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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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST ANTHONY'S MEDICAL CENTER

% BRENT SINGER

Doing business as

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

10010 KENNERLY ROAD

Room/suite

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

ST LOUIS, MO 63128

F Name and address of principal officer

BRENT SINGER

10010 KENNERLY RD

ST LOUIS, MO 63128

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

0928

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>10</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>9</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>4,317</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>323</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>113,277</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>1,205</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	10	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	4,317	6	Total number of volunteers (estimate if necessary)	323	7a	Total unrelated business revenue from Part VIII, column (C), line 12	113,277	7b	Net unrelated business taxable income from Form 990-T, line 34	1,205																								
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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

BRENT SINGER CFO

Type or print name and title

2016-05-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Donna J Larson

Preparer's signature

Donna J Larson

Date

Check ☐ if self-employed

PTIN P00043751

Firm's name

BKD LLP

Firm's EIN

Phone no

(314) 231-5544

Firm's address

211 N BROADWAY SUITE 600

ST LOUIS, MO 631022733

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 (2014)

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 \$ 416,510,684 including grants of \$ 57,528) (Revenue \$ 446,488,223)

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 416,510,684

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	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.	149	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	4,317	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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		
1b	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?	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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?	Yes	
16b	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?	Yes	

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
BRENT SINGER
10010 KENNERLY ROAD
ST LOUIS, MO 63128 (314) 525-1000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID SINDELAR CHAIRMAN	5 0 1 0	X		X				0	0	0
(2) RICHARD MAYHALL FIRST VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
(3) WINTHROP REED III SECOND VICE CHAIRMAN	5 0 2 5	X		X				0	0	0
(4) DANIEL BIPPEN SECRETARY	1 0 0 25	X		X				0	0	0
(5) JAMES POWERS TREASURER	1 0 1 0	X		X				0	0	0
(6) JOHN BERRA MEMBER	1 0 0 25	X						0	0	0
(7) JOSEPH FORAND MEMBER	1 0 0 5	X						0	0	0
(8) STACY HASTIE MEMBER	1 0 0 0	X						0	0	0
(9) PAUL NOVELLY MEMBER	0 25 0 0	X						0	0	0
(10) JEFFREY WILKINSON MEMBER	1 0 0 0	X						0	0	0
(11) MICHAEL RINDLER FORMER CEO	40 0 0 75	X		X				0	0	0
(12) DAVID MORTON CMO & OFFICE OF THE PRESIDENT	40 0 0 0			X				860,204	0	47,740
(13) BEVERLY BOKOVITZ CNO & OFFICE OF THE PRESIDENT	40 0 0 0			X				476,016	0	36,420
(14) CHRISTOPHER BOWE SAPO PRES & OFFICE OF PRES	20 0 20 0			X				323,523	544,825	49,604

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENNETH VENUTO CFO	40 0 0 0			X				410,083	0	15,478
(16) JAMES WELDON CIO	40 0 0 0				X			306,599	0	8,582
(17) JIMMIE TUNE VP QUALITY	40 0 0 0				X			214,215	0	15,516
(18) CAROL ELLIS VP NURSING	40 0 0 0				X			155,780	0	23,919
(19) LAURA FRAME GENERAL COUNSEL	40 0 0 0				X			188,882	0	10,007
(20) GREGORY BOTTERON PHYSICIAN	40 0 0 0					X		907,105	0	12,347
(21) MICHAEL GOLDMEIER PHYSICIAN	40 0 0 0					X		903,210	0	47,420
(22) DAVID DOBMEYER PHYSICIAN	40 0 0 0					X		902,768	0	42,788
(23) CHARLES CAREY PHYSICIAN	40 0 0 0					X		902,204	0	38,621
(24) RAJIV HANDA PHYSICIAN	40 0 0 0					X		902,146	0	39,686

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	7,452,735	544,825	388,128

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▶164

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
PAVILION SERVICES LLC, 2977 HIGHWAY K OFALLON, MO 63368	IT AND BILLING SERV	3,268,289
TRIMEDX, 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	CLINICAL ENGINEERING	3,119,287
MCGRATH ASSOCIATES INC, 1920 S KINGSHIGHWAY BLVD ST LOUIS, MO 63110	CONSTRUCTION	2,879,928
SOUTH COUNTY ANESTHESIA, 339 CONSORT DRIVE ST LOUIS, MO 63011	ANESTHESIA SERVICES	2,578,719
INTEGRITY HOSPITAL COMPANY, 86 CLARK POINT ROAD SOUTHWEST HABOR, ME 04679	EXECUTIVE LEADERSHIP	2,011,996

