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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

St Anthony's Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

10010 Kennerly RoadSuite

City or town, state or province, country, and ZIP or foreign postal code

St Louis, MO 63128

F Name and address of principal officer

KENNETH J VENUTO

10010 KENNERLY RD

ST LOUIS,MO 63128

D Employer identification number

43-0980256

E Telephone number

(314) 525-1000

G Gross receipts \$ 428,577,905

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () (Insert no)☐ 4947(a)(1) or ☐ 527

J Website:

WWW.STANTHONYSMEDCENTER.COM

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1971

M State of legal domicile

MO

Part I	Summary																																																				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>SEE COMMUNITY BENEFIT REPORT - SCHEDULE O</div></div>																																																				
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																																				
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>14</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>10</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>4,483</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>328</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>-8,288</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>-15,887</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	14	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	4,483	6	Total number of volunteers (estimate if necessary)	328	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-8,288	7b	Net unrelated business taxable income from Form 990-T, line 34	-15,887																																		
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>479,738,110</td><td>489,817,242</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>252,263,715</td><td>247,940,103</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>227,474,395</td><td>241,877,139</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	479,738,110	489,817,242	21	Total liabilities (Part X, line 26)	252,263,715	247,940,103	22	Net assets or fund balances Subtract line 21 from line 20	227,474,395	241,877,139																																					
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Part II

Signature Block

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

Sign Here

Signature of officer

2015-04-27

Date

KENNETH VENUTO CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Donna J Larson

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00043751

Firm's name

BKD LLP

Firm's EIN

Firm's address

211 N BROADWAY SUITE 600

ST LOUIS, MO 631022733

Phone no

(314) 525-1000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE COMMUNITY BENEFIT REPORT - SCHEDULE O

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 376,527,472 including grants of \$ 81,845) (Revenue \$ 409,678,167)

SEE COMMUNITY BENEFIT REPORT - SCHEDULE O

4b

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

4c

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

4d





















Other program services (Describe in Schedule O)

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

4e

Total program service expenses 376,527,472

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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	Organizations that may receive deductible contributions under section 170(c).		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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 or note to any line 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		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review 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	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <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 ▶KENNETH J VENUTO 10010 KENNERLY ROAD ST LOUIS, MO 63128 (314) 525-1000

Check if Schedule O contains a response or note to any line 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 of 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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,015,658	0	349,531

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 271

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DELOITTE CONSULTING LLP, 111 SOUTH WACKER DRIVE CHICAGO IL 606064301	SOFTWARE DEVELOPMENT	5,258,965
PAVILION SERVICES LLC, 12855 N FORTY DR SUITE 300 ST LOUIS MO 63141	IT & BILLING SERVICE	3,293,895
EPIC, 1979 MILKY WAY VERONA WA 53593	SOFTWARE DEVELOPMENT	3,184,043
DIAMOND HEALTH PARTNERS LLC, 10012 KENNERLY ROAD ST LOUIS MO 63128	PHYSICIAN SERVICES	2,626,816
SSM CARDINAL GLENNON CHILDREN'S HOS, 1195 CORPORATE LAKE DRIVE ST LOUIS MO 63132	PHYSICIAN SERVICES	1,863,894

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 ▶62

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	1,622,363			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	103,365			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,725,728			
Program Service Revenue	2a	PATIENT CARE				
		Business Code				
		621110	404,378,435	404,378,435		
	b	EDUCATIONAL PGMS	72,551	72,551		
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	404,450,986			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	572,377			572,377
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	624,483			624,483
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	-597,458			-597,458
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory	6,376,972		5,926	6,371,046
		Miscellaneous Revenue				
	11a	MEANINGFUL USE INCOME	3,805,666	3,805,666		
	b	CAFETERIA SALES	2,120,244			2,120,244
	c	JOINT VENTURE INCOME	1,421,515	1,421,515		
	d	All other revenue	3,507,730		-14,214	3,521,944
	e	Total. Add lines 11a-11d	10,855,155			
	12	Total revenue. See Instructions	424,008,243	409,678,167	-8,288	12,612,636

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 or note to any line 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.	81,845	81,845		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,517,383	1,603,688	2,913,695	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	158,181,087	151,587,546	6,593,541	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,194,890	5,839,534	355,356	
9	Other employee benefits.	11,230,993	10,533,772	697,221	
10	Payroll taxes.	12,290,958	11,580,217	710,741	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	873,970		873,970	
c	Accounting.	131,496		131,496	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	90,670		90,670	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,058,345	13,433,556	4,624,789	
12	Advertising and promotion.	981,515	981,515		
13	Office expenses.	104,533,982	102,991,315	1,542,667	
14	Information technology.	6,303,188	450,295	5,852,893	
15	Royalties.	0			
16	Occupancy.	8,571,819	8,223,386	348,433	
17	Travel.	182,821	124,699	58,122	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	370,727	313,408	57,319	
20	Interest.	4,756,450	4,756,450		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	30,372,575	21,498,122	8,874,453	
23	Insurance.	581,224	581,224		
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	BAD DEBTS	36,296,436	36,296,436		
b	RECRUITMENT	886,640	882,671	3,969	
c	DUES & SUBSCRIPTIONS	550,650	251,066	299,584	
d	DISPOSAL EXPENSES	493,752	493,752		
e	All other expenses	4,176,168	4,022,975	153,193	
25	Total functional expenses. Add lines 1 through 24e.	410,709,584	376,527,472	34,182,112	0
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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,913,196	1	8,288,718
	2	Savings and temporary cash investments		12,679,112	2	13,676,108
	3	Pledges and grants receivable, net		300,000	3	300,000
	4	Accounts receivable, net		59,135,978	4	66,185,944
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		67,704,643	7	68,650,837
	8	Inventories for sale or use		5,638,947	8	6,529,944
	9	Prepaid expenses and deferred charges		2,539,727	9	2,699,937
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a676,898,683			
	b	Less accumulated depreciation	10b419,010,821	259,303,733	10c	257,887,862
	11	Investments—publicly traded securities		44,884,904	11	49,603,878
	12	Investments—other securities See Part IV, line 11		819,559	12	58,278
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		17,818,311	15	15,935,736
	16	Total assets. Add lines 1 through 15 (must equal line 34)		479,738,110	16	489,817,242
Liabilities	17	Accounts payable and accrued expenses		54,401,427	17	57,713,522
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		173,156,188	20	168,520,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		29,988	23	2,485,273
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24,676,112	25	19,221,308
	26	Total liabilities. Add lines 17 through 25		252,263,715	26	247,940,103
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		226,885,611	27	241,105,662
	28	Temporarily restricted net assets		588,784	28	771,477
	29	Permanently restricted net assets		0	29	0
	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		227,474,395	33	241,877,139
	34	Total liabilities and net assets/fund balances		479,738,110	34	489,817,242

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	424,008,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	410,709,584
3	Revenue less expenses Subtract line 2 from line 1	3	13,298,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,474,395
5	Net unrealized gains (losses) on investments	5	1,425,810
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	-321,725
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241,877,139

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 checked="" type="checkbox"/> Consolidated basis <input 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		

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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11g(i)

11g(ii)

11g(iii)

Yes

No

h

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(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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. 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 stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		40,054
j	Total. Add lines 1c through 1i.			40,054
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1I	LINE 1I REPRESENTS THE PORTION OF DUES PAID TO PROFESSIONAL HOSPITAL ASSOCIATIONS ALLOCATED TO LOBBYING ACTIVITIES

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization St Anthony's Medical Center	Employer identification number 43-0980256
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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
2a	
2b	
2c	
2d	

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

▶ \$ _____

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 | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 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	235,209,325	218,574,748	21,798,631	20,897,736	18,436,504
b Contributions	3,894,843	1,900,675	208,253,399	19,335	58,094
c Net investment earnings, gains, and losses	30,925,688	17,964,635	-8,383,763	4,285,185	2,518,572
d Grants or scholarships					
e Other expenditures for facilities and programs	2,511,398	2,298,906	3,093,519	3,403,625	115,434
f Administrative expenses	1,093,716	931,827			
g End of year balance	266,424,742	235,209,325	218,574,748	21,798,631	20,897,736

- 2

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

Board designated or quasi-endowment

98 168 %
- b

Permanent endowment

0 %
- c

Temporarily restricted endowment

1 832 %
- 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,844,107		9,844,107
b Buildings		254,281,724	105,454,027	148,827,697
c Leasehold improvements				
d Equipment		394,394,563	303,262,841	91,131,722
e Other		18,378,289	10,293,953	8,084,336
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				257,887,862

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS THE FUNDS ARE TO BE USED FOR THE SELF INSURANCE TRUST OF THE ORGANIZATION, WHICH IS USED TO COVER MALPRACTICE CLAIMS THE TOTAL AMOUNTS FOR THE CURRENT AND TWO PRIOR YEARS INCLUDE FUNDS HELD BY RELATED ORGANIZATIONS FOR THE BENEFIT OF THE HOSPITAL THESE FUNDS ARE TO BE USED FOR FUTURE CAPITAL IMPROVEMENTS
PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER FIN 48 MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT INDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,348,511	0	3,348,511	0 890 %
b Medicaid (from Worksheet 3, column a)			49,261,770	41,207,287	8,054,483	2 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total Financial Assistance and Means-Tested Government Programs . .			52,610,281	41,207,287	11,402,994	3 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			311,678	17,385	294,293	0 080 %
f Health professions education (from Worksheet 5)			347,363	0	347,363	0 090 %
g Subsidized health services (from Worksheet 6)			1,221,761	848,965	372,796	0 100 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			133,753	0	133,753	0 040 %
j Total Other Benefits			2,014,555	866,350	1,148,205	0 310 %
k Total . Add lines 7d and 7j . .			54,624,836	42,073,637	12,551,199	3 350 %

Part III

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

1

Yes

2

36,296,436

3

0

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

6

Enter Medicare allowable costs of care relating to payments on line 5.

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

5

122,388,676

6

126,028,426

7

-3,639,750

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9a

Yes

9b

Yes

Part IV

Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SOUTH COUNTY PET	IMAGING SERVICES	75.000 %	0 %	25.000 %
2 PLAZA SURGERY SVCS	OUTPATIENT SERVICES	52.000 %	0 %	48.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2013

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST ANTHONY'S MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes		
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes		
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13	Explained the method for applying for financial assistance?			13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged			17	No
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address		Type of Facility (describe)
1	FENTON URGENT CARE 714 GRAVOIS ROAD FENTON, MO 63026	URGENT CARE FACILITY
2	ARNOLD URGENT CARE 3619 RICHARDSON ROAD ARNOLD, MO 63010	URGENT CARE FACILITY
3	LEMAY URGENT CARE 2900 LEMAY FERRY ROAD ST LOUIS, MO 63125	URGENT CARE FACILITY
4	BIG BEND URGENT CARE 10296 BIG BEND BLVD ST LOUIS, MO 63122	URGENT CARE FACILITY
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF \$36,296,436 REPORTED ON PART IX, LINE 24 HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE THE AMOUNT ENTERED REPRESENTS THE BAD DEBT EXPENSE RECORDED IN THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE TO AUDITED FINANCIAL STATEMENTS - BAD DEBT EXPENSE NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS, PAGE 9 SEE NOTE 1 PATIENT ACCOUNTS RECEIVABLE

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

Form and Line Reference	Explanation
PART III, LINE 8	COSTING METHODOLOGY USED FOR MEDICARE THE COSTING METHODOLOGY SOURCE USED WAS THE FY 2014 MEDICARE COST REPORT

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

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT ST ANTHONY'S MEDICAL CENTER (SAMC) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DEVELOPED AN IMPLEMENTATION PLAN WITH STRATEGIES TO ADDRESS IDENTIFIED NEEDS THIS PROCESS WAS UNDERTAKEN BY THE COMMUNITY OUTREACH TEAM AT SAMC, LED BY COMMUNITY OUTREACH COORDINATOR LAURA BUB, MPH ST ANTHONY'S SOUGHT GUIDANCE AND PARTNERSHIP FROM THE ST LOUIS DEPARTMENT OF HEALTH AND IN COLLABORATION WITH BARNES-JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), AND ST LUKE'S HOSPITAL (SLH) SAMC USED SURVEY DATA FROM COMMUNITY MEMBERS AND LOCAL PHYSICIANS, A KEY STAKEHOLDER ANALYSIS, AND SECONDARY DATA FROM EXISTING RESOURCES TO IDENTIFY AND PRIORITIZE HEALTH PROBLEMS AND RISK FACTORS IN THE ST ANTHONY'S MEDICAL CENTER SERVICE AREA

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

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION THE PRIMARY COMMUNITY THAT ST ANTHONY'S SERVES INCLUDES A GEOGRAPHIC AREA OF SOUTH ST LOUIS COUNTY, SOUTH ST LOUIS CITY AND JEFFERSON COUNTY IN MISSOURI AND MONROE COUNTY IN ILLINOIS THE SERVICE AREA COULD BEST BE DESCRIBED AS A COMBINATION SUBURBAN COMMUNITY ST ANTHONY'S SERVES A COMBINED POPULATION OF MORE THAN 564,000 RESIDENTS WHO RESIDE WITHIN A 25-30 MINUTE DRIVE TO ST ANTHONY'S THE PRIMARY SERVICE AREA ACCOUNTS FOR ABOUT 80% OF THE PATIENTS SERVED THE DEMOGRAPHIC DATA* FOR THE PRIMARY SERVICE AREA INCLUDES A POPULATION OF MORE THAN 564,000 WITH TOTAL HOUSEHOLDS OF MORE THAN 228,000 MOST OF THE RESIDENTS ARE WHITE (94%), WITH 4% BLACK RESIDENTS, AND 2% BEING OF OTHER RACE WE ALSO SERVE A LARGE BOSNIAN POPULATION THE APPROXIMATE OCCUPATION BREAKOUT OF THE PRIMARY SERVICE AREA IS 62% WHITE COLLAR, 22% BLUE COLLAR AND ABOUT 16% SERVICE WORKERS THE AVERAGE HOUSEHOLD INCOME IS ABOUT \$70,000/YR THE ELDERLY POPULATION OF AGES 65 AND OLDER IS 23% THE HOUSEHOLDS OF OWNER OCCUPIED ARE 77% VERSUS 23% RENTER OCCUPIED SINGLE PARENT HOUSEHOLDS ARE ABOUT 34% THE PERCENTAGE OF RESIDENTS WITH INCOME LEVELS OF LESS THAN \$25,000 IS 18% *SOURCE 2010 ESTIMATES AND 2015 PROJECTIONS NIELSEN CLARITAS THE PRIMARY SERVICE AREA PAYOR MIX OF SELF-PAY AND MEDICAID PATIENTS AT ST ANTHONY'S FROM FISCAL YEAR 2010, WAS 18% DATA SHOWS THIS PERCENTAGE HAS RISEN MORE THAN 4% OVER THE LAST FIVE FISCAL YEARS

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH -ST ANTHONY'S OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENTION REGARDLESS OF THEIR ABILITY TO PAY -ST ANTHONY'S HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA -ST ANTHONY'S HAS A GOVERNING BOARD OF DIRECTORS IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY -ST ANTHONY'S WORKS IN COOPERATION WITH LOCAL UNIVERSITIES AND HEALTH CARE ORGANIZATIONS TO ADVANCE THE SCIENCE OF MEDICINE BY PROVIDING A CLINICAL SETTING WHERE INNOVATIVE TREATMENTS AND NEW THERAPEUTIC PROTOCOLS CAN BE DEVELOPED AND STUDIED -ST ANTHONY'S ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS BY TEAMING UP WITH LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO PROVIDE A CLINICAL SETTING FOR HEALTH CARE STUDENTS -ST ANTHONY'S PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS -ST ANTHONY'S MEDICAL CENTER FOUNDATION CONTRIBUTED \$57,161 IN CASH DONATIONS TO NON-PROFIT ORGANIZATIONS AND SET UP \$397,500 IN SCHOLARSHIP FUNDING FOR EMPLOYEE'S SONS AND DAUGHTERS WHICH IS NOT INCLUDED IN THIS TAX RETURN

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT MO

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	CHNA COMMUNITY INPUT ST ANTHONY'S MEDICAL CENTER SOUGHT TO CONDUCT ITS NEEDS ASSESSMENT IN PART BY COLLECTING PRIMARY DATA FROM KEY COMMUNITY MEMBERS DATA WAS COLLECTED IN THREE WAYS - A COLLABORATION OF KEY STAKEHOLDERS IN A FOCUS GROUP SETTING, A TELEPHONE SURVEY OF 500 ADULT COMMUNITY MEMBERS, AND PHYSICIAN SURVEYS IN THE KEY STAKEHOLDER ANALYSIS, ST ANTHONY'S MEDICAL CENTER PARTNERED WITH BARNES JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), AND ST LUKE'S HOSPITAL (SLH) EACH HOSPITAL REPRESENTATIVE INVITED UP TO FOUR KEY LEADERS FROM THEIR RESPECTIVE COMMUNITIES TO ATTEND A TWO-PART FOCUS GROUP AND REPRESENT THEIR COMMUNITIES AN INITIAL FOCUS GROUP WAS CONDUCTED IN JUNE 2012 TO SOLICIT FEEDBACK FROM THE KEY LEADERS ON THE HEALTH NEEDS OF THE ST LOUIS COUNTY POPULATION A SECOND MEETING WAS HELD IN JULY 2012 TO SHARE THE RESULTS OF THE FIRST FOCUS GROUP AND FINDINGS FROM OTHER SECONDARY DATA ANALYSIS EIGHTEEN INDIVIDUALS WERE IN ATTENDANCE, REPRESENTING VARIOUS ST LOUIS COUNTY ORGANIZATIONS EACH INDIVIDUAL RECEIVED A WORKSHEET TO COMPLETE PRIOR TO THE FOCUS GROUP, TO IDENTIFY PERCEPTIONS OF THE GREATEST HEALTH-CARE NEEDS IN ST LOUIS COUNTY THE SUBSEQUENT FOCUS GROUP SESSION WAS TARGETED AT IDENTIFYING PRIORITY HEALTH-CARE NEEDS IN THE COMMUNITY, AND THE COMMUNITY'S ABILITY TO COLLABORATE ON THEM ST ANTHONY'S MEDICAL CENTER PARTNERED WITH THE PRELL ORGANIZATION TO ASSESS THE HEALTH-CARE NEEDS OF THE COMMUNITY BY CONDUCTING A TELEPHONE SURVEY WITH A RANDOM SAMPLE OF 500 ADULTS AGE 21 YEARS OR OLDER IN THE COMMUNITY THESE INTERVIEWS WERE CONDUCTED IN NOVEMBER 2012 AT COMMUNICATIONS FOR RESEARCH IN STEELVILLE, MO, USING A COMPUTER ASSISTED TELEPHONE INTERVIEW INTERVIEWING SYSTEM PRELL EMPLOYED A STRATIFIED RANDOM SAMPLE THAT SET QUOTAS FOR EACH ZIP CODE TO MATCH THE OVERALL ADULT POPULATION IN THE PSA THIS HAD THE EFFECT OF REDUCING THE SAMPLING ERROR FOR THIS SURVEY BECAUSE PHYSICIANS PLAY THIS ROLE IN RECOGNIZING THE HEALTH NEEDS OF THE POPULATION, ST ANTHONY'S MEDICAL CENTER CHOSE TO SURVEY PRIMARY CARE PHYSICIANS AND OBSTETRICIAN/GYNECOLOGISTS AFFILIATED WITH ST ANTHONY'S MEDICAL CENTER TWENTY-SEVEN PHYSICIANS TOOK PART IN A SEVEN-QUESTION SURVEY USING AN ONLINE SURVEY TOOL THE PHYSICIANS WERE ASKED THREE OPEN-ENDED QUESTIONS AND FOUR CLOSED QUESTIONS FOCUSED ON THE HEALTH NEEDS OF OUR POPULATION

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 4	OTHER HOSPITALS CHNA CONDUCTED WITH ST ANTHONY'S MEDICAL CENTER PARTNERED WITH BARNES JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), AND ST LUKE'S HOSPITAL (SLH) TO CONDUCT A KEY STAKEHOLDER ANALYSIS IN OUR COMMUNITY IN THE ANALYSIS, EACH HOSPITAL REPRESENTATIVE INVITED UP TO FOUR KEY LEADERS FROM THEIR RESPECTIVE COMMUNITIES TO ATTEND A TWO-PART FOCUS GROUP AND REPRESENT THEIR COMMUNITIES AN INITIAL FOCUS GROUP WAS CONDUCTED IN JUNE 2012 TO SOLICIT FEEDBACK FROM THE KEY LEADERS ON THE HEALTH NEEDS OF THE ST LOUIS COUNTY POPULATION A SECOND MEETING WAS HELD IN JULY 2012 TO SHARE THE RESULTS OF THE FIRST FOCUS GROUP AND FINDINGS FROM OTHER SECONDARY DATA ANALYSIS EIGHTEEN INDIVIDUALS WERE IN ATTENDANCE, REPRESENTING VARIOUS ST LOUIS COUNTY ORGANIZATIONS EACH INDIVIDUAL RECEIVED A WORKSHEET TO COMPLETE PRIOR TO THE FOCUS GROUP, TO IDENTIFY PERCEPTIONS OF THE GREATEST HEALTH-CARE NEEDS IN ST LOUIS COUNTY

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINES 5A & 5C	HOW CHNA WAS MADE WIDELY AVAILABLE THE CHNA CAN BE ACCESSED ON THE HOSPITAL WEBSITE AT THE FOLLOWING ADDRESS HTTP //WWW STANTHONYSMEDCENTER COM/COMMUNITY/CHNA PDF THE IMPLEMENTATION PLAN HAS ALSO BEEN POSTED TO THE WEBSITE AND CAN BE ACCESSED AT THE FOLLOWING ADDRESS HTTP //WWW STANTHONYSMEDCENTER COM/COMMUNITY/CHNA_IMPLEMENTATION_PLAN PDF OTHER WAYS IN WHICH THE NEEDS ASSESSMENT WAS MADE WIDELY AVAILABLE - THE ST ANTHONY'S MEDICAL CENTER CHNA DOCUMENT DISPLAYED CONSPICUOUSLY ON WEB SITE WITH DIRECTIONS TO DOWNLOAD - SHARED FINAL DOCUMENT & NEXT STEPS WITH THE ST ANTHONY'S MEDICAL CENTER COMMUNITY BENEFIT COUNCIL - SHARED HIGHLIGHTS AND OVERVIEW OF THE CHNA AND PROCESS WITH EMPLOYEES IN THIS WEEK (AN EMPLOYEE PUBLICATION) - SHARED HIGHLIGHTS AND OVERVIEW OF THE CHNA WITH A LINK TO THE WEBSITE IN A PRESS RELEASE TO THE COMMUNITY - SHARED THE CHNA ON SOCIAL MEDIA - SHARED THE CHNA WITH THE COMMUNITY BY PROVIDING FLIERS IN LOCAL LIBRARIES WITH A LINK TO THE DOCUMENT/WEBSITE - SHARED THE CHNA/IMPLEMENTATION STRATEGY AND BACKGROUND IN YOUR HEALTH TODAY (A QUARTERLY PUBLICATION THAT REACHES 100,000 LOCAL MEMBERS OF THE ST ANTHONY'S MEDICAL CENTER COMMUNITY)

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	NEEDS ADDRESSED IN CHNA THERE WAS A NEED IDENTIFIED IN OUR ASSESSMENT THAT ST ANTHONY'S MEDICAL CENTER DID NOT CHOOSE TO ADDRESS ALTHOUGH ALL IDENTIFIED COMMUNITY HEALTH NEEDS ARE IMPORTANT TO ST ANTHONY'S, WE HAD TO CHOOSE NEEDS IN WHICH WE COULD MAKE THE MOST IMPACT ON OUR COMMUNITY AND IN WHICH WE COULD BEST ALIGN OUR RESOURCES THE NEED THAT WE CHOSE NOT TO ADDRESS WAS TOBACCO USE TOBACCO USE, AND SMOKING ATTRIBUTABLE DEATHS, ARE HIGHER IN MISSOURI THAN THE NATIONAL AVERAGE AND POSE A PROBLEM FOR OUR COMMUNITY WE CHOSE NOT TO ADDRESS THIS NEED BECAUSE OF THE AVAILABILITY OF RESOURCES IN OUR AREA, SPECIFICALLY THE EFFORTS THAT ARE ALREADY BEING PUT FORTH BY THE JEFFERSON COUNTY HEALTH DEPARTMENT TO ADDRESS SMOKING JEFFERSON COUNTY WAS THE PART OF OUR COMMUNITY THAT WAS IDENTIFIED IN OUR ASSESSMENT AS BEING THE HIGHEST IN TOBACCO USE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20	CHARGES FOR MEDICAL CARE FINANCIAL ASSISTANCE DETERMINATION LEVELS ARE UPDATED ANNUALLY BASED ON FEDERAL POVERTY GUIDELINES USUALLY PUBLISHED IN JANUARY THE MEDICARE COST-TO-CHARGE RATIO IS UPDATED ANNUALLY AFTER PREPARATION OF THE MEDICARE COST REPORT THE UNINSURED DISCOUNT FOR PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE IS REVIEWED ANNUALLY AND IS BASED ON LOW VOLUMES MANAGED CARE CONTRACT DISCOUNTS POLICIES WILL BE UPDATED ANNUALLY AFTER RECEIPT OF THE FEDERAL POVERTY GUIDELINES AND THE CMS TENTATIVE REVIEW OF THE COST REPORT SETTLEMENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Anthony's Medical Center

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
43-0980256

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEFFERSON COLLEGE FOUNDATION 1000 VIKING DRIVE HILLSBORO,MO 63050	43-1611153	501(C)(3)	10,000				MEDICAL EDUCATION

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

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURE FOR MONITORING GRANTS THE ORGANIZATION MONITORS THE GRANT MONEY BY HAVING EACH RECIPIENT COMPLETE A MID-YEAR AND FINAL REPORT THE FINAL REPORT INCLUDES ITEMIZED EXPENDITURES AND HOW THE PROGRAMMING FITS THE GOALS OF THE GRANT

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I

Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1(A)	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES ST ANTHONY'S PAID \$15,000 IN MEMBERSHIP SOCIAL CLUB FEES TO SUNSET HILLS COUNTRY CLUB FOR MICHAEL RINDLER, THE PRESIDENT OF ST ANTHONY'S MEDICAL CENTER
PART I, LINE 4(A)	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT JAMES GARDNER \$155,002 THOMAS ROCKERS \$279,400 JOHN SKEANS \$243,846 PATRICK GARRETT \$212,016 ANNE BOLLONE \$129,400 CATHERINE BLISE \$10,788

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS ROCKERS FORMER PRESIDENT	(i) (ii)	276,360 0	0 0	2,049 0	0 0	0 0	278,409 0	0 0
JOHN SKEANS FORMER EXECUTIVE VP - CFO	(i) (ii)	276,831 0	0 0	57 0	458 0	0 0	277,346 0	0 0
ANN BOLLONE FORMER VP - HUMAN RESOURCES	(i) (ii)	127,006 0	0 0	264 0	0 0	0 0	127,270 0	0 0
ROBERT BECKMAN FORMER MEMBER	(i) (ii)	0 0	0 0	37,500 0	0 0	0 0	37,500 0	0 0
PATRICK GARRETT FORM EXEC VP - PHYS NETWORKS	(i) (ii)	333,959 0	0 0	344 0	23,826 0	0 0	358,129 0	0 0
GREGORY BOTTERON PHYSICIAN	(i) (ii)	795,229 0	135,842 0	20,383 0	10,054 0	7,650 0	969,158 0	0 0
DAVID DOBMEYER PHYSICIAN	(i) (ii)	789,174 0	135,842 0	22,185 0	31,625 0	10,838 0	989,664 0	0 0
DENNIS DISCH PHYSICIAN	(i) (ii)	788,737 0	135,842 0	20,383 0	36,204 0	10,838 0	992,004 0	0 0
CHARLES CAREY PHYSICIAN	(i) (ii)	792,548 0	135,842 0	19,662 0	27,807 0	10,838 0	986,697 0	0 0
MICHAEL GOLDMEIER PHYSICIAN	(i) (ii)	788,737 0	135,842 0	20,383 0	36,819 0	10,838 0	992,619 0	0 0
JAMES E GARDNER FORMER PRESIDENT	(i) (ii)	647,262 0	186,000 0	1,247 0	6,321 0	0 0	840,830 0	0 0
KEN VENUTO CFO	(i) (ii)	351,486 0	65,000 0	20,416 0	4,390 0	10,838 0	452,130 0	0 0
DAVID MORTON OFFICE OF THE PRESIDENT / CMO	(i) (ii)	941,104 0	32,765 0	20,024 0	36,077 0	10,838 0	1,040,808 0	0 0
JAMES WELDON VP - CIO	(i) (ii)	221,726 0	50,000 0	304 0	925 0	7,650 0	280,605 0	0 0
CATHI BLISE FORMER VP - CNO	(i) (ii)	266,974 0	0 0	843 0	12,195 0	2,262 0	282,274 0	0 0
ED CARTHEW VP - HR	(i) (ii)	244,041 0	50,000 0	3,190 0	25,968 0	9,996 0	333,195 0	0 0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966		04-25-2013	172,740,000	CURRENT REFUND OF SERIES 2005&2006		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,860,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	172,740,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	1,094,097							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	171,645,903							
12	Other unspent proceeds	0							
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X						
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	SEE PART VI							
c	Term of hedge	298							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, LINE 11, COLUMN A	OTHER SPENT PROCEEDS THE SERIES 2013 BONDS REFUNDED THE SERIES 2005 BONDS AND THE SERIES 2006 BONDS SWAP AGREEMENTS WERE ENTERED INTO AND INTEGRATED WITH BOTH THE SERIES 2005 BONDS AND SERIES 2006 BONDS THESE SWAP AGREEMENTS WERE TERMINATED ON APRIL 23, 2013 IN CONJUNCTION WITH THE ISSUANCE OF THE SERIES 2013 BONDS \$34,242,000 OF SERIES 2013 BOND PROCEEDS WERE USED TO PAY THE ASSOCIATED TERMINATION PAYMENTS THE REMAINING AMOUNT OF \$137,386,500 89 WAS USED TO REDEEM THE SERIES 2005 BONDS AND SERIES 2006 BONDS THE REMAINING AMOUNT REPRESENTS \$17,402 11 OF BOND PROCEEDS ORIGINALLY INTENDED TO BE USED TO PAY COSTS OF ISSUING THE BONDS THIS AMOUNT WAS TRANSFERRED TO THE DEBT SERVICE FUND AND WAS ALLOCCTED TO THE 11/1/2013 DEBT SERVICE PAYMENT ON THE BONDS

Return Reference	Explanation
PART III, COLUMN A	PRIVATE BUSINESS USE THE SERIES 2013 BONDS REFUNDED THE SERIES 2005 BONDS AND THE SERIES 2006 BONDS THE SERIES 2005 BONDS REFUNDED PROJECTS THAT WERE ORIGINALLY FINANCED PRIOR TO 1/1/2003 ACCORDINGLY, IN PART III, ST ANTHONY'S IS REPORTING SOLELY ON THE PROJECTS FINANCED BY THE SERIES 2006 BONDS

Return Reference	Explanation
PART IV, LINE 4B, COLUMN A	NAME OF PROVIDER TWO SEPARATE QUALIFIED HEDGES WERE ENTERED INTO WITH RESPECT TO THE SERIES 2013 BONDS THE TWO HEDGE PROVIDERS WERE PNC BANK, NATIONAL ASSOCIATION AND UNION BANK, NATIONAL ASSOCIATION

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LEWIS RICE AND FINGERISH	W REED III, BOARD MEMBER,	1,272,546	LEGAL SERVICES		No
(2) LEWIS RICE AND FINGERISH CON'T	IS A MEMBER OF LRF				
(3) SC ANESTHESIA	J WILKINSON,BOARD MEMBER,	2,114,619	ANESTHESIA SERVICES		No
(4) SC ANESTHESIA CON'T	IS A CO-OWNER OF SCA				
(5) INTEGRITY HOSPITAL COMPANY	M RINDLER, CEO ,	2,460,710	CONSULTING SERVICES		No
(6) INTEGRITY HOSPITAL CO CON'T	IS A PRINCIPAL OF IHC				
(7) DIAMOND HEALTH PARTNERS LLC	C BOWE, OFFICE OF PRES,	2,626,816	PHYSICIAN SERVICES		No
(8) DIAMOND HEALTH PARTNERS CON'T	IS SOLE OWNER OF DHP				

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

St Anthony's Medical Center

Employer identification number

43-0980256

Return Reference	Explanation	
	FORM 990, SUPPLEMENT TO PART III, LINE 1	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT THE COMMUNITY BENEFIT CONTRIBUTION OF ST ANTHONY'S MEDICAL CENTER INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT 1 ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT A MISSION STATEMENT ST ANTHONY'S, A CATHOLIC MEDICAL CENTER, HAS THE DUTY AND PRIVILEGE TO PROVIDE THE BEST CARE TO EVERY PATIENT, EVERY DAY PRIMARY EXEMPT PURPOSE ST ANTHONY'S PROVIDES CARE IN A NONDISCRIMINATORY MANNER, OPERATES AN EMERGENCY DEPARTMENT OPEN TO ALL , OFFERS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS, AND MAINTAINS A GOVERNING BOARD OF DIRECTORS COMPRISED PRIMARILY OF COMMUNITY MEMBERS WE PROMOTE AND ADDRESS THE SPECIFIC HEALTH NEEDS OF THE COMMUNITY AND PROVIDE SUPPORT THROUGH EDUCATIONAL, RELIGIOUS, AND CHARITABLE ACTIVITIES EXCESS REVENUE IS USED FOR THE FURTHER DEVELOPMENT OF SUCH ACTIVITIES B ST ANTHONY'S MEDICAL CENTER'S APPROACH TO PROVIDING COMMUNITY BENEFIT IS ILLUSTRATED AS FOLLOWS - OUR GEOGRAPHIC AREA AND TARGET POPULATION ARE SOUTH ST LOUIS COUNTY, JEFFERSON COUNTY, OUTSTATE MISSOURI AND SOUTHERN ILLINOIS - ST ANTHONY'S MEDICAL CENTER COMPLETED ITS FIRST COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN IN 2013 TO GUIDE THE EFFORTS IN OUR COMMUNITY LINKS CAN BE FOUND BELOW 1 COMMUNITY HEALTH NEEDS ASSESSMENT HTTP://WWW.STANTHONYSMEDCENTER.COM/COMMUNITY/CHNA.PDF 2 IMPLEMENTATION PLAN HTTP://WWW.STANTHONYSMEDCENTER.COM/COMMUNITY/CHNA_IMPLEMENTATION_PLAN.PDF - MAJOR TRENDS, NEEDS, AND PROBLEMS IN THE COMMUNITY ARE ADDRESSED BY ST ANTHONY'S MEDICAL CENTER IN A VARIETY OF WAYS ALONG WITH TREATING ILLNESS AND DISEASE, ST ANTHONY'S SUPPORTS PROGRAMS THAT FOCUS ON DISEASE PREVENTION CARE IS TAKEN TO PLAN PROGRAMS AND EVENTS THAT ARE TARGETED TO THE NEEDS OF OUR COMMUNITY PROGRAMS ARE PLANNED BASED ON THE EVIDENCE THAT THE PROGRAM OR EVENT IS ADDRESSING A COMMUNITY HEALTH NEED COMMUNITY HEALTH NEEDS ARE ESTABLISHED BY EXAMINING DATA AND STATISTICS THAT ARE TARGETED TO RELECTTHE SERVICE AREA OF ST ANTHONY'S AND BY PRIMARY DATA FROM COMMUNITY EVALUATIONS THROUGH THE ST ANTHONY'S MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT - ST ANTHONY'S MEDICAL CENTER SUPPORTS NEEDS AND PROBLEMS UNIQUE TO ITS COMMUNITY WHILE NOT DIRECTLY RELATED TO HEALTH CARE, OUR SUPPORT FOR ACTIVITIES SUCH AS NEIGHBORHOOD REVITALIZATION, LOCAL ECONOMIC DEVELOPMENT, EDUCATION, COMMUNITY HEALTH ADVOCACY, AND SIMILAR EFFORTS ALL CONTRIBUTE TO IMPROVEMENT FOR THE PEOPLE WE SERVE THROUGHOUT THE REGION ST ANTHONY'S OFFERS NUMEROUS EDUCATIONAL EVENTS, COMMUNITY CLINICS, SUPPORT GROUPS, SELF-HELP PROGRAMS (E.G., WEIGHT MANAGEMENT, SMOKING CESSATION), AND PASTORAL OUTREACH AND SOCIAL SERVICE PROGRAMS THESE PROGRAMS ARE WIDELY AVAILABLE TO ALL , CONVENIENTLY LOCATED ON OUR CAMPUS AND OFFERED CONTINUOUSLY THROUGHOUT THE YEAR - VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH ST ANTHONY'S MEDICAL CENTER TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY ST ANTHONY'S WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS ST LOUIS COUNTY DEPARTMENT OF HEALTH, LOCAL SCHOOL DISTRICTS, BARNES-JEWISH WEST COUNTY HOSPITAL, MISSOURI BAPTIST MEDICAL CENTER, ST LUKES HOSPITAL (THROUGH THE CHNA), HOSPICE AGENCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, LOCAL COLLEGES & UNIVERSITIES, AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, CARDINAL GLENNON HOSPITAL, SOUTH COUNTY YMCA, BEHAVIORAL HEALTH SUPPORT GROUPS, ST LOUIS UNIVERSITY, ,AMERICAN LUNG ASSOCIATION AND THE AMERICAN RED CROSS - SEVERAL HOSPITAL DEPARTMENTS DEDICATE STAFF TO ASSIST IN COMMUNITY BENEFITS EFFORTS THESE EFFORTS ARE LED BY LAURA BUB, MPH, COMMUNITY OUTREACH COORDINATOR FOR ST ANTHONY'S ST ANTHONY'S HAS A COMMUNITY BENEFIT COUNCIL THAT IS DESIGNED SPECIFICALLY TO OVERSEE AND ALIGN COMMUNITY RESOURCES AND GUIDE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN HOSPITAL STAFF FOR THIS INITIATIVE COME FROM THE AREAS OF COMMUNITY OUTREACH, NUTRITION SERVICES, SENIOR SERVICES, PHYSICIAN RELATIONS, BEHAVIORAL HEALTH, PASTORAL CARE, HEALTH & WELLNESS AND DIABETES EDUCATION, COMMUNITY BENEFIT REPORTS AND ACTIVITIES COME FROM ALL PARTS OF THE HOSPITAL C ST ANTHONY'S MEDICAL CENTER HAS FINANCIAL ASSISTANCE AND UNINSURED POLICIES AND PROGRAMS AS DESCRIBED BELOW FINANCIAL ASSISTANCE POLICY - ST ANTHONY'S MEDICAL CENTER HAS ESTABLISHED A PROGRAM TO REDUCE OR COMPLETELY ADJUST DEBTS FOR CERTAIN PATIENTS REQUIRING HEALTH CARE BUT LACKING THE MEANS TO PAY FOR SERVICES RENDERED UNINSURED PATIENTS POLICY - ST ANTHONY'S MEDICAL CENTER WORKS WITH ALL PATIENTS THAT HAVE SELF-PAY BALANCES TO ESTABLISH PAYMENT PLANS THAT ARE REASONABLE FOR THE PATIENT AND STILL MAINTAIN THE CASH FLOW NEEDS OF THE HOSPITAL PAYMENT PLANS</p>

Return Reference	Explanation	
	FORM 990, SUPPLEMENT TO PART III, LINE 1	<p>ARE TYPICALLY ESTABLISHED AFTER SERVICE HAS BEEN RENDERED AND BY COMMUNICATION BETWEEN THE PATIENT/RESPONSIBLE PARTY AND PATIENT ACCOUNTS CUSTOMER SERVICE OR FINANCIAL COUNSELING STAFF. PATIENTS THAT ARE UNINSURED MAY CONTACT OR BE CONTACTED BY CUSTOMER SERVICE OR FINANCIAL COUNSELING STAFF IN ORDER TO DETERMINE WHETHER OTHER MEANS OF PAYMENT OF THE BILL ARE AVAILABLE (E.G., MEDICAID ELIGIBILITY, VICTIMS OF CRIME, THIRD PARTY LIABILITY INSURANCE, ETC.). IF NO ADDITIONAL OUTSIDE FUNDS ARE AVAILABLE, THEN THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM ST. ANTHONY'S MEDICAL CENTER. ANY PATIENT THAT IS UNINSURED AND DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR DOES NOT WANT TO ACCESS HOSPITAL FINANCIAL ASSISTANCE WILL RECEIVE AN AUTOMATIC DISCOUNT OF 40% FROM BILLED CHARGES.</p> <p>COLLECTION POLICY - IT IS THE POLICY OF ST. ANTHONY'S MEDICAL CENTER TO TREAT ALL PATIENTS REQUIRING EMERGENCY TREATMENT REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, STAFF WILL ASSIST PATIENTS WHO CANNOT PAY FOR PART OF ALL OF THE CARE THEY RECEIVE BY WORKING WITH THE PATIENT TO FIND ALTERNATIVE SOURCES OF PAYMENT OR TO DEVELOP A PAYMENT SCHEDULE THAT IS SATISFACTORY FOR ALL PARTIES. WE MUST ALSO BALANCE THE NEED FOR FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO KEEP OUR HOSPITAL DOORS OPEN FOR ALL THAT MAY NEED CARE IN THE COMMUNITY.</p> <p>FINANCIAL COUNSELING AND PATIENT ACCOUNT STAFFS ARE AVAILABLE BY TELEPHONE AND IN-PERSON TO DISCUSS HOSPITAL BILLS, BILLING POLICIES, METHODS OF PAYMENT, AND ALTERNATIVE SOURCES OF PAYMENT. QUESTIONS REGARDING HOSPITAL BILLS AND FINANCIAL ASSISTANCE ARE ACKNOWLEDGED PROMPTLY. PRICE QUOTES, ESTIMATES OF CHARGES, AND FULLY ITEMIZED BILLS ARE PROVIDED UPON REQUEST. CHARITY CARE INFORMATION IS PROVIDED TO UNINSURED AND UNDER INSURED PATIENTS UPON REQUEST. THE INFORMATION IS AVAILABLE IN SEVERAL LANGUAGES. ST. ANTHONY'S MEDICAL CENTER PARISH NURSES CAN ALSO PROVIDE THE SAME INFORMATION TO POTENTIAL PATIENTS NEEDING HEALTHCARE SERVICES. THE HOSPITAL PROVIDES ASSISTANCE TO PATIENTS APPLYING FOR MEDICAID OR VICTIM OF CRIMES FUNDS. ST. ANTHONY'S MEDICAL CENTER IS A HOST SITE FOR THE CLAIM PROGRAM IN THE STATE OF MISSOURI. THIS FREE SERVICE PROVIDES ASSISTANCE FOR MEDICARE ELIGIBLE PATIENTS WHO NEED HELP UNDERSTANDING MEDICARE INSURANCE OR THEIR HEALTHCARE BILLS. DISCOUNTS ARE PROVIDED TO UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE. AFTER ALL INSURANCE HAS PAID OR BEEN FINALIZED BY THE INSURANCE PLAN, OUR PATIENTS OR GUARANTORS RECEIVE TWO BILLING STATEMENTS AND TWO PRE-COLLECTION NOTICES PRIOR TO BEING FORWARDED TO AN OUTSIDE AGENCY FOR COLLECTION. IF NO PAYMENTS ARE RECEIVED, LARGER ACCOUNTS MAY ALSO RECEIVE FOLLOW UP PHONE CALLS FROM THE HOSPITAL. IN ADDITION TO THE BILLING STATEMENTS, PAYMENT OPTIONS INCLUDE A PAYMENT PLAN WITH NO INTEREST OR A LOW-INTEREST BANK LOAN PROGRAM FOR LONGER PAYMENT PLAN PERIODS. IN SOME CASES, ACCOUNTS MAY BE SENT TO A COLLECTION ATTORNEY AND SUIT BY THE HOSPITAL AUTHORIZED WHEN ALL PREVIOUS ATTEMPTS AT COLLECTING PAYMENT OR ESTABLISHING A PAYMENT PLAN FAIL. SUCCESSFUL SUITS ARE COLLECTED BY GARNISHING WAGES, BUT NO ASSETS SUCH AS HOUSES, CARS, OR BANK ACCOUNTS ARE ATTACHED. CUSTOMER COMPLAINTS REGARDING AN AGENCY ARE INVESTIGATED PROMPTLY AND THE RESULTS OF THE INVESTIGATION ARE REPORTED BACK TO THE CUSTOMER. COLLECTION AGENCIES ARE AUTHORIZED BY ST. ANTHONY'S MEDICAL CENTER TO LIST ACCOUNTS WITH CREDIT BUREAUS NINETY DAYS FROM DATE OF PLACEMENT WHEN NO ACCOUNT RESOLUTION OR PAYMENT SCHEDULE AGREEMENT HAS OCCURRED.</p>

Return Reference	Explanation
FORM 990, SUPPLEMENT TO PART III, LINE 1 (CONT')	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT 2 ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION ST ANTHONY'S MEDICAL CENTER QUALIFIES FOR TAX EXEMPTION THROUGH VARIOUS ACTIVITIES AND PARTICIPATION AS DESCRIBED BELOW - ST ANTHONY'S OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENTION REGARDLESS OF THEIR ABILITY TO PAY - ST ANTHONY'S HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA - ST ANTHONY'S HAS A GOVERNING BOARD OF DIRECTORS IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY, - ST ANTHONY'S WORKS IN COOPERATION WITH LOCAL UNIVERSITIES AND HEALTH CARE ORGANIZATIONS TO ADVANCE THE SCIENCE OF MEDICINE BY PROVIDING A CLINICAL SETTING WHERE INNOVATIVE TREATMENTS AND NEW THERAPEUTIC PROTOCOLS CAN BE DEVELOPED AND STUDIED - ST ANTHONY'S ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS BY TEAMING UP WITH LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO PROVIDE A CLINICAL SETTING FOR HEALTH CARE STUDENTS - ST ANTHONY'S PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS 3 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS A THE PROGRAMS BELOW DESCRIBE AND HIGHLIGHT SEVERAL PROGRAMS THAT CLEARLY MEET IDENTIFIED COMMUNITY HEALTH NEEDS HEALTH SCREENINGS, LECTURES AND EVENTS - EACH YEAR, ST ANTHONY'S OFFERS HEALTH SCREENINGS THAT ARE FREE AND OPEN TO THE COMMUNITY THESE SCREENINGS ARE DESIGNED TO RAISE AWARENESS OF THE IMPORTANCE OF PREVENTIVE HEALTH CARE AND EARLY DETECTION OF DISEASE OFTEN, THE SCREENINGS ARE IN CONJUNCTION WITH LARGER HEALTH FAIRS OFFERING FREE INFORMATION AND CONSULTATION WITH NUMEROUS MEDICAL PROFESSIONALS FROM PHY SICIANS, NURSE PRACTITIONERS AND OTHER CLINICIANS TO NUTRITIONISTS, EXERCISE PHY SIOLOGISTS AND THERAPISTS ADDITIONALLY, THE MEDICAL CENTER SPONSORS ONGOING FREE LECTURES, HOSTED BY PHY SICIANS AND CLINICIANS, TO ADDRESS KEY CONCERNS, SUCH AS HEART DISEASE, CANCER, DIABETES, AND SAFETY AND INJURY PREVENTION COMMUNITY OUTREACH HEALTH EDUCATION AND SPEAKERS BUREAU - ST ANTHONY'S MEDICAL CENTER OFFERS EXTENSIVE PREVENTATIVE HEALTH EDUCATION BY SKILLED STAFF TO COMMUNITY GROUPS SUCH AS SCHOOLS, CHURCH GROUPS, BUSINESSES AND OTHER ORGANIZATIONS FREE OF CHARGE BASED ON THE NEEDS OF THE GROUPS, ST ANTHONY'S MEDICAL CENTER PRESENTS TOPICS AND HEALTH INFORMATION THAT WILL HELP THE COMMUNITY TO MAKE HEALTHY, EDUCATED AND WISE CHOICES WHEN IT COMES TO THEIR HEALTH THERAPY INTERNSHIPS AND ROTATIONS - ST ANTHONY'S MEDICAL CENTER IS NOTED AS A LEADER IN HELPING COLLEGE STUDENTS COMPLETE THEIR CLINICAL ROTATIONS OR INTERNSHIPS IN FIELDS SUCH AS PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH THERAPY ST ANTHONY'S HAS ACTIVE THERAPY PROGRAMS INTERNSHIP PROGRAMS WITH WELL OVER A DOZEN UNIVERSITIES, COLLEGES AND COMMUNITY COLLEGES IN THE REGION BEREAVEMENT AND GRIEF SUPPORT - ADDRESSES THE NEED OF BEREAVEMENT AND GRIEF SUPPORT THROUGH A BROAD RANGE OF PROGRAMS AND SERVICES THESE TOOLS AND SUPPORT HELP THE PARTICIPANTS TO MOVE THROUGH THE STAGES OF GRIEF TO A PLACE OF UNDERSTANDING AND ACCEPTANCE OF THEIR LOSS PROGRAMS BEYOND ST ANTHONY'S MEDICAL CENTER AND EXTEND INTO THE COMMUNITY WITH A PRESENCE AT NURSING HOMES, HELPING THEIR STAFF DEVELOP SKILLS FOR PROVIDING COMPASSIONATE, END OF LIFE CARE FREE HELMET FITTINGS - TRAINED STAFF MEMBERS FROM THE ST ANTHONY'S EMERGENCY DEPARTMENT OFFER FREE HELMET FITTINGS FOR BOTH CHILDREN AND ADULTS BICYCLE SAFETY EDUCATION IS ALSO PROVIDED TO THE CHILDREN PARTICIPANTS ARE MADE AWARE OF THE SERIOUSNESS OF HEAD INJURIES AND HOW THEY CAN BE PREVENTED, RESULTING IN FEWER HEAD INJURIES IN CHILDREN 4 LINKS TO ADDITIONAL COMMUNITY BENEFIT INFORMATION A COMMUNITY HEALTH NEEDS ASSESSMENT HTTP://WWW STANTHONY SMEDCENTER COM/COMMUNITY/CHNA PDF B IMPLEMENTATION PLAN HTTP://WWW STANTHONY SMEDCENTER COM/COMMUNITY/CHNA_IMPLEMENTATION_PLAN PDF C COMMUNITY EVENTS & PROGRAMS HTTP://WWW STANTHONY SMEDCENTER COM/CLASSES/INDEX ASP</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS JOHN H BERRA JR HAS A BUSINESS RELATIONSHIP WITH HOWARD CHILCUTT AND STACIE HASTIE, PAUL A NOVELLY HAS A BUSINESS RELATIONSHIP WITH PAUL G LORENZINI

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH CONFLICT OF INTEREST POLICY TO ENSURE THAT ST ANTHONY'S OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT ENGAGES ONLY IN TRANSACTIONS THAT ARE REASONABLE AND ARE THE RESULT OF ARM'S LENGTH BARGAINING, THE BOARD HAS ADOPTED AND ENFORCES COMPLIANCE WITH A CONFLICT OF INTEREST POLICY , WHICH REQUIRES DISCLOSURE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IF THE BOARD OR COMMITTEE OR ADMINISTRATOR HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE INDIVIDUAL AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE OR ADMINISTRATOR DETERMINES THAT THE INDIVIDUAL HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15(A & B)	PROCESS FOR DETERMINING COMPENSATION. COMPENSATION FOR THE CEO AND ALL SENIOR MANAGEMENT STAFF MEMBERS IS BASED UPON COMPARABLE MARKET RATES FOR SIMILAR POSITIONS WITHIN THE NATION. PERIODICALLY, AN OUTSIDE COMPENSATION CONSULTANT IS HIRED TO REVIEW COMPENSATION AND COMPARE IT TO APPROPRIATE PEER GROUPS. THESE EXTERNAL REPORTS ARE PRESENTED TO THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL ALONG WITH THE ANNUAL EVALUATIONS OF THE SENIOR STAFF MEMBERS. THE MOST RECENT COMPENSATION REVIEW WAS CONDUCTED IN APRIL OF 2013.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16(B)	JOINT VENTURES THE ORGANIZATION DOES NOT HAVE A FORMAL POLICY FOR EVALUATING JOINT VENTURES HOWEVER, THE ORGANIZATION IS THE MAJORITY OWNER OF THE TWO JOINT VENTURES IN WHICH IT PARTICIPATES, WHICH PLACES IT IN A POSITION TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE ARRANGEMENTS THE OPERATING AGREEMENTS FOR BOTH OF THE JOINT VENTURES CONTAIN PROVISIONS THAT RESTRICT THE JOINT VENTURES FROM OPERATING IN A MANNER THAT COULD CAUSE THE JOINT VENTURE OR SAMC TO ACT OTHER THAN IN FURTHERANCE OF AND CONSISTENT WITH THE TAX-EXEMPT PURPOSES OF SAMC OR ADVERSELY AFFECT SAMC'S TAX-EXEMPT STATUS

Return Reference	Explanation
PART VI, SECTION C, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC THE ORGANIZATION CONSIDERS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO BE PROPRIETARY ACCORDINGLY THEY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

Return Reference	Explanation
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES DEFINED BENEFIT PENSION PLANS 1,890,233 RECLASS NONCONTROLLING INTEREST (80,336) CURTAILMENT LOSS (304,877) INTEREST RATE SWAP (2,967,534) OTHER CHANGES IN FUND BALANCE 40,000 FUND BALANCE TRANSFER (1,063,615) SELF INSURANCE TRUST INCOME 2,164,404 ----- TOTAL OTHER CHANGES IN NET ASSETS (321,725)

Return Reference	Explanation
PART VI, SECTION A, LINE 3	DELEGATION OF CONTROL OVER MANAGEMENT DUTIES DURING JUNE OF 2013, THE ORGANIZATION CONTRACTED WITH INTEGRITY HOSPITAL COMPANY TO PROVIDE A CEO TO OVERSEE THE DAY TO DAY OPERATIONS OF THE ORGANIZATION

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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
(1) ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	PHARMACY	MO	3,413,822	649,069	SAMC
(2) PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	825,997	22,383	SAMC
(3) URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	8,551,549	1,754,605	SAMC
(4) HEART SPECIALTY ASSOCIATES 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	SPECIALISTS	MO	12,112,338	1,067,460	SAMC

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST ANTHONY'S PHYSICIAN ORGANIZATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501(C)(3)	3	SAMC	Yes	
(2) ST ANTHONY'S MEDICAL CENTER FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1841204	SUPPORT ORG	MO	501(C)(3)	11 - I	SAMC	Yes	
(3) ST ANTHONY'S CHARITABLE FOUNDATION 10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FUNDRAISING	MO	501(C)(3)	11 - I	SAMC	Yes	
(4) AUXILIARY OF ST ANTHONY'S MEDICAL CTR 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-6056990	FUNDRAISING	MO	501(C)(3)	9	SAMC	Yes	
(5) ST ANTHONY'S MED CNT PROF & GEN LIAB SELF INSURANCE TRUST PO BOX ST LOUIS, MO 63166 43-6331002	SUPPORT ORG	MO	501(C)(3)	11 - III	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) S CNTY PET IMAGLLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	IMAGING SERVICES	MO	SAMC	RELATED	553,213	1,677,283		No		Yes		75 000 %
(2) PLZ SRGICL SERVS CO 12700 SOUTHFORK ROAD ST LOUIS, MO 63128 20-4709312	SURGICAL SERVICES	MO	SAMC	RELATED	-13,478	30,455		No		Yes		52 083 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p		No
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AUXILIARY OF ST ANTHONY'S MEDICAL CENTER	C	300,000	COST
ST ANTHONY'S CHARITABLE FOUNDATION	M	613,331	COST
ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	30,042,000	COST
ST ANTHONY'S CHARITABLE FOUNDATION	C	822,824	COST
ST ANTHONY'S CHARITABLE FOUNDATION	S	53,868	COST
ST ANTHONY'S CHARITABLE FOUNDATION	Q	949,124	COST
ST ANTHONY'S CHARITABLE FOUNDATION	R	2,554,643	COST
ST ANTHONY'S MEDICAL CENTER FOUNDATION	C	499,539	COST

St. Anthony's Medical Center and Affiliates

Auditor's Report and Consolidated Financial Statements

June 30, 2014 and 2013

St. Anthony's Medical Center and Affiliates

June 30, 2014 and 2013

Contents

Independent Auditor's Report.....	1
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Consolidated Financial Statements

Balance Sheets	3
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	6
Notes to Financial Statements	8

Supplementary Information

Schedule of Expenses Related to the Hyland Behavioral Health Extended Day Treatment with Transitional Case Management Program	34
Schedule of Unit Costs for Services Provided Under St. Louis County Children's Service Fund	35

Other Information – Unaudited

2014 Consolidated Balance Sheet – with Consolidating Information	36
2014 Consolidated Schedule of Operations – with Consolidating Information	38

Independent Auditor's Report

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

We have audited the accompanying consolidated financial statements of St Anthony's Medical Center and Affiliates (the "Medical Center"), which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Medical Center's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St Anthony's Medical Center and Affiliates as of June 30, 2014 and 2013, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The other information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

St. Louis, Missouri
September 24, 2014

St. Anthony's Medical Center and Affiliates
Consolidated Balance Sheets
June 30, 2014 and 2013
(In thousands)

Assets

	2014	2013
Current Assets		
Cash and cash equivalents	\$ 22,418	\$ 23,395
Patient accounts receivable, net of allowance. 2014 - \$112,051, 2013 - \$109,865	68,187	61,327
Investments	10,333	14,740
Supplies	6,530	5,639
Prepaid expenses and other	7,566	17,516
Total current assets	<u>115,034</u>	<u>122,617</u>
Assets Limited As To Use		
Board designated	236,934	211,338
Held by trustee for self-insurance	24,609	21,271
Charitable foundation	4,882	2,600
Beneficial interest in trust	1,984	2,281
	<u>268,409</u>	<u>237,490</u>
Investments	<u>14,764</u>	<u>9,067</u>
Property and Equipment, At Cost		
Land and land improvements	24,744	24,744
Buildings	261,649	250,045
Equipment	394,395	361,323
Construction in progress	3,479	18,765
	<u>684,267</u>	<u>654,877</u>
Less accumulated depreciation	<u>419,748</u>	<u>388,650</u>
	<u>264,519</u>	<u>266,227</u>
Other Assets		
Deferred financing costs	910	1,086
Interest rate swap asset	5,906	8,873
Other	7,358	6,653
	<u>14,174</u>	<u>16,612</u>
Total assets	<u><u>\$ 676,900</u></u>	<u><u>\$ 652,013</u></u>

Liabilities and Net Assets

	2014	2013
Current Liabilities		
Current maturities of long-term debt	\$ 2.486	\$ 2.450
Accounts payable	12.099	10.827
Accrued expenses	48.552	47.452
Total current liabilities	63.137	60.729
 Accrued Pension Payable	1.956	4.005
 Estimated Self-insurance Costs	14.788	17.091
 Deferred Gain on Sale Leaseback	2.476	3.309
 Long-term Debt	168.520	171.006
	187.740	195.411
Total liabilities	250.877	256.140
 Net Assets		
Unrestricted	420.379	390.189
Temporarily restricted	5.644	5.684
Total net assets	426.023	395.873
Total liabilities and net assets	\$ 676.900	\$ 652.013

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2014 and 2013
(In thousands)

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual discounts and allowances)	\$ 454,143	\$ 446,982
Provision for uncollectible accounts	36,999	27,526
Net patient service revenue less provision for uncollectible accounts	417,144	419,456
Other	24,472	24,389
Total unrestricted revenues, gains and other support	441,616	443,845
Expenses		
Salaries and wages	206,473	203,715
Employee benefits	34,320	36,142
Purchased services and professional fees	18,376	18,600
Supplies and other	145,529	143,749
Depreciation and amortization	31,378	31,576
Interest	4,756	6,504
Total expenses	440,832	440,286
Operating Income	784	3,559
Other Income (Expense)		
Investment return	14,225	12,142
Other, net	(433)	(509)
Curtailment loss	(305)	(469)
Amortization of deferred gain on sale of buildings	833	833
Loss on extinguishment of debt	-	(3,891)
Change in fair value of interest rate swap agreements	-	7,681
Total other income	14,320	15,787
Excess of Revenues Over Expenses	\$ 15,104	\$ 19,346

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Operations and Changes in Net Assets (Continued)
Years Ended June 30, 2014 and 2013
(In thousands)

	2014	2013
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	\$ 15,104	\$ 19,346
Investment return - change in unrealized gains and losses on other than trading securities	15,470	4,611
Change in fair value of interest rate swap agreement	(2,967)	8,873
Reclassification of noncontrolling interests	(80)	89
Change in defined benefit plan gains and losses, prior service costs of credits and transition assets or obligations	1,890	4,770
Net assets released from restriction used for purchase of property and equipment	773	309
	<u>30,190</u>	<u>37,998</u>
Increase in unrestricted net assets		
Temporarily Restricted Net Assets		
Contributions received	733	938
Net assets released from restriction	(773)	(309)
	<u>(40)</u>	<u>629</u>
Increase (decrease) in temporarily restricted net assets		
Change in Net Assets	30,150	38,627
Net Assets, Beginning of Year	<u>395,873</u>	<u>357,246</u>
Net Assets, End of Year	<u><u>\$ 426,023</u></u>	<u><u>\$ 395,873</u></u>

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Cash Flows
Years Ended June 30, 2014 and 2013
(In thousands)

	2014	2013
Operating Activities		
Change in net assets	\$ 30.150	\$ 38.627
Items not requiring (providing) operating cash flow		
Depreciation and amortization	31.378	31.576
Realized and unrealized gains on investments, net	(29.695)	(13.483)
Change in minimum pension liability recognized	(2.049)	(5.211)
Change in fair value of interest rate swap agreements	2.967	(16.554)
Loss on extinguishment of debt	-	3.891
Gain on sale of equipment	(22)	(59)
Restricted contributions received	(733)	(938)
Amortization of deferred gain	(833)	(833)
Changes in		
Patient accounts receivable, net	(6.860)	471
Supplies	(891)	(164)
Prepays and other current assets	9.950	(2.357)
Accounts payable and accrued expenses	2.267	2.497
Insurance reserves	(2.303)	(227)
Net cash provided by operating activities	<u>33.326</u>	<u>37.236</u>
Investing Activities		
Purchase of property and equipment, net	(29.410)	(23.510)
Proceeds from sale of equipment	26	78
Issuance of bond closing costs	-	(1.112)
Net change in assets limited as to use	(1.224)	(3.224)
Net change in investments	(1.290)	12.460
Net change in other assets	(688)	(1.363)
Net cash used in investing activities	<u>(32.586)</u>	<u>(16.671)</u>
Financing Activities		
Proceeds from issuance of long-term debt	-	172.740
Principal payments on long-term debt	(2.450)	(141.391)
Payments on terminated swap agreements	-	(32.228)
Proceeds from contributions restricted for acquisition on long-lived assets	<u>733</u>	<u>938</u>
Net cash provided by (used in) financing activities	<u>(1.717)</u>	<u>59</u>

(Continued)

St. Anthony's Medical Center and Affiliates
Consolidated Statements of Cash Flows (Continued)
Years Ended June 30, 2014 and 2013
(In thousands)

	<u>2014</u>	<u>2013</u>
Increase (Decrease) in Cash and Cash Equivalents	\$ (977)	\$ 20.624
Cash and Cash Equivalents, Beginning of Year	<u>23.395</u>	<u>2.771</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 22.418</u></u>	<u><u>\$ 23.395</u></u>
Supplemental Cash Flows Information		
Interest paid	<u><u>\$ 4.793</u></u>	<u><u>\$ 6.706</u></u>
Property and equipment acquired through noncash contributions	<u><u>\$ 330</u></u>	<u><u>\$ 225</u></u>

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

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

Nature of Operations

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

Principles of Consolidation

The consolidated financial statements of the Medical Center include the accounts of St. Anthony's Medical Center, St. Anthony's Foundation, St. Anthony's Charitable Foundation, Heart Specialty Associates, LLC and St. Anthony's Physician Organization, all of which are under common control. The Medical Center is a 75 percent owner in South County PET Imaging, LLC, an imaging center. During 2014, the Medical Center's 52 percent ownership in Plaza Surgery Services Company, an outpatient surgery center, was sold. The accounts of these entities are included in the Medical Center's consolidated financial statements. All significant inter-company transactions and balances have been eliminated in the consolidation. Noncontrolling interests are not significant and are included in unrestricted net assets in the consolidated financial statements.

Use of Estimates

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

Cash Equivalents

The Medical Center considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2014 and 2013, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

At June 30, 2014, the Medical Center's cash accounts exceeded federally insured limits by approximately \$51.030.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. The investment in equity investee is reported on the equity method of accounting. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited as to Use

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

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Supplies

The Medical Center states supply inventories at the lower of cost, determined using the first-in, first-out method or market

Property and Equipment

Property, land improvements and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and improvements	10 - 60 years
Land improvements	5 - 25 years
Equipment	3 - 10 years

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

The Medical Center capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing.

Deferred Financing Costs

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

Temporarily Restricted Net Assets

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

Excess of Revenues Over Expenses

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

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Net Patient Service Revenue

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

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The Medical Center's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$3,790 and \$5,484 in 2014 and 2013, respectively. The cost of charity care provided is determined by computing a ratio of cost (total operating expense) to gross charges and multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

In addition to the uncompensated care, the Medical Center maintains a community benefits program designed to positively impact the health status of the communities served. These services include outreach programs (designed to deliver health care services to under-served communities), medical education and research activities and direct cash and in-kind charitable contributions. Direct cash contributions to unrelated organizations supporting missions consistent with the Medical Center were \$120 and \$548, for the years ended June 30, 2014 and 2013, respectively.

Contributions

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

Professional Liability Claims

The Medical Center recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 6.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Self-insurance

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

Income Taxes

All of the not-for-profit entities of the Medical Center have been recognized as exempt from income taxes under Section 501(c)(3) of the *Internal Revenue Code* and a similar provision of state law. However, the Medical Center is subject to federal income tax on any unrelated business taxable income. The Medical Center files tax returns in the U.S. federal and state jurisdictions. With few exceptions, the Medical Center is no longer subject to examinations by taxing authorities for years before 2011.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

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

In 2014 and 2013, the Medical Center completed the requirements under the Medicare program and has recorded revenue of approximately \$4,406 and \$5,712, which is included in other revenue within operating revenues in the consolidated statement of operations and changes in net assets.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were available to be issued.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Note 2: Net Patient Service Revenue

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

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

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

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

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

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

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended June 30, 2014 and 2013, respectively, was approximately

	2014	2013
Medicare	\$ 112,954	\$ 116,724
Medicare managed care	67,058	60,254
Medicaid	10,152	6,404
Medicaid managed care	7,510	9,432
Managed care	151,334	153,955
Other	105,135	100,213
	<u>\$ 454,143</u>	<u>\$ 446,982</u>

Note 3: Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at June 30, 2014 and 2013, was

	2014	2013
Medicare	25%	26%
Medicare managed care	17%	14%
Medicaid	9%	10%
Managed care	43%	41%
Self-pay and other	6%	9%
	<u>100%</u>	<u>100%</u>

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Note 4: Investments and Investment Return

Assets Limited as to Use

Assets limited as to use, at June 30, 2014 and 2013, include

	2014	2013
Board designated - St. Anthony's Foundation	\$ 236,934	\$ 211,338
Held by trustee for self-insurance	24,609	21,271
Charitable foundation	4,882	2,600
Beneficial interest in trust	1,984	2,281
Total assets limited as to use	<u>\$ 268,409</u>	<u>\$ 237,490</u>

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

The following is a summary of assets limited as to use by investment classification at June 30, 2014 and 2013

	2014	2013
Cash and cash equivalents	\$ 33,658	\$ 73,929
Certificates of deposit	2,266	1,792
U S government obligations		
U S Treasury securities	16,942	2,627
U S government sponsored enterprises	12,886	17,576
Corporate bonds - domestic	36,906	32,328
State and local bonds	7,538	5,880
Equity securities		
Financial	14,705	6,332
Media and advertising	4,891	-
Oil and gas	5,553	-
Pharmaceuticals	5,673	-
Telecom Services	5,107	4,313
Other	60,676	62,561
Mutual funds		
Large blend	13,205	2,826
Large growth	4,967	-
Mid-cap blend	-	1,315
Diversified emerging markets	2,733	3,048
Foreign small/mid blend	-	1,279
Foreign large blend	5,311	6,695
Exchange traded funds	12,186	-
Other	10,010	1,325
Alternative investments	12,641	13,177
Accrued interest	555	487
Total assets limited as to use	<u>\$ 268,409</u>	<u>\$ 237,490</u>

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Investments

Investments include

	2014	2013
Corporate bonds - domestic	\$ 9,560	\$ 424
U S government obligations (U S government sponsored enterprises)	15,440	23,332
Accrued interest	97	51
Total investments	25,097	23,807
Less short-term investments	(10,333)	(14,740)
Long-term investments	\$ 14,764	\$ 9,067

Total investment return is comprised of the following

	2014	2013
Interest and dividend income	\$ 3,921	\$ 3,270
Net realized and unrealized gains on investments	25,774	13,483
	\$ 29,695	\$ 16,753

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

	2014	2013
Interest and dividend income	\$ 3,921	\$ 3,270
Realized gains	10,837	9,345
Losses on other-than-temporarily impaired investments	(533)	(473)
Investment return	14,225	12,142
Change in unrealized gains on investments	15,539	4,626
Change in unrealized losses on investments	(69)	(15)
Net change in unrealized gains and losses on investments	15,470	4,611
	\$ 29,695	\$ 16,753

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

The fair value of alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held at June 30, 2014 and 2013, consisted of private equity funds, real estate investment trusts and limited partnerships. Total unfunded commitments at June 30, 2014 and 2013, were \$1,776 and \$2,314. A majority of the funds the Medical Center holds have nonredeemable interests.

Certain investments in debt, marketable equity securities and alternative investments are reported in the consolidated financial statements at an amount less than the historical cost. Total fair value of these investments at June 30, 2014 and 2013, were \$47,895 and \$63,490, which is approximately 18 percent and 24 percent, respectively, of the Medical Center's assets limited as to use and investment portfolio. The declines in recent years primarily resulted from recent increases in market interest rates and failure of certain investments to maintain consistent credit quality ratings or meet projected earnings targets.

Except as discussed below, management believes the declines in fair value for these securities are temporary. Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in excess of revenues over expenses in the period the other-than-temporary impairment is identified. In 2014 and 2013, the Medical Center recorded other-than-temporary impairment losses of \$533 and \$473, respectively.

The following tables show the Medical Center's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at June 30, 2014 and 2013.

		June 30, 2014					
		Less than 12 Months		12 Months or Longer		Total	
		Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. government obligations	\$	15,817	\$ 115	\$ 5,200	\$ 29	\$ 21,017	\$ 144
Mutual funds		942	58	-	-	942	58
Corporate bonds		11,059	52	5,040	82	16,099	134
Equity securities		8,803	845	1,034	155	9,837	1,000
Total	\$	36,621	\$ 1,070	\$ 11,274	\$ 266	\$ 47,895	\$ 1,336

St. Anthony's Medical Center and Affiliates
Notes to Consolidated Financial Statements
June 30, 2014 and 2013
(In thousands)

	June 30, 2013					
	Less than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U S government obligations	\$ 22.021	\$ 247	\$ 3.002	\$ 28	\$ 25.023	\$ 275
Alternative investments	1.746	1.084	435	28	2.181	1.112
Mutual funds	7.258	233	-	-	7.258	233
Corporate bonds	21.028	656	176	5	21.204	661
Equity securities	6.422	890	1.402	254	7.824	1.144
Total	\$ 58.475	\$ 3.110	\$ 5.015	\$ 315	\$ 63.490	\$ 3.425

The Medical Center's investments in marketable equity securities consist of investments in a diverse portfolio of common stocks. The Medical Center evaluated the near-term prospects of the issuer in relation to the severity and duration of the impairment. Based on that evaluation and the Medical Center's ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the Medical Center does not consider those investments to be other-than-temporarily impaired at June 30, 2014.

Other-than-temporary Impairment

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

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

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

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Beneficial Interest in Trust

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

Note 5: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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

Recurring Measurements

The following table presents the fair value measurements of assets and (liabilities) recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2014 and 2013:

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
June 30, 2014				
Cash equivalents	\$ 33.658	\$ 33.658	\$ -	\$ -
Certificates of deposit	\$ 2.266	\$ 2.266	\$ -	\$ -
U S government obligations				
U S Treasury securities	\$ 21.813	\$ -	\$ 21.813	\$ -
U S government sponsored enterprises	\$ 22.763	\$ -	\$ 22.763	\$ -
Equity securities				
Financial	\$ 14.705	\$ 14.705	\$ -	\$ -
Media & Advertising	\$ 4.891	\$ 4.891	\$ -	\$ -
Oil & Gas	\$ 5.553	\$ 5.553	\$ -	\$ -
Pharmaceuticals	\$ 5.673	\$ 5.673	\$ -	\$ -
Telecom Services	\$ 5.107	\$ 5.107	\$ -	\$ -
Other	\$ 60.676	\$ 60.676	\$ -	\$ -
Mutual funds				
Large blend	\$ 13.205	\$ 13.205	\$ -	\$ -
Large growth	\$ 4.967	\$ 4.967	\$ -	\$ -
Diversified emerging markets	\$ 2.733	\$ 2.733	\$ -	\$ -
Foreign large blend	\$ 5.311	\$ 5.311	\$ -	\$ -
Exchange traded funds	\$ 12.186	\$ 12.186	\$ -	\$ -
Other	\$ 10.010	\$ 10.010	\$ -	\$ -
Alternative and other investments	\$ 12.641	\$ -	\$ -	\$ 12.641
Corporate bonds	\$ 45.374	\$ -	\$ 45.374	\$ -
State and local bonds	\$ 7.538	\$ -	\$ 7.538	\$ -
Interest rate swap agreements	\$ 5.906	\$ -	\$ 5.906	\$ -
Beneficial interest in trust	\$ 1.984	\$ -	\$ 1.984	\$ -

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
June 30, 2013				
Cash equivalents	\$ 73.455	\$ 73.455	\$ -	\$ -
Certificates of deposit	\$ 1.792	\$ 1.792	\$ -	\$ -
U S government obligations				
U S Treasury securities	\$ 2.627	\$ -	\$ 2.627	\$ -
U S government sponsored enterprises	\$ 40.279	\$ -	\$ 40.279	\$ -
Equity securities				
Financial	\$ 6.332	\$ 6.332	\$ -	\$ -
Information technology	\$ 4.313	\$ 4.313	\$ -	\$ -
Other	\$ 62.561	\$ 62.561	\$ -	\$ -
Mutual funds				
Large blend	\$ 2.826	\$ 2.826	\$ -	\$ -
Large growth	\$ 1.315	\$ 1.315	\$ -	\$ -
Diversified emerging markets	\$ 3.048	\$ 3.048	\$ -	\$ -
Foreign large blend	\$ 1.279	\$ 1.279	\$ -	\$ -
Exchange traded funds	\$ 6.695	\$ 6.695	\$ -	\$ -
Other	\$ 1.325	\$ 1.325	\$ -	\$ -
Alternative and other investments	\$ 13.177	\$ -	\$ -	\$ 13.177
Corporate bonds	\$ 32.291	\$ -	\$ 32.291	\$ -
State and local bonds	\$ 5.880	\$ -	\$ 5.880	\$ -
Interest rate swap agreements	\$ 8.873	\$ -	\$ 8.873	\$ -
Beneficial interest in trust	\$ 2.281	\$ -	\$ 2.281	\$ -

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended 2014. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 investments.

The value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. Investments for which the Medical Center expects to have the ability to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 2. Investments for which the Medical Center does not expect to be able to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 3.

Fair value determinations for Level 3 measurements of investments are the responsibility of the finance department. The finance department receives quarterly fund statements which are used to generate fair value estimates on a quarterly basis. The finance department challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Interest Rate Swap Agreements

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

Beneficial Interest in Trust

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Level 3 Reconciliation

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

	Alternative and Other Investments
Balance, July 1, 2012	\$ 14,638
Total realized and unrealized gains and losses included in change in net assets	(1,032)
Purchases	1,877
Settlements	(2,306)
Balance, June 30, 2013	13,177
Total realized and unrealized gains and losses included in change in net assets	39
Purchases	(532)
Settlements	(43)
Balance, June 30, 2014	\$ 12,641

Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in recurring Level 3 fair value measurements

	Fair Value at June 30, 2014	Valuation Technique	Unobservable Inputs
Hedge Funds at Fair Value	\$ 10,795	Fair Value	Fair Value of Assets
Hedge Funds at Net Asset Value	\$ 766	Net Asset Value	Net Asset Valuation
Real Estate Investment Trust	\$ 1,080	Cost Basis	N/A

The fair values of the Medical Center's other financial instruments approximate their carrying value at June 30, 2014 and 2013

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Note 6: Professional Liability Claims

The Medical Center is self-insured for the first \$4,000 per occurrence of professional liability claims. The Medical Center purchases insurance coverage above the self-insurance limits. Losses from asserted claims and from unasserted claims identified under the Medical Center's incident reporting system are accrued based on estimates that incorporate the Medical Center's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. Accrued professional liability losses have been discounted at a rate of 4.5 percent.

Based upon the Medical Center's claims experience, an accrual had been made for the Medical Center's estimated professional liability costs, including costs associated with litigating or settling claims, under its professional liability insurance policy, amounting to approximately \$14,788 and \$17,091 as of June 30, 2014 and 2013, respectively. It is reasonably possible that this estimate could change materially in the near term.

Note 7: Long-term Debt

	2014	2013
Revenue Bonds, Series 2013 (A)	\$ 170,880	\$ 172,740
Equipment Note (B)	-	416
Other (C)	-	30
Other (D)	126	270
	171,006	173,456
Less current maturities	(2,486)	(2,450)
	<u>\$ 168,520</u>	<u>\$ 171,006</u>

- (A) The Series 2013 Revenue Bonds consist of Variable Rate Health Facilities Revenue Bonds in the original amount of \$172,740 dated April 25, 2013. The bonds variable rate of interest varies with the Medical Center's credit rating as defined and was approximately the one-month LIBOR plus .9 percent at June 30, 2014 and 2013. The bonds synthetic fixed rate was 2.73 percent at June 30, 2014 and 2013, after consideration of related swap agreements (see Note 8). The Bonds are payable in annual installments through February 1, 2053. The Bonds are subject to a mandatory tender through February 1, 2020.

The Health and Educational Facilities Authority of the state of Missouri ("Authority") issued the Bonds on behalf of the Medical Center. The bonds are secured by the unrestricted gross revenues of the Medical Center. The Bonds have not been guaranteed by the Authority.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

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

- (B) The Medical Center entered into a loan agreement for the purchase of equipment totaling \$3.100. The note is secured by the equipment.
- (C) Other represents a note payable with a group purchasing organization the Medical Center entered into to become a member of the organization.
- (D) Other represents a capital lease obligation for equipment with imputed interest of 4.42 percent, due April 2015.

Aggregate annual maturities of long-term debt at June 30, 2014, are:

2015	\$ 2.486
2016	2.440
2017	2.500
2018	2.580
2019	2.650
Thereafter	<u>158.350</u>
	<u>\$ 171.006</u>

The Medical Center has a \$45 million revolving bank line of credit expiring in April 23, 2015. At June 30, 2014 and 2013, there were no borrowings against this line. The line is collateralized by substantially all of the Medical Center's assets. Interest varies with the 30-day LIBOR plus an applicable margin based upon the Medical Center's long-term credit rating from Standard & Poor's Ratings Service.

Note 8: Derivative Financial Instruments

Cash Flow Hedge

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Medical Center entered into two new interest rate swaps for its floating rate debt in the current year. The Medical Center terminated the two previous interest rate swap agreements as part of the 2013 Revenue Bond issuance.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Under the new interest rate swap agreements, Medical Center receives interest from the counterparty at 67 percent of the one month LIBOR rate and pays the counterparty at a rate of 1.847 percent on a notional amount of \$172.740 at June 30, 2014 and 2013. Under the agreement, the Medical Center pays or receives the net interest amount monthly, with the monthly settlements included in interest expense.

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

The table below presents certain information regarding the Medical Center's interest rate swap agreements designated as cash flow hedges. The Medical Center did not have any derivative instruments at June 30, 2014 and 2013, that were not designated as hedging instruments.

	2014	2013
Loss recognized in excess revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	\$ -	\$ 4,488
Location of loss recognized in excess revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	N/A	Interest expense
Fair value of 2014 interest rate swap agreements	\$ 5,906	\$ 8,873
Balance sheet location of fair value amount	Other assets	Other assets
Excess of loss settlement paid over swap settlement received	\$ 2,980	\$ 542
Location of excess of loss settlement paid over swap settlement received	Interest expense	Interest expense

Note 9: Temporarily Restricted Net Assets

Temporarily restricted net assets of \$5.643 and \$5.684 at June 30, 2014 and 2013, respectively, are available for purchase of property and equipment.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Note 10: Functional Expenses

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

	2014	2013
Health care services	\$ 407,565	\$ 410,613
General and administrative	33,267	29,673
	<u>\$ 440,832</u>	<u>\$ 440,286</u>

Note 11: Retirement Plans

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

The Medical Center's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Medical Center may determine to be appropriate from time to time. The Medical Center expects to contribute \$0 to the Plan in 2015.

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

	2014	2013
Benefit obligation	\$ (49,761)	\$ (52,147)
Fair value of plan assets	47,805	48,142
Funded status	<u>\$ (1,956)</u>	<u>\$ (4,005)</u>

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit costs consist of a net loss of \$3,454 and \$5,344 for June 30, 2014 and 2013, respectively.

No plan assets are expected to be returned to the Medical Center during 2015.

The estimated net actuarial loss and prior service costs for the Plan that will be amortized into net periodic benefit cost over the next fiscal years are \$0 and \$533 at June 30, 2014 and 2013, respectively.

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

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

	2014	2013
Projected benefit obligation	\$ 49,761	\$ 52,147
Accumulated benefit obligation	\$ 49,761	\$ 52,147
Fair value of plan assets	\$ 47,805	\$ 48,142

Other significant balances and costs are

	2014	2013
Employer contributions	\$ -	\$ -
Benefits paid	\$ 4,862	\$ 5,044

	2014	2013
Components of net periodic pension cost		
Interest cost	\$ 1,872	\$ 1,903
Expected return on plan assets	(2,336)	(3,346)
Amortization of unrecognized net loss	-	534
Net periodic cost	\$ (464)	\$ (909)

Weighted average assumptions used to determine net periodic cost are

	2014	2013
Discount rate	3.80%	3.40%
Expected return on plan assets	5.00%	7.20%

Weighted average assumptions used to determine benefit obligations are

	2014	2013
Discount rate	3.60%	3.80%

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

The following pension benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of June 30, 2014

2015	\$	6,000
2016	\$	4,800
2017	\$	4,800
2018	\$	4,600
2019	\$	4,200
2020 - 2023	\$	16,800

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

Asset allocation is primarily based on a strategy to achieve a total return sufficient to meet the actuary's return need assumption net of investment expenses and net of fees paid out of the trust. The target asset allocation percentages for 2014 and 2013 are as follows:

Domestic equity securities	Not to exceed 45%
International equity securities	Not to exceed 15%
Cash	Not to exceed 10%
Fixed income securities	Not to exceed 30%

Plan assets are re-balanced quarterly. At June 30, 2014 and 2013, plan assets by category are as follows:

	2014	2013
Domestic equity securities	11%	10%
International equity securities	0%	0%
Balanced/asset allocation	29%	28%
Fixed income securities	60%	62%
Alternative investments	0%	0%
	<u>100%</u>	<u>100%</u>

Pension Plan Assets

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

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

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

The fair values of the Medical Center's pension plan assets at June 30, 2014 and 2013, by asset category are as follows:

		2014		
		Fair Value Measurements Using		
Asset Class	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds				
Large cap	\$ 5,016	\$ 5,016	\$ -	\$ -
Balanced/asset allocation	\$ 13,952	\$ 13,952	\$ -	\$ -
Short-term fixed income	\$ 4,453	\$ 4,453	\$ -	\$ -
Fixed income	\$ 14,046	\$ 14,046	\$ -	\$ -
Pooled separate accounts	\$ 10,338	\$ -	\$ 10,338	\$ -

		2013		
		Fair Value Measurements Using		
Asset Class	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds				
Large cap	\$ 4,861	\$ 4,861	\$ -	\$ -
Balanced/asset allocation	\$ 13,445	\$ 13,445	\$ -	\$ -
Short-term fixed income	\$ 1,815	\$ 1,815	\$ -	\$ -
Fixed income	\$ 14,364	\$ 14,364	\$ -	\$ -
Pooled separate accounts	\$ 10,657	\$ -	\$ 10,657	\$ -

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

(A) The pooled separate accounts invest in a variety of common stocks, mutual funds and fixed securities such as asset-backed securities, mortgage-backed securities and corporate bonds

The Medical Center sponsors defined contribution plans covering substantially all employees. The Plans consist of both a 401(k) plan and a 403(b) plan. Contributions under the Plans include employee contributions, subject to Internal Revenue Service limitations, and a matching contribution equal to 50 percent up to the first 1 percent of the participant's compensation and 25 percent of the next 3 percent. Employees are eligible to participate upon employment and become fully vested in the matching contribution upon completion of three years of service. The Medical Center's expense related to these plans was \$1.512 and \$1.324 for fiscal years 2014 and 2013, respectively.

The Medical Center also sponsored an additional defined contribution plan covering substantially all employees. The contributions under this Plan are based on years of service. Plan expense under this Plan was \$6.304 and \$5.716 in fiscal years 2014 and 2013, respectively.

Note 12: Operating Leases

Previously, the Medical Center sold six medical office buildings and began leasing the space through a sales leaseback transaction. Under the terms of the transaction the Medical Center recognized an initial gain of \$2.646 and a deferred gain of \$8.304 which is being amortized over the term of the leases. Included in operating income is amortization of \$833 for 2014 and 2013.

Future minimum lease payments at June 30, 2014, were

2015	\$	4.889
2016		4.889
2017		4.836
2018		2.262
2019		201
Later years		-
Future minimum lease payments	\$	<u>17.077</u>

Rent expense under all operating leases was \$8.952 and \$8.622 for the years ended June 30, 2014 and 2013, respectively.

The Medical Center retained ownership of the land on campus in the sale leaseback transaction and entered into a ground lease for 75 years for the use of the land. As part of the agreement, the lease of the land at the Fenton Urgent Care Center was subleased to the purchaser of the medical office buildings. The Medical Center is contingently liable for \$4.300 of rental payments through 2014 in the event of default on the Fenton Urgent Care Center sublease.

St. Anthony's Medical Center and Affiliates
Notes to Consolidated Financial Statements
June 30, 2014 and 2013
(In thousands)

Future minimum rental revenue under the terms of the ground lease at June 30, 2014, were

2015	\$ 675
2016	675
2017	675
2018	675
2019	675
Later years	42,840
Future minimum rental revenue	<u>\$ 46,215</u>

Note 13: Significant Estimates

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

Allowance for Net Patient Service Revenue Adjustments

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

Professional Liability Claims

Estimates related to the accrual for professional liability claims are described in Notes 1 and 6.

Recovery Audits

The Medical Center continues to be subject to reductions in reimbursement due to the Recovery Audit program which was implemented with the enactment of the *Tax Relief and Health Care Act of 2006*. Estimated provision has been made in the consolidated financial statements for any adverse outcome that might ultimately result from this matter.

Litigation

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

St. Anthony's Medical Center and Affiliates

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(In thousands)

Pension and Other Postretirement Benefit Obligations

The Medical Center has a noncontributory defined benefit pension and postretirement health care plan whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the projected unit credit cost method. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Investments

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

Note 14: *Patient Protection and Affordable Care Act*

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Medical Center's net patient service revenue. In addition, it is possible the Medical Center will experience payment delays and other operational challenges during PPACA's implementation.

Supplementary Information

St. Anthony's Medical Center and Affiliates
Schedule of Expenses Related to the Hyland Behavioral Health Extended Day
Treatment with Transitional Case Management Program
July – December 2013

	Units of Service	Total Cost	Cost per Unit
Direct Expenses			
Day Treatment	896	\$ 180,920	\$ 201.92
Case Management	56	4,740	\$ 85.02
Parent/Family Education Group	214	1,996	\$ 9.33
Counseling - Family	30	1,602	\$ 53.42
Psychiatry - Assessment	42	7,934	\$ 188.91
Counseling - Individual	38	1,781	\$ 46.56
Med Check	193	18,041	\$ 93.60
Diagnostic Assessment	17	1,701	\$ 100.05
	<u>1,486</u>	<u>\$ 218,715</u>	

St. Anthony's Medical Center and Affiliates
Schedule of Unit Costs for Services Provided Under
St. Louis County Children's Service Fund
July – December 2013

The Medical Center receives funding from the St. Louis County Children's Service Fund and is required to report unit cost for services provided under the contract. The following are costs per unit of service for the year ended June 30, 2014.

	<u>Cost per Unit</u>
Day Treatment (24 hours)	\$ 194.57
Case Management (60 minutes)	\$ 83.36
Parent/Family Education Group (60 minutes)	\$ 8.13
Counseling - Family (60 minutes)	\$ 52.78
Psychiatry - Assessment (60 minutes)	\$ 188.91
Counseling - Individual (60 minutes)	\$ 34.23
Med Check (60 minutes)	\$ 93.60
Diagnostic Assessment (60 minutes)	\$ 96.83

Other Information

St. Anthony's Medical Center and Affiliates
Consolidated Balance Sheet – with Consolidating Information
“Unaudited”
June 30, 2014

	St. Anthony's Medical Center	St. Anthony's Foundation	Consolidated
Current Assets			
Cash and cash equivalents	\$ 22,418	\$ -	\$ 22,418
Patient accounts receivable	68,187	-	68,187
Investments	10,333	-	10,333
Supplies	6,530	-	6,530
Prepaid expenses and other	7,566	-	7,566
	<hr/>	<hr/>	<hr/>
Total current assets	115,034	-	115,034
	<hr/>	<hr/>	<hr/>
Assets Limited As To Use			
Board designated	-	236,934	236,934
Held by trustee for self-insurance	24,609	-	24,609
Charitable foundation	4,882	-	4,882
Beneficial interest in trust	-	1,984	1,984
	<hr/>	<hr/>	<hr/>
	29,491	238,918	268,409
	<hr/>	<hr/>	<hr/>
Investments	14,764	-	14,764
	<hr/>	<hr/>	<hr/>
Property and Equipment, At Cost			
Land and land improvements	24,744	-	24,744
Buildings	255,018	6,631	261,649
Equipment	394,395	-	394,395
Construction in progress	3,479	-	3,479
	<hr/>	<hr/>	<hr/>
	677,636	6,631	684,267
	<hr/>	<hr/>	<hr/>
Less accumulated depreciation	419,748	-	419,748
	<hr/>	<hr/>	<hr/>
	257,888	6,631	264,519
	<hr/>	<hr/>	<hr/>
Other Assets			
Deferred financing costs	910	-	910
Interest rate swap assets	5,906	-	5,906
Other	7,358	-	7,358
	<hr/>	<hr/>	<hr/>
	14,174	-	14,174
	<hr/>	<hr/>	<hr/>
Total assets	<u>\$ 431,351</u>	<u>\$ 245,549</u>	<u>\$ 676,900</u>

St. Anthony's Medical Center and Affiliates
Consolidated Balance Sheet – with Consolidating Information (Continued)
“Unaudited”
June 30, 2014

	St. Anthony's Medical Center	St. Anthony's Foundation	Consolidated
Current Liabilities			
Current maturities of long-term debt	\$ 2.486	\$ -	\$ 2.486
Accounts payable	12.099	-	12.099
Accrued expenses	48.552	-	48.552
	<hr/>	<hr/>	<hr/>
Total current liabilities	63.137	-	63.137
	<hr/>	<hr/>	<hr/>
Accrued Pension Payable	1.956	-	1.956
	<hr/>	<hr/>	<hr/>
Estimated Self-insurance Costs	14.788	-	14.788
	<hr/>	<hr/>	<hr/>
Deferred Gain on Sale Leaseback	2.476	-	2.476
	<hr/>	<hr/>	<hr/>
Long-term Debt	168.520	-	168.520
	<hr/>	<hr/>	<hr/>
Total liabilities	250.877	-	250.877
	<hr/>	<hr/>	<hr/>
Net Assets			
Unrestricted net assets	174.830	245.549	420.379
Temporarily restricted net assets	5.644	-	5.644
	<hr/>	<hr/>	<hr/>
Total net assets	180.474	245.549	426.023
	<hr/>	<hr/>	<hr/>
Total liabilities and net assets	\$ 431.351	\$ 245.549	\$ 676.900
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

St. Anthony's Medical Center and Affiliates
Consolidated Schedule of Operations – with Consolidating Information
“Unaudited”
Year Ended June 30, 2014

	St. Anthony's Medical Center	St. Anthony's Foundation	Consolidated
Unrestricted Revenues, Gains and Other Support			
Patient service revenue (net of contractual discounts and allowances)	\$ 454,143	\$ -	\$ 454,143
Provision for uncollectible accounts	36,999	-	36,999
Net patient service revenue less provision for uncollectible accounts	417,144	-	417,144
Other	24,472	-	24,472
Total unrestricted revenues, gains and other support	441,616	-	441,616
Expenses			
Salaries and wages	206,473	-	206,473
Employee benefits	34,320	-	34,320
Purchased services and professional fees	18,376	-	18,376
Supplies and other	145,529	-	145,529
Depreciation	31,083	295	31,378
Interest	4,756	-	4,756
Total expenses	440,537	295	440,832
Operating Income (Expense)	1,079	(295)	784
Other Income (Expense)			
Investment return	2,371	11,854	14,225
Other, net	(525)	92	(433)
Curtailment loss	(305)	-	(305)
Amortization of deferred gain on sale of buildings	833	-	833
Total other income (expense)	2,374	11,946	14,320
Excess of Revenues Over Expenses	\$ 3,453	\$ 11,651	\$ 15,104