

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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

% CRYSTAL MORRIS
 Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 10010 Kennerly Road

City or town, state or province, country, and ZIP or foreign postal code
 St Louis, MO 63128

F Name and address of principal officer
 CHERYL MATEJKA
 10010 KENNERLY RD
 ST LOUIS, MO 63128

D Employer identification number
 43-0980256

E Telephone number
 (314) 525-1000

G Gross receipts \$ 460,938,499

I Tax-exempt status
 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.STANTHONYMEDCENTER.COM

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

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1971

M State of legal domicile
 MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities <u>SEE COMMUNITY BENEFIT REPORT ATTACHED TO FORM 990</u>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4,127
6	Total number of volunteers (estimate if necessary)	6	403
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,305
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	29,244
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,032,233	796,917
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	438,972,707	435,715,468
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,109,269	1,248,957
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,363,635	14,211,198
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,259,306	451,972,540
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,850	27,714
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	203,416,275	223,200,318
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	243,269,968	272,170,432	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	446,696,093	495,398,464	
19 Revenue less expenses Subtract line 18 from line 12	5,563,213	-43,425,924	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	492,707,675	482,699,770
	22 Net assets or fund balances Subtract line 21 from line 20	277,133,185	85,548,736
		215,574,490	397,151,034

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 _____ Date 2018-05-14
 DAN ECKENFELS VP OF FINANCE
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Donna J Larson	Preparer's signature Donna J Larson	Date 2018-05-11	Check <input type="checkbox"/> if self-employed	PTIN P00043751
Firm's name ▶ BKD LLP			Firm's EIN ▶	
Firm's address ▶ 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733			Phone no (314) 231-5544	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE COMMUNITY BENEFIT REPORT ATTACHED TO FORM 990

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 \$ 442,973,847 including grants of \$ 27,714) (Revenue \$ 435,766,453)
See Additional Data

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 ▶ 442,973,847

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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>	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>		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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	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 []

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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	796,917				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		796,917				
Program Service Revenue		Business Code					
	2a PATIENT CARE	621110	413,471,291	413,471,291			
	b EDUCATIONAL PGMS	611710	127,694	127,694			
	c FRA REVENUE	621110	22,116,483	22,116,483			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		435,715,468					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,399,301			1,399,301	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		2,384,521					
		b Less rental expenses	1,147,860				
		c Rental income or (loss)	1,236,661	0			
	d Net rental income or (loss)		1,236,661			1,236,661	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		5,325,000					
		b Less cost or other basis and sales expenses	5,450,544	24,800			
		c Gain or (loss)	-125,544	-24,800			
	d Net gain or (loss)		-150,344			-150,344	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	0					
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	11,469,874					
	b Less cost of goods sold	2,342,755					
	c Net income or (loss) from sales of inventory		9,127,119		35,305	9,091,814	
Miscellaneous Revenue	Business Code						
11a MEANINGFUL USE INCOME	621110	15,680	15,680				
b CAFETERIA SALES	721000	1,985,921			1,985,921		
c AMORTIZATION OF DEFERRED GAIN ON SALE OF BLDG	900099	1,640,462			1,640,462		
d All other revenue		205,355			205,355		
e Total. Add lines 11a-11d		3,847,418					
12 Total revenue. See Instructions		451,972,540	435,731,148	35,305	15,409,170		

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	27,714	27,714		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,919,214	1,059,142	3,860,072	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	183,201,932	169,883,036	13,318,896	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,816,212	2,141,519	674,693	
9 Other employee benefits	18,213,871	16,927,626	1,286,245	
10 Payroll taxes	14,049,089	12,715,116	1,333,973	
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,525,106		3,525,106	
c Accounting	176,277		176,277	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	62,351		62,351	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,303,172	16,297,072	6,006,100	0
12 Advertising and promotion	3,282,727	3,282,727		
13 Office expenses	124,226,087	121,785,934	2,440,153	
14 Information technology	9,264,845	307,683	8,957,162	
15 Royalties	0			
16 Occupancy	7,348,609	6,902,798	445,811	
17 Travel	262,201	126,908	135,293	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	208,117	207,938	179	
20 Interest	6,033,589	6,033,589		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,706,451	16,238,783	6,467,668	
23 Insurance	1,582,561	1,582,561		
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	39,389,118	39,389,118		
b STATE FRA ASSESSMENT	22,865,789	22,865,789		
c DUES & SUBSCRIPTIONS	696,199	368,293	327,906	
d HOSPICE EXPENSES	418,028	418,028		
e All other expenses	7,819,205	4,412,473	3,406,732	
25 Total functional expenses. Add lines 1 through 24e	495,398,464	442,973,847	52,424,617	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,790,358	1	-3,227,914
	2 Savings and temporary cash investments	49,739,625	2	21,042,585
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	56,690,517	4	49,451,732
	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	96,422,473	7	103,482,166
	8 Inventories for sale or use	6,897,104	8	6,912,574
	9 Prepaid expenses and deferred charges	3,278,404	9	7,554,890
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	686,502,195		
	b Less accumulated depreciation	403,289,293		
	11 Investments—publicly traded securities	6,364,247	11	3,542
	12 Investments—other securities See Part IV, line 11	58,396	12	0
	13 Investments—program-related See Part IV, line 11	0	13	988,753
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	12,934,719	15	13,278,540
16 Total assets. Add lines 1 through 15 (must equal line 34)	492,707,675	16	482,699,770	
Liabilities	17 Accounts payable and accrued expenses	63,480,030	17	73,205,580
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	185,797,653	20	0
	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	0	23	0
	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	27,855,502	25	12,343,156
	26 Total liabilities. Add lines 17 through 25	277,133,185	26	85,548,736
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	214,712,090	27	396,474,608
	28 Temporarily restricted net assets	862,400	28	676,426
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	215,574,490	33	397,151,034
	34 Total liabilities and net assets/fund balances	492,707,675	34	482,699,770

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	451,972,540
2	Total expenses (must equal Part IX, column (A), line 25)	2	495,398,464
3	Revenue less expenses Subtract line 2 from line 1	3	-43,425,924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	215,574,490
5	Net unrealized gains (losses) on investments	5	893,441
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	224,109,027
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	397,151,034

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
b 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	
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE ATTACHED COMMUNITY BENEFIT REPORT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID SINDELAR CEO AND CHAIRMAN OF THE BOARD	40 0 0 5	X		X				1,084,171	0	31,799
WINTHROP B REED III 1ST CHAIRMAN	5 0 1 75	X		X				0	0	0
RICHARD A MAYHALL 1ST VICE CHAIRMAN	3 75 0 0	X		X				0	0	0
DANIEL BIPPEN SECRETARY	3 75 0 25	X		X				0	0	0
JAMES G POWERS 2ND VICE CHAIRMAN	3 75 0 25	X		X				0	0	0
JOHN BERRA MEMBER	1 0 0 25	X						0	0	0
JOSEPH FORAND MEMBER	1 0 0 0	X						0	0	0
MARY GRAHAM MEMBER	1 0 40 0	X						0	653,859	34,812
STACY HASTIE MEMBER	1 0 0 0	X						0	0	0
MICHELLE NISCHBACH MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL NOVELLY MEMBER	0 25 0 0	X						0	0	0
PHILLIP SOWA MEMBER	1 0 0 0	X						0	0	0
DOUGLAS WEIBLE MEMBER	1 0 0 0	X						0	0	0
JEFFREY WILKINSON MEMBER	1 0 0 0	X						0	0	0
MARK MERLOTTI MEMBER	1 0 0 0	X						0	0	0
MICHAEL MCCURRY PRESIDENT	5 0 55 0	X		X				0	1,787,982	744,897
DONN SORENSEN EXECUTIVE VP-OPERATIONS	5 0 55 0	X		X				0	1,070,621	332,541
BILL HOEFER COO	40 0 0 0			X				347,954	0	12,233
BRENT SINGER CFO	40 0 0 0			X				443,109	0	29,263
KELLY WETZLER INTERIM PRESIDENT	40 0 1 5			X				390,461	0	30,125