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 ▶64

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	940,136			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	82,968			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,023,104			
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	442,520,887	442,520,887	
	b	EDUCATIONAL PGMS	611710	38,704	38,704	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	442,559,591			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	670,741			670,741
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real 2,320,714	(ii) Personal		
	b	Less rental expenses	1,865,113			
	c	Rental income or (loss)	455,601	0		
	d	Net rental income or (loss)	455,601			455,601
	7a	Gross amount from sales of assets other than inventory	(i) Securities 11,373,178	(ii) Other 52,803		
	b	Less cost or other basis and sales expenses	12,611,435	311,404		
	c	Gain or (loss)	-1,238,257	-258,601		
	d	Net gain or (loss)	-1,496,858			-1,496,858
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold b	11,259,549			
	c	Net income or (loss) from sales of inventory	3,496,810			
			7,762,739		6,281	7,756,458
		Miscellaneous Revenue	Business Code			
	11a	MEANINGFUL USE INCOME	621110	2,410,096	2,410,096	
	b	CAFETERIA SALES	721000	2,232,654		2,232,654
	c	JOINT VENTURE INCOME	900099	1,512,255	1,417,315	94,940
	d	All other revenue		3,886,718	12,056	3,874,662
	e	Total. Add lines 11a-11d		10,041,723		
	12	Total revenue. See Instructions		461,016,641	446,387,002	113,277
						13,493,258

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 domestic organizations and domestic governments See Part IV, line 21	57,528	57,528		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,142,565	724,609	2,417,956	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	163,096,371	155,076,747	8,019,624	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,148,566	5,781,189	367,377	
9	Other employee benefits	14,831,343	14,108,143	723,200	
10	Payroll taxes	12,543,867	11,769,023	774,844	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,034,838		1,034,838	
c	Accounting	131,496		131,496	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	72,876		72,876	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,509,992	13,570,274	3,939,718	0
12	Advertising and promotion	1,287,375	1,287,375		
13	Office expenses	137,721,944	136,179,904	1,542,040	
14	Information technology	7,210,645	470,787	6,739,858	
15	Royalties	0			
16	Occupancy	8,586,740	8,282,383	304,357	
17	Travel	235,146	93,686	141,460	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	283,571	189,920	93,651	
20	Interest	4,660,357	4,660,357		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	31,190,565	20,857,004	10,333,561	
23	Insurance	3,347,965	3,347,965		
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	34,390,087	34,390,087		
b	RECRUITMENT	949,262	930,262	19,000	
c	DUES & SUBSCRIPTIONS	694,199	353,105	341,094	
d	DISPOSAL EXPENSES	409,387	409,387		
e	All other expenses	4,191,734	3,970,949	220,785	
25	Total functional expenses. Add lines 1 through 24e	453,728,419	416,510,684	37,217,735	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		8,288,718	1	13,870,101
	2	Savings and temporary cash investments		13,676,108	2	11,263,668
	3	Pledges and grants receivable, net		300,000	3	500,000
	4	Accounts receivable, net		66,185,944	4	63,308,467
	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		68,650,837	7	78,618,936
	8	Inventories for sale or use		6,529,944	8	6,690,042
	9	Prepaid expenses and deferred charges		2,699,937	9	2,889,442
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a694,267,210			
	b	Less accumulated depreciation	10b445,799,819	257,887,862	10c	248,467,391
	11	Investments—publicly traded securities		49,603,878	11	27,593,106
	12	Investments—other securities See Part IV, line 11		58,278	12	58,336
	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		15,935,736	15	12,074,508
	16	Total assets. Add lines 1 through 15 (must equal line 34)		489,817,242	16	465,333,997
Liabilities	17	Accounts payable and accrued expenses		57,713,522	17	60,873,414
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		168,520,000	20	166,080,000
	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		2,485,273	23	2,440,000
	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		19,221,308	25	21,217,293
	26	Total liabilities. Add lines 17 through 25		247,940,103	26	250,610,707
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		241,105,662	27	213,803,909
	28	Temporarily restricted net assets		771,477	28	919,381
	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		241,877,139	33	214,723,290
	34	Total liabilities and net assets/fund balances		489,817,242	34	465,333,997

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	461,016,641
2	Total expenses (must equal Part IX, column (A), line 25)	2	453,728,419
3	Revenue less expenses Subtract line 2 from line 1	3	7,288,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	241,877,139
5	Net unrealized gains (losses) on investments	5	89,736
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	-34,531,807
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	214,723,290

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	2a	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	2b	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	2c	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?	3a	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	3b	

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST ANTHONY'S MEDICAL CENTER	Employer identification number 43-0980256
---	--

Part I

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		55,067
	j Total Add lines 1c through 1i			55,067
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

[illegible]

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

OMB No 1545-0047

2014

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

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue 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

Revenue 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, for escrow or custodial account liability?

☐ 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	266,424,742	235,209,325	218,574,748	21,798,631	20,897,736
b Contributions	3,005,820	3,894,843	1,900,675	208,253,399	19,335
c Net investment earnings, gains, and losses	11,096,830	30,925,688	17,964,635	-8,383,763	4,285,185
d Grants or scholarships					
e Other expenditures for facilities and programs	2,332,611	2,511,398	2,298,906	3,093,519	3,403,625
f Administrative expenses	1,209,090	1,093,716	931,827		
g End of year balance	276,985,691	266,424,742	235,209,325	218,574,748	21,798,631

2

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

a

Board designated or quasi-endowment ▶ 97 900 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 2 100 %

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		10,078,008		10,078,008
b Buildings		255,455,922	113,243,035	142,212,887
c Leasehold improvements				
d Equipment		408,762,459	321,861,140	86,901,319
e Other		19,970,821	10,695,644	9,275,177
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				248,467,391

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 (losses) 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
SCHEDULE D, 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
SCHEDULE D, 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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 _____ %	3a	Yes	
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 _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

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)			2,949,178	0	2,949,178	0 700 %
b Medicaid (from Worksheet 3, column a)			50,330,219	43,535,594	6,794,625	1 620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			53,279,397	43,535,594	9,743,803	2 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			330,840	17,600	313,240	0 070 %
f Health professions education (from Worksheet 5)			506,402	0	506,402	0 120 %
g Subsidized health services (from Worksheet 6)			1,606,858	1,264,362	342,496	0 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			111,028	0	111,028	0 030 %
j Total Other Benefits			2,555,128	1,281,962	1,273,166	0 300 %
k Total . Add lines 7d and 7j			55,834,525	44,817,556	11,016,969	2 620 %

Part IICommunity 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 IIIBad 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?

1

Yes

No

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.

2

34,390,087

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.

3

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.

Section B. Medicare

5

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

5

119,964,302

6

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

6

122,972,764

7

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

7

-3,008,462

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

Section C. Collection Practices

9a

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

9a

Yes

No

b

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

9b

Yes

No

Part IVManagement 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				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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 letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SUPPLEMENTAL INFO		
b <input type="checkbox"/> Other website (list url)		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SUPPLEMENTAL INFO		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

ST ANTHONY'S MEDICAL CENTER

	Yes	No
Financial Assistance Policy (FAP)		
13 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 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)	16 Yes	
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 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(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST ANTHONY'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other 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 a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 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 Section C	23	No
24	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 Section C	24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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
SCHEDULE H, PART III, SECTION A, LINES 2 & 4	METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE THE AMOUNT ENTERED REPRESENTS THE BAD DEBT EXPENSE RECORDED IN THE AUDITED FINANCIAL STATEMENTS 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
SCHEDULE H, PART III, SECTION B, 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 COSTING METHODOLOGY USED FOR MEDICARE THE COSTING METHODOLOGY SOURCE USED WAS THE FY 2015 MEDICARE COST REPORT

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	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
SCHEDULE H, 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
SCHEDULE H, 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 PATIENTS 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
SCHEDULE H, 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
SCHEDULE H, 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 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 EMPLOYEES' SONS AND DAUGHTERS WHICH IS NOT INCLUDED IN THIS TAX RETURN

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

Form and Line Reference	Explanation
SCHEDULE H, 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
SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF \$34,390,087 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
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES THE SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE COSTS ASSOCIATED WITH STAND-ALONE PHYSICIAN CLINICS

Additional Data

Software ID:
Software Version:
EIN: 43-0980256
Name: ST ANTHONY'S MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINE 5	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINE 6A	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINES 7A & 7D	HOW CHNA WAS MADE WIDELY AVAILIABLE THE CHNA CAN BE ACCESSED ON THE HOSPITAL WEBSITE AT THE FOLLOWING ADDRESS HTTP //WWW STANTHONYSMEDCENTER COM/ AT THE BOTTOM OF THE MAIN PAGE THE IMPLEMENTATION PLAN HAS ALSO BEEN POSTED TO THE WEBSITE AND CAN BE ACCESSED AT THE FOLLOWING ADDRESS HTTP //WWW STANTHONYSMEDCENTER COM/ AT THE BOTTOM OF THE MAIN PAGE OTHER WAYS IN WHICH THE NEEDS ASSESSMENT WAS MADE WIDELY AVAILIABLE - 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)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINE 22D	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINES 10 & 11	THE IMPLEMENTATION STRATEGY IS POSTED AT HTTP //WWW STANTHONYSMEDCENTER COM/ AT THE BOTTOM OF THE MAIN PAGE THE IMPLEMENTATION STRATEGY POSTED AT (HTTP //WWW STANTHONYSMEDCENTER COM/) EXPLAINS HOW THE SIGNIFICANT NEEDS ARE BEING ADDRESSED 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 JEFFERSON COUNTY WAS THE PART OF OUR COMMUNITY THAT WAS IDENTIFIED IN OUR ASSESSMENT AS BEING THE HIGHEST IN TOBACCO USE WE CHOSE NOT TO ADDRESS THIS NEED BECAUSE OF THE AVAILABILITY OF RESOURCES IN OUR AREA, SPECIFICALLY THE EFFORTS THAT ARE BEING PUT FORTH BY THE JEFFERSON COUNTY HEALTH DEPARTMENT TO ADDRESS SMOKING

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINE 13B	INCOME LEVEL OTHER THAN FPG REFER TO FAP

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
SCHEDULE H, PART V, SECTION B, LINE 16B	WEBSITE FOR FAP APPLICATION HTTP //WWW STANTHONYSMEDCENTER COM/PATIENTS-VISITORS/FINANCE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
ST ANTHONY'S MEDICAL CENTER

Employer identification number
43-0980256

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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) MHA CENTER FOR EDUCATION PO BOX 60 JEFFERSON CITY,MO 65102	43-0898947	501(C)(3)	30,285				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 Domestic Individuals. 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
SCHEDULE I, 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.

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

OMB No 1545-0047

2014

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
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div></div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III.</div></div>	5b	No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III.</div></div>	6b	No
<div><div>7</div><div>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.</div></div>	7	No
<div><div>8</div><div>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.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	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 in column(B) 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
FORM 990, PART VII, SECTION A, LINE 5	CEO COMPENSATION RECEIVED FROM AN UNRELATED ORGANIZATION ST ANTHONY'S MEDICAL CENTER ENGAGED INTEGRITY HOSPITAL COMPANY TO PROVIDE CERTAIN LEADERSHIP AND CONSULTING SERVICES INTEGRITY'S EMPLOYEE, MICHAEL RINDLER, SERVED AS CEO OF ST ANTHONY'S MEDICAL CENTER ST ANTHONY'S MEDICAL CENTER PAID THE INTEGRITY HOSPITAL COMPANY \$2,011,996 WHICH INCLUDES THE SERVICES OF THE ST ANTHONY'S MEDICAL CENTER CEO AND OTHER CONTRACTED SERVICES FOR ST ANTHONY'S MEDICAL CENTER

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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID MORTON, CMO & OFFICE OF THE PRESIDENT	(i) 815,711 (ii) 0	0 0	44,493 0	36,690 0	11,050 0	907,944 0	0 0
BEVERLY BOKOVITZ, CNO & OFFICE OF THE PRESIDENT	(i) 468,762 (ii) 0	0 0	7,254 0	25,370 0	11,050 0	512,436 0	0 0
CHRISTOPHER BOWE, SAPO PRES & OFFICE OF PRES	(i) 320,392 (ii) 544,825	0 0	3,131 0	38,554 0	11,050 0	373,127 544,825	0 0
MICHAEL RINDLER, FORMER CEO	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
GREGORY BOTTERON, PHYSICIAN	(i) 796,924 (ii) 0	87,970 0	22,211 0	4,547 0	7,800 0	919,452 0	0 0
MICHAEL GOLDMEIER, PHYSICIAN	(i) 789,489 (ii) 0	87,970 0	25,751 0	36,370 0	11,050 0	950,630 0	0 0
DAVID DOBMEYER, PHYSICIAN	(i) 788,977 (ii) 0	87,970 0	25,821 0	31,738 0	11,050 0	945,556 0	0 0
CHARLES CAREY, PHYSICIAN	(i) 790,840 (ii) 0	87,970 0	23,394 0	27,571 0	11,050 0	940,825 0	0 0
RAJIV HANDA, PHYSICIAN	(i) 790,088 (ii) 0	87,970 0	24,088 0	28,636 0	11,050 0	941,832 0	0 0
KENNETH VENUTO, CFO	(i) 357,728 (ii) 0	50,000 0	2,355 0	4,428 0	11,050 0	425,561 0	0 0
JAMES WELDON, CIO	(i) 256,241 (ii) 0	50,000 0	358 0	895 0	7,687 0	315,181 0	0 0
JIMMIE TUNE, VP QUALITY	(i) 188,521 (ii) 0	25,000 0	694 0	9,827 0	5,689 0	229,731 0	0 0
CAROL ELLIS, VP NURSING	(i) 155,522 (ii) 0	0 0	258 0	10,211 0	13,708 0	179,699 0	0 0
LAURA FRAME, GENERAL COUNSEL	(i) 163,595 (ii) 0	25,000 0	287 0	1,381 0	8,626 0	198,889 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEDICAL CENTER

Employer identification number
43-0980256

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH AND 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	2,360,000							
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						
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to 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	29 8							
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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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?	X							

Part VI

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

Return Reference	Explanation
SCHEDULE K, 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 ALLOCATED TO THE 11/1/2013 DEBT SERVICE PAYMENT ON THE BONDS

Return Reference	Explanation
SCHEDULE K, 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
SCHEDULE K, 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)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

▶Information about Schedule L (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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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
(1) INTEGRITY HOSPITAL COMPANY	M RINDLER, FORMER CEO,	2,011,996	CONSULTING SERVICES		No
(2) INTEGRITY HOSPITAL CO CON'T	IS A PRINCIPAL OF IHC				
(3) ENVIRONMENTAL OPERATIONS INC	STACY HASTIE, DIRECTOR	543,458	DEMOLITION SERVICES		No
(4) ENVIRONMENTAL OPERATIONS CON'T	IS AN OWNER OF EOI				

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization ST ANTHONY'S MEDICAL CENTER	Employer identification number 43-0980256
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS JOHN H BERRA JR HAS A BUSINESS RELATIONSHIP WITH STACIE HASTIE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	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

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 FOR REVIEW, QUESTIONS, AND COMMENTS DIRECTED TO THE CFO OR THEIR DESIGNEE. ONCE ALL REVIEWS HAVE TAKEN PLACE, THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE

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 15A	PROCESS FOR DETERMINING COMPENSATION COMPENSATION FOR THE CEO 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 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	PROCESS FOR DETERMINING COMPENSATION COMPENSATION FOR 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 REVIEWS WERE CONDUCTED IN JULY OF 2014 AND FEBRUARY OF 2015

Return Reference	Explanation
FORM 990, 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
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES DEFINED BENEFIT PENSION PLANS (1,795,488) RECLASS NONCONTROLLING INTEREST (255,497) CURTAILMENT LOSS (491,744) INTEREST RATE SWAP (7,090,700) OTHER CHANGES IN FUND BALANCE (349,186) FUND BALANCE TRANSFER (503,990) SELF INSURANCE TRUST INCOME 2,151,691 DISTRIBUTION TO NONCONTROLLING INTEREST (417,013) SELF INSURANCE TRUST NET ASSETS (25,779,880) ----- TOTAL OTHER CHANGES IN NET ASSETS (34,531,807)

Return Reference	Explanation	
	FORM 990, 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 REFLECT THE 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 WRITE-OFF 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 PLAN</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 1	<p>ANS 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 THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT ANY PATIENT THAT IS UNINSURED, BUT EITHER DOES NOT MEET THE ELIGIBILITY REQUIREMENTS OR DOES NOT REQUEST FINANCIAL ASSISTANCE UNDER THE POLICY WILL RECEIVE A 40% DISCOUNT 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 FINANCIAL COUNSELING AND PATIENT ACCOUNT STAFFS ARE AVAILABLE BY TELEPHONE AND IN-PERSON TO DISCUSS HOSPITAL BILLS, BILLING POLICIES, METHODS OF PAYMENT, AND ALTERNATIVE SOURCES OF PAYMENT QUESTIONS REGARDING HOSPITAL BILLS AND FINANCIAL ASSISTANCE ARE ACKNOWLEDGED PROMPTLY PRICE QUOTES, ESTIMATES OF CHARGES, AND FULLY ITEMIZED BILLS ARE PROVIDED UPON REQUEST CHARITY CARE INFORMATION IS PROVIDED TO UNINSURED AND UNDERINSURED PATIENTS UPON REQUEST THE INFORMATION IS AVAILABLE IN SEVERAL LANGUAGES 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 ST ANTHONY'S MEDICAL CENTER IS CURRENTLY UPDATING ALL FINANCIAL ASSISTANCE, BILLING AND COLLECTION, AND OTHER POLICIES TO COMPLY WITH THE FINAL 501(R) REGULATIONS EFFECTIVE JULY 1, 2016</p>

Return Reference	Explanation
FORM 990, PART III, LINE 1 (CONT')	<p>2 ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION ST ANTHONY'S MEDICAL CENTER QUALIFIES FOR TAX EXEMPTION THROUGH VARIOUS ACTIVITIES AND PARTICIPATION AS DESCRIBED BELOW - ST ANTHONY'S OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENTION REGARDLESS OF THEIR ABILITY TO PAY - ST ANTHONY'S HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED 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 OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS - ST ANTHONY'S IS LISTED IN THE OFFICIAL CATHOLIC DIRECTORY SUBMITTED ANNUALLY TO THE IRS BY THE U S CONFERENCE OF CATHOLIC BISHOPS</p> <p>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 PHYSICIANS, NURSE PRACTITIONERS AND OTHER CLINICIANS TO NUTRITIONISTS, EXERCISE PHYSIOLOGISTS AND THERAPISTS ADDITIONALLY, THE MEDICAL CENTER SPONSORS ONGOING FREE LECTURES, HOSTED BY PHYSICIANS 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 INTERNSHIP PROGRAMS WITH WELL OVER A DOZEN UNIVERSITIES, COLLEGES AND COMMUNITY COLLEGES IN THE REGION</p> <p>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 LOSSES PROGRAMS EXTEND BEYOND ST ANTHONY'S MEDICAL CENTER AND 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</p> <p>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>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST ANTHONY'S MEDICAL CENTER

Employer identification number
43-0980256

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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	3,503,097	668,814	SAMC
(2) PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	1,067,530	22,383	SAMC
(3) URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	12,218,791	2,311,497	SAMC
(4) HEART SPECIALTY ASSOCIATES 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	SPECIALISTS	MO	13,747,642	1,326,735	SAMC
(5) SOUTH COUNTY PET IMAGING LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	IMAGING	MO	751,377	1,414,212	SAMC
(6) PLAZA SURGICAL SERVICES CO LLC 12700 SOUTHFORK ROAD ST LOUIS, MO 63128 20-4709312	INACTIVE	MO			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) ST ANTHONY'S MED CNT PROF AND GEN LI PO BOX 387 ST LOUIS, MO 63166 43-6331002	SUPPORT ORG	MO	501(C)(3)	11 - III	NA		No
(5) ST ANTHONY'S PHYSICIAN ORG OF ILLINOIS 10010 KENNERLY ROAD ST LOUIS, MO 63128 32-0457168	HEALTH CARE	MO	501(C)(3)	3	SAPO	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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	811,416	1,467,642		No		Yes		75 000 %

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
(1) AUXILIARY OF ST ANTHONY'S MEDICAL CENTER	C	300,000	COST
(2) ST ANTHONY'S CHARITABLE FOUNDATION	M	504,911	COST
(3) ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	21,975,000	COST
(4) ST ANTHONY'S CHARITABLE FOUNDATION	C	640,136	COST
(5) ST ANTHONY'S CHARITABLE FOUNDATION	S	209,872	COST
(6) ST ANTHONY'S CHARITABLE FOUNDATION	R	103,378	COST

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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 I - Identification of Disregarded Entities

(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
ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	PHARMACY	MO	3,503,097	668,814	SAMC
PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	1,067,530	22,383	SAMC
URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	12,218,791	2,311,497	SAMC
HEART SPECIALTY ASSOCIATES 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	SPECIALISTS	MO	13,747,642	1,326,735	SAMC
SOUTH COUNTY PET IMAGING LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	IMAGING	MO	751,377	1,414,212	SAMC
PLAZA SURGICAL SERVICES CO LLC 12700 SOUTHFORK ROAD ST LOUIS, MO 63128 20-4709312	INACTIVE	MO			SAMC

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

(a) Name of related 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	504,911	COST
ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	21,975,000	COST
ST ANTHONY'S CHARITABLE FOUNDATION	C	640,136	COST
ST ANTHONY'S CHARITABLE FOUNDATION	S	209,872	COST
ST ANTHONY'S CHARITABLE FOUNDATION	R	103,378	COST