES, BUSINESSES, CORPORATIONS, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS AND COMMUNITY MEMBERS TO BENEFIT PATIENT CARE AT SSM OF OKLAHOMA ENTITIES B SUMMARIZE THE FOUNDATION' S APPROACH TO PROVIDING COMMUNITY BENEFIT AS A NONPROFIT, FAITH-BASED HOSPITAL, DONATIONS HELP GIVE PATIENTS THE VERY BEST CARE BY FUNDING NEW EQUIPMENT AND TECHNOLOGY , IMPROVING PATIENT CARE AREAS, TRAINING OUR HEALTH CARE PROFESSIONALS AND ENSURING ALL OF OUR PATIENT S RECEIVE EXCEPTIONAL COMPASSIONATE HEALTH CARE OUR GIVING PRIORITIES ARE ALIGNED WITH TH E STRATEGIC GOALS OF ST ANTHONY HOSPITAL, ENSURING THAT MONIES DONATED TO ST ANTHONY FOU NDATION ARE USED TO SUPPORT CRITICAL MEDICAL SERVICES OUR CURRENT GIVING PRIORITIES ARE AREA OF GREATEST NEED - FUNDS PROVIDE ST ANTHONY THE FLEXIBILITY TO SUPPORT PROGRAMS AND SERVICES MOST NEEDED CAMPUS DEVELOPMENT - DONATIONS HELP FUND NEW CONSTRUCTION AND IMPROV EMENTS FOR PATIENT CARE INCLUDING THE NEW SAINTS PAVILION THAT WILL HOUSE AN EMERGENCY DEP ARTMENT, ADDITIONAL TRAUMA ROOMS, CRITICAL CARE UNITS AND PATIENT ROOMS TO CARE FOR OUR GR OWING NUMBER OF CRITICALLY ILL PATIENTS CANCER CARE DONATIONS ENABLE ST ANTHONY TO CONT INUE ITS LEADERSHIP IN CANCER CARE THROUGH THE FRANK C LOVE CANCER INSTITUTE THE TREE OF LIFE FUND PROVIDES COMFORTS, MEDICATIONS AND OTHER ASSISTANCE TO CANCER PATIENTS EQUIPM EN T AND TECHNOLOGY FUNDS HELP PURCHASE CRITICALLY NEEDED EQUIPMENT AND NEW TECHNOLOGY TO C ONTINUE TO PROVIDE THE HIGHEST QUALITY CARE AND ENHANCE CLINICAL OUTCOMES FOR OUR PATIENTS CARDIAC CARE DONATIONS WILL ENABLE ST ANTHONY'S HEART AND VASCULAR INSTITUTE TO CONTIN UE ITS LEADERSHIP IN CARDIAC AND VASCULAR CARE, INCLUDING THE ACQUISITION OF ADVANCED TECH NOLOGY AND PATIENT SERVICES ORTHOPEDICS CONTRIBUTIONS WILL ENABLE BONE AND JOINT HOSPITA L AT ST ANTHONY TO CONTINUE ITS LEADERSHIP IN THE DIAGNOSIS AND TREATMENT OF ALL TYPES OF ARTHRITIC, ORTHOPEDIC AND SPINAL BONE CONDITIONS, INCLUDING STATE-OF-THE- ART IMAGING SERV ICES AND MINIMALLY INVASIVE KNEE AND HIP REPLACEMENT SURGERY 2 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS DONATIONS SUPPORT CAMPUS AND HOSPITAL IMPROVEMENTS, ADD NEW TECHNOLOGY AN D EQUIPMENT, SUPPORT PATIENT CARE AREAS, PROVIDE CONTINUING EDUCATION OPPORTUNITIES TO MED ICAL STAFF AND PROVIDE PATIENT ASSISTANCE SUCH AS THE SISTERS FUND THAT PROVIDES PRESCRIPT ION MEDICATIONS TO THE NEEDY RECENT ACCOMPLISHMENTS MADE POSSIBLE WITH DONATIONS TO THE F oundation INCLUDE BUT ARE NOT LIMITED TO - HELPING PURCHASE SURGICAL EQUIPMENT - BUYING FURNITURE AND FURNISHINGS FOR OUR BEHAVIORAL MEDICINE CENTER TO PROVIDE A MORE WELCOMING A ND HEALING ENVIRONMENT FOR OUR CHILDREN &amp; ADOLESCENT PATIENTS - PROVIDING EQUIPMENT FOR JOYFUL BEGINNINGS TO CARE FOR MEDICALLY FRAGILE BABIES - FUNDING A NO-COST MULTIDISCIPLINA RY PILOT WEIGHT LOSS CLINIC TO LOWER OBESITY BY PROVIDING EDUCATION AND TRAINING FOR ADULT S ON HOW TO LIVE A HEALTHY LIFESTYLE AND BE AN EXA</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, QUESTION 4A	MPLE FOR THEIR CHILDREN - TRAINING AND CONTINUING EDUCATION FOR MEDICAL RESIDENTS, PHYSIC IANS AND NURSES TO HELP OUR MEDICAL STAFF MEET EXTRAORDINARY MEDICAL CHALLENGES WITH EASE - EXPANDING, AND IMPROVING HOSPITAL CAMPUS AND FACILITIES TO CREATE PREMIER HEALTH FACILI TIES THAT ENHANCE HEALING AND PROMOTE WELL-BEING FOR PATIENTS, STAFF AND VISITORS - PROVI DING MORE THAN \$120,000 IN PRESCRIPTION MEDICATIONS TO NEE DY PATIENTS - SUPPORTING ORTHOP EDIC RESEARCH THROUGH THE BONE & JOINT HOSPITAL FUND - ASSISTING OUT-OF-TOWN PATIENT FAMI LIES WITH HOUSING WHILE THEIR LOVED ONES WERE IN THE HOSPITAL THROUGH THE GUEST SERVICES F UND, CREATED IN MEMORY OF SISTER CLARA HEITMAN SUPPORT OF COMMUNITY NONPROFIT ORGANIZATIO NS LIMITED FUNDS ARE PROVIDED TO OTHER NONPROFIT COMMUNITY ORGANIZATIONS THROUGH EVENT SPO NSORSHIPS EACH FUNDING REQUEST IS REVIEWED TO DETERMINE BENEFIT TO THE COMMUNITY, CONNECT ION TO HOSPITAL GOALS OR LEADERSHIP CONTRIBUTIONS IN 2012 TO COMMUNITY NONPROFIT ORGANIZA TIONS INCLUDED \$500 FOR SPONSORSHIP TO THE LIBRARY ENDOWMENT TRUST, THE FOUNDATION FOR O KLAHOMA CITY PUBLIC SCHOOLS AND TO THE GIRL SCOUTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE CORPORATE MEMBER OF THE FOUNDATION IS SSM HEALTH CARE OF OKLAHOMA SSM HEALTH CARE OF OKLAHOMA IS A NONPROFIT 501(C)(3) ORGANIZATION BOTH THE FOUNDATION AND SSM HEALTH CARE OF OKLAHOMA ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH CARE, WHICH OPERATES IN FOUR STATES AND OWNS, MANAGES AND IS AFFILIATED WITH 18 HOSPITALS AND 2 NURSING HOMES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE POWER TO APPOINT SUCCESSOR, ADDITIONAL OR REPLACEMENT MEMBERS, PROVIDED THAT ANY SUCCESSOR, ADDITIONAL OR REPLACEMENT MEMBER SHALL BE A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND ELECT AND REMOVE DIRECTORS WITH OR WITHOUT CAUSE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER RESERVES THE POWER TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS, TO REQUIRE THE PARTICIPATION OF THE FOUNDATION IN SUCH PROGRAMS, AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE FOUNDATION IN CONNECTION WITH SUCH PROGRAMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY , IN CONJUNCTION WITH CORPORATE FINANCE PERSONNEL, PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990 THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR FINAL REVIEW AND COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION THE INFORMATION IS SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES AND SIGNS THE FORM 990 FROM THE SSMHC INFORMATION PRIOR TO FINALIZING THE RETURN, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORM 990 FOR THE APPROPRIATE SIGNATURES AND FILING ACTION A COMPLETE COPY OF THE RETURN WILL BE PRESENTED TO THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S SALARY IS DETERMINED BY AN OUTSIDE CONSULTANT WHO USES THIRD PARTY SALARY SURVEY INFORMATION TO DETERMINE SALARY RECOMMENDATIONS. THE REGIONAL PRESIDENT OF SSM HEALTH CARE CORPORATION, THE PARENT ORGANIZATION, MAKES A RECOMMENDATION TO THE SSM HEALTH CARE CORPORATION PRESIDENT WHO GRANTS FINAL APPROVAL OF SALARY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENT FOR THE SSM HEALTH CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE OKLAHOMA SECRETARY OF STATE'S WEBSITE. COPIES OF THE FORM 990 AND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ACTURIAL LOSS ON GIFT ANNUITY LIABILITY -31,811 LOSS ON UNCOLLECTIBLE PLEDGES -52,842

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE ST ANTHONY HOSPITAL FOUNDATION INC

Employer identification number  
73-6104300

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	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-s)	(c) Amount involved	(d) Method of determining amount involved

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: 73-6104300

Name: THE ST ANTHONY HOSPITAL FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
SSM HEALTH CARE CORPORATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 46-6029223	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	FRANCISCAN SISTERS OF MARY	No
SSM EMPLOYEE HEALTH CARE FUND  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1328934	BENEFIT PLANS	MO	501(C)(9)		SSM HEALTH CARE CORPORATION	No
SSMHC LIABILITY TRUST I  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-6331003	INSURANCE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION	No
SSM CONSOLIDATED HEALTH SERVICES  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1473657	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION	No
SSM POLICY INSTITUTE  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1788151	HEALTH CARE	MO	501(C)(4)		SSM HEALTH CARE CORPORATION	No
SSM PORTFOLIO MANAGEMENT CO  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1825256	MANAGEMENT	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION	No
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0738490	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE ST LOUIS	No
CARDINAL GLENNON CHILDREN'S FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1754347	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM CARDINAL GLENNONCHILDREN'S HOSPITAL	No
SSM DEPAUL HEALTH CENTER FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1776109	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS	No
SSM ST JOSEPH FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1591556	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS	No
SSM ST CLARE HEALTH CENTER FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1273310	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS	No
SSM ST MARY'S HEALTH CENTER FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1552945	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS	No
SSM HEALTH CARE OF OKLAHOMA INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 73-0657693	HEALTH CARE	OK	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION	No
SSM HEALTH CARE OF WISCONSIN INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0688874	HEALTH CARE	WI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION	No
DELLS MEDICAL BUILDING INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 39-1613292	MOB	WI	501(C)(2)		SSM HEALTH CARE OF WISCONSIN	No
ST MARY'S FOUNDATION INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1940686	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	No
ST CLARE HEALTH CARE FOUNDATION INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1940683	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	No
HOME HEALTH UNITED INC  4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1539827	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	No
HOME CARE UNITED INC  4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1776340	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	No
HHU XTRA CARE INC  4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1705111	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
SSM REGIONAL HEALTH SERVICES  477 N LINDBERGH BLVD ST LOUIS, MO 63141 44-0579850	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION	No
ST FRANCIS HOSPITAL FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1099253	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM REGIONAL HEALTH SERVICES	No
ST MARY'S HEALTH CENTER FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1575307	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	SSM REGIONAL HEALTH SERVICES	No
GOOD SAMARITAN REGIONAL HEALTH CENTER  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0653587	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES	No
ST MARY'S HOSPITAL CENTRALIA ILLINOIS  477 N LINDBERGH BLVD ST LOUIS, MO 63141 37-0662580	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES	No
ST MARY'S - GOOD SAMARITAN INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4170833	HEALTH CARE	IL	501(C)(3)	LINE 11A, I	SSM REGIONAL HEALTH SERVICES	No
GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 26-2884795	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC	No
ST MARY'S HOSPITAL FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4636691	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC	No
SSM HEALTH BUSINESSES  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1333488	HEALTH CARE	MO	501(C)(3)	LINE 9	SSM HEALTH CARE CORPORATION	No
SSM HEALTH CARE ST LOUIS  477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1343281	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION	No
CENTRALIA MEDICAL SERVICES BLDG ASSOC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 23-7408025	MOB	IL	501(C)(3)	LINE 11A, I	SSM REGIONAL HEALTH SERVICES	No
ST MARY'S JANESVILLE FOUNDATION INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-3439133	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	No
FRANCISCAN SISTERS OF MARY  3221 MCKELVEY ROAD SUITE 107 BRIDGETON, MO 63044 43-1012492	RELIGIOUS ORGANIZATION	MO	501(C)(3)	LINE 1	N/A	No
LEE DEWEY CORPORATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 73-1279603	MOB	OK	501(C)(3)	LINE 11A, I	SSM HEALTH CARE OF OKLAHOMA	No
SSM HOSPICE & HOME CARE FOUNDATION  477 N LINDBERGH BLVD ST LOUIS, MO 63141 30-0012246	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH BUSINESSES	No
ST MARY'S HOSPITAL AUXILIARY  100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	N/A	No
GOOD SAMARITAN HOSPITAL AUXILIARY  605 NORTH 12TH STREET MT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(C)(3)	LINE 11C, III-FI	N/A	No
ST ANTHONY SHAWNEE HOSPITAL INC  1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5055149	HEALTH CARE	OK	501(C)(3)	LINE 3	SSM HEALTH CARE OF OKLAHOMA	No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SSM MANAGED CARE ORGANIZATION LLC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1708511	HEALTH PROMOTION	MO	N/A	C					No
FPP INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1465174	HEALTH CARE	MO	N/A	C					No
DIVERSIFIED HEALTH SERVICES CORP  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1369305	MEDICAL EQUIPMENT	MO	N/A	C					No
SSM CARDIO AND THORACIC SERVICES INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 26-0286559	HEALTH CARE	MO	N/A	C					No
SSM PROPERTIES INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1462486	PROPERTY SERVICES	MO	N/A	C					No
SSM DEPAUL MEDICAL GROUP INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1715106	HEALTH CARE	MO	N/A	C					No
SSM ST CHARLES CLINIC MED GROUP INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-0626408	PHYSICIAN OFFICES	MO	N/A	C					No
HEALTH FIRST PHYS MANAGEMENT  477 N LINBERGH BLVD ST LOUIS, MO 63141 73-1534336	MEDICAL SERVICES	OK	N/A	C					No
SSMHCS LIABILITY TRUST II  477 N LINBERGH BLVD ST LOUIS, MO 63141 81-6128118	INSURANCE	MO	N/A	C					No
SSM NEUROSCIENCES INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 26-3413981	HEALTH CARE	MO	N/A	C					No
SSM MEDICAL GROUP INC  477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1664107	PHYSICIAN OFFICES	MO	N/A	C					No
SSMHC INSURANCE COMPANY  477 N LINBERGH BLVD ST LOUIS, MO 63141 03-0310431	INSURANCE	CA	N/A	C					No
SSM ORTHOPEDIC INC  477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-1557033	HEALTH CARE	MO	N/A	C					No
SSM CANCER CARE  477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-1557324	HEATH CARE	MO	N/A	C					No
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS  477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4161526	HEATH CARE	IL	N/A	C					No