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL MATEJKA INTERIM CFO	5 0 55 0			X				0	600,367	85,576
CAROL ELLIS VP NURSING	40 0 0 0				X			197,456	0	23,927
JAMES WELDON CIO	40 0 0 0				X			267,119	0	8,886
LAURA FRAME VP GENERAL COUNCIL	40 0 0 0				X			196,689	0	18,464
ERIC APPELGREN VP CLINICAL SERVICES	40 0 0 0				X			0	0	0
BRENT GRAZMAN VP QUALITY	40 0 0 0				X			196,972	0	19,109
DENNIS HOLTER VP BUSINESS DEVELOPMENT	40 0 0 0				X			185,451	0	15,641
KADI MONTEZ VP OF IT	40 0 0 0				X			161,209	0	11,163
BEVERLY BOKOVITZ CNO	40 0 0 0				X			465,342	0	23,334
DAVID MORTON CMO	40 0 0 0				X			656,828	0	41,111

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON TRULOVE CHIEF REVENUE OFFICER	5 0 55 0				X			0	893,318	89,180
SEIICHI NODA PHYSICIAN	40 0 0 0					X		1,196,657	0	40,242
GREGORY BOTTERON PHYSICIAN	40 0 0 0					X		967,956	0	13,319
MICHAEL SHAPIRO PHSICIAN	40 0 0 0					X		963,513	0	41,392
DENNIS DISCH PHYSICIAN	40 0 0 0					X		960,454	0	39,498
MICHAEL GOLDMEIER PHYSICIAN	40 0 0 0					X		954,384	0	40,628

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service
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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	Activities Test 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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)		

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
---	--

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? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? Yes No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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 on 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		28,421
j	Total Add lines 1c through 1i			28,421
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
St Anthony's Medical Center

Employer identification number
43-0980256

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? Yes No

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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 |
|--|--------|
| 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	263,556,286	276,985,691	266,424,742	235,209,325	218,574,748
b Contributions	11,436,577	3,379,952	3,005,820	3,894,843	1,900,675
c Net investment earnings, gains, and losses	30,743,607	-1,718,763	11,096,830	30,925,688	17,964,635
d Grants or scholarships					
e Other expenditures for facilities and programs	3,193,660	14,007,798	2,332,611	2,511,398	2,298,906
f Administrative expenses	278,691,564	1,082,796	1,209,090	1,093,716	931,827
g End of year balance	23,851,246	263,556,286	276,985,691	266,424,742	235,209,325

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 70 399 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 29 601 %
- The percentages on 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
- | | Yes | No |
|--|-------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 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' on 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	0	10,078,008		10,078,008
b Buildings	0	278,122,416	129,249,114	148,873,302
c Leasehold improvements				
d Equipment	0	376,995,662	262,426,505	114,569,157
e Other	0	21,306,109	11,613,674	9,692,435
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				283,212,902

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
RESERVE - SELF INSURANCE LIABI	9,670,334
PENSION PAYABLE	2,672,822
DEFERRED GAIN ON SALE LEASEBAC	0
INTEREST RATE SWAP LIABILITY	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,343,156

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: St Anthony's Medical Center

Supplemental 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 FOUR PRIOR YEARS INCLUDE FUNDS HELD BY RELATED ORGANIZATIONS FOR THE BENEFIT OF THE HOSPITAL THESE FUNDS ARE TO BE USED FOR FUTURE CAPITAL IMPROVEMENTS THE TOTAL FOR THE CURRENT YEAR INCLUDES FUNDS HELD IN TRUST BY AN UNRELATED PARTY TO PROVIDE TUITION ASSISTANCE TO STUDENTS LINE 1F IN THE CURRENT YEAR INCLUDES \$277,626,969 OF ASSETS UNDER THE CONTROL OF A RELATED ORGANIZATION THAT CEASED TO QUALIFY AS A SUPPORTING ORGANIZATION AS OF JUNE 1, 2017 SINCE THESE ASSETS ARE NO LONGER ADMINISTERED FOR THE BENEFIT OF SAMC, THEY HAVE BEEN REMOVED FROM THE TOTAL ENDOWMENT BALANCE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FEDERAL INCOME TAX PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY MERCY COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2017 OR 2016

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 St Anthony's Medical Center

Hospitals

▶ **Complete if the organization answered "Yes" on 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.**

Employer identification number
 43-0980256

OMB No 1545-0047
2016
Open to Public Inspection

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	

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)			2,715,493		2,715,493	0.600 %
b Medicaid (from Worksheet 3, column a)			46,850,899	38,455,182	8,395,717	1.840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			49,566,392	38,455,182	11,111,210	2.440 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			314,119	14,489	299,630	0.070 %
f Health professions education (from Worksheet 5)			135,061		135,061	0.030 %
g Subsidized health services (from Worksheet 6)			2,150,641	1,346,243	804,398	0.180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			119,114		119,114	0.030 %
j Total Other Benefits			2,718,935	1,360,732	1,358,203	0.310 %
k Total. Add lines 7d and 7j			52,285,327	39,815,914	12,469,413	2.750 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
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	119,176,494
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	121,418,550
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,242,056
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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?		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		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)	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C) _____		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
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 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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		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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SUPPLEMENTAL INFO</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

ST ANTHONY'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 % b <input checked="" 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)	Yes	
14	Explained the basis for calculating amounts charged to patients?	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) 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 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)	Yes	
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u> c <input checked="" 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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input type="checkbox"/> Other (describe in Section C)	Yes	

Part V Facility Information (continued)

Billing and Collections

ST ANTHONY'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

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)	Yes	
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Part V Facility Information *(continued)*

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

ST ANTHONY'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
23		No
24		No

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? 8

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 KIRKWOOD URGENT CARE 1001 S KIRKWOOD RD ST LOUIS, MO 63122	URGENT CARE FACILITY
6 ST ANTHONY'S MEDICAL PLAZA 12700 SOUTHFORK ROAD ST LOUIS, MO 63128	IMAGING, LAB, BREAST CENTER AND WOUND CARE SVCS
7 ST ANTHONY'S SPORTS AND THERAPY SVCS 9964 KENNERLY ROAD STE D ST LOUIS, MO 63128	OUTPATIENT THERAPY
8 ORTHOPEDIC AND SPORTS REHABILITATION 12639 OLD TESSON FERRY ROAD STE 120 ST LOUIS, MO 63128	OUTPATIENT THERAPY - CLOSED
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 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
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 2017 MEDICARE COST REPORT

990 Schedule H, Supplemental Information

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
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), ST LUKE'S HOSPITAL (SLH) AND MERCY HOSPITAL ST LOUIS (MHSL) 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

990 Schedule H, Supplemental Information

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
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 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

990 Schedule H, Supplemental Information

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 SET UP \$264,000 IN SCHOLARSHIP FUNDING FOR EMPLOYEES' SONS AND DAUGHTERS WHICH IS NOT INCLUDED IN THIS TAX RETURN
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT MO

990 Schedule H, Supplemental Information

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
SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF \$39,389,119 REPORTED ON PART IX, LINE 24 HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

990 Schedule H, Supplemental Information

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
SCHEDULE H, PART I, LINE 3C	SEE PART V, LINE 13 FOR OTHER CRITERIA USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, LINE 3</p>	<p>THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS \$0 ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR CHARITY CARE</p>
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM THE FILING ORGANIZATION WAS A PART OF MERCY HEALTH ("MERCY") STARTING JUNE 1, 2017 MERCY IS A MISSOURI NON-PROFIT CORPORATION WITH ITS HEADQUARTERS ("MINISTRY OFFICE") IN ST LOUIS, MISSOURI MERCY PROVIDES HEALTH CARE SERVICES IN FOUR STATES - ARKANSAS, KANSAS, MISSOURI, AND OKLAHOMA - AND HAS OUTREACH MINISTRIES LOCATED IN LOUISIANA, MISSISSIPPI, AND TEXAS MERCY'S MISSION IS "AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE " AS OF JUNE 30, 2017, MERCY FACILITIES INCLUDED 30 ACUTE CARE HOSPITALS, 4 MANAGED HOSPITALS, 4 HEART HOSPITALS, 2 CHILDREN'S HOSPITALS, 2 ORTHOPEDIC HOSPITALS AND 3 REHAB HOSPITALS FOR THE FISCAL YEAR ENDED JUNE 30, 2017, MERCY HAD MORE THAN 9.6 MILLION OUTPATIENT AND PHYSICIAN OFFICE VISITS, APPROXIMATELY 2,100 EMPLOYED PHYSICIANS, AND APPROXIMATELY 40,000 FULL-TIME EQUIVALENT EMPLOYEES, MAKING MERCY THE FIFTH LARGEST CATHOLIC HEALTH SYSTEM IN THE UNITED STATES MERCY IS SPONSORED BY MERCY HEALTH MINISTRY, WHICH IS GOVERNED BY MEMBERS THAT INCLUDE SISTERS OF MERCY MANY SERVICES THAT ARE ESSENTIAL TO FULFILLING MERCY'S MISSION ARE CENTRALIZED AT THE MINISTRY OFFICE SUCH CENTRALIZED SERVICES INCLUDE FINANCE (INCLUDING TREASURY, FINANCIAL ACCOUNTING AND REPORTING, REVENUE MANAGEMENT, INTERNAL AUDIT, ACCOUNTS PAYABLE AND PAYROLL OPERATIONS, ANALYTICS AND DECISION SUPPORT), ENVIRONMENTAL SERVICES SUPPORT, CLINICAL INTEGRATION, CARE MANAGEMENT, CLINICAL PERFORMANCE ACCELERATION, CLINICAL ENGINEERING, CLINICAL QUALITY MANAGEMENT, COMPLIANCE, GRANTS AND RESEARCH SERVICES, LEGAL AND COMPLIANCE COUNSEL, MARKETING AND COMMUNICATIONS, PLANNING, DESIGN AND CONSTRUCTION, PRODUCT DEVELOPMENT INFORMATICS, REAL ESTATE, SUPPLY CHAIN MANAGEMENT, MANAGED CARE STRATEGY SUPPORT, HUMAN RESOURCES (INCLUDING COMPENSATION, BENEFITS AND RECRUITING), MISSION SERVICES AND ETHICS, PHILANTHROPY SUPPORT, INFORMATION TECHNOLOGY, AND, COMMUNITY RELATIONS THE CENTRALIZATION OF SUCH SUPPORT SERVICES ENABLES MERCY TO ENSURE THAT EACH OF ITS COMMUNITIES, WHETHER LARGE OR SMALL, HAS THE SERVICES IT NEEDS</p>

Additional Data**Software ID:****Software Version:****EIN:** 43-0980256**Name:** St Anthony's Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(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											
1	ST ANTHONY'S MEDICAL CENTER 10010 KENNERLY ROAD ST LOUIS, MO 63128 WWW.STANTHONYSMEDCENTER.COM 273-39	X	X					X			

Form 990 Part V Section A 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>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), ST LUKE'S HOSPITAL (SLH) AND MERCY ST LOUIS TO FULFILL PPACA REQUIREMENTS, BJWCH, MBMC, SAMC AND MERCY ST LOUIS HOSTED A SINGLE FOCUS GROUP WITH PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST AND SOUTH ST LOUIS COUNTY THIS DISCUSSION LASTED 90 MINUTES AND WAS FACILITATED BY A MODERATOR THERE WAS A GENERAL CONSENSUS THAT THE PRIORITIES IDENTIFIED IN THE PREVIOUS ASSESSMENT ARE STILL THOSE AT WHICH THE HOSPITALS SHOULD FOCUS PARTICIPANTS WERE GIVEN THE LIST OF NEEDS IDENTIFIED IN THE 2012-2013 ASSESSMENT BY EACH HOSPITAL AND ASKED TO RE-RANK THEM ON A SCALE OF 1 (LOW) TO 5 (HIGH) BASED ON THEIR PERCEIVED LEVEL OF COMMUNITY CONCERN AND THE ABILITY OF COMMUNITY ORGANIZATIONS TO COLLABORATE AROUND THEM, BEHAVIORAL/MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE RATED HIGHEST IN TERMS OF LEVEL OF CONCERN AND ABILITY TO COLLABORATE 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 BOTH LANDLINE AND CELL-PHONE NUMBERS UTILIZING A RANDOM SAMPLE OF 500 ADULTS AGE 21 YEARS OR OLDER IN THE COMMUNITY THESE INTERVIEWS WERE CONDUCTED IN JUNE 2015 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 A ROLE IN RECOGNIZING THE HEALTH NEEDS OF THE POPULATION, ST ANTHONY'S MEDICAL CENTER CHOSE TO SURVEY PRIMARY CARE PHYSICIANS AND SPECIALISTS AFFILIATED WITH ST ANTHONY'S MEDICAL CENTER FORTY-THREE 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</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A</p>	<p>OTHER HOSPITALS CHNA CONDUCTED WITH ST ANTHONY 'S MEDICAL CENTER PARTNERED WITH BARNES JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), ST LUKE'S HOSPITAL (SLH) AND MERCY ST LOUIS TO FULFILL PPACA REQUIREMENTS, BJWCH, MBMC, SAMC AND MERCY ST LOUIS HOSTED A SINGLE FOCUS GROUP WITH PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST AND SOUTH ST LOUIS COUNTY THIS DISCUSSION LASTED 90 MINUTES AND WAS FACILITATED BY A MODERATOR THERE WAS A GENERAL CONSENSUS THAT THE PRIORITIES IDENTIFIED IN THE PREVIOUS ASSESSMENT ARE STILL THOSE AT WHICH THE HOSPITALS SHOULD FOCUS PARTICIPANTS WERE GIVEN THE LIST OF NEEDS IDENTIFIED IN THE 2012-2013 ASSESSMENT BY EACH HOSPITAL AND ASKED TO RE-RANK THEM ON A SCALE OF 1 (LOW) TO 5 (HIGH) BASED ON THEIR PERCEIVED LEVEL OF COMMUNITY CONCERN AND THE ABILITY OF COMMUNITY ORGANIZATIONS TO COLLABORATE AROUND THEM</p>

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
<p>SCHEDULE H, PART V, SECTION B, LINES 7A & 7D</p>	<p>HOW CHNA WAS MADE WIDELY AVAILABLE 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 The current CHNA & implementation plan can also be found at http //www stanthonysmedcenter com/about-us/communitybenefit The previous CHNA can be found at http //stanthonysmedcenter com/about-us/2013chna OTHER WAYS IN WHICH THE NEEDS ASSESSMENT WAS MADE WIDELY AVAILABLE - THE ST ANTHONY'S MEDICAL CENTER CHNA DOCUMENT DISPLAYED CONSPICUOUSLY ON WEB SITE WITH DIRECTIONS TO DOWNLOAD - SHARED FINAL DOCUMENT AND 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)</p>
<p>SCHEDULE H, PART V, SECTION B, LINES 10 & 11</p>	<p>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 In any case of prioritization, THERE will be some areas of needs that are identified that are not chosen as a priority Because St Anthony's Medical Center has limited resources, not every community need will be addressed Throughout the CHNA process, the following needs arose as community concerns However, they will not be addressed at this time due to the need already being addressed by another community organization or due to a limitation of resources tobacco use in Jefferson County, violence in the community, maternal/child health, sexually transmitted infections and alcohol-impaired driving deaths While these needs will not specifically BE addressed by our priorities, they will most likely be impacted indirectly through the work in our other community outreach priorities</p>

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 13B	INCOME LEVEL OTHER THAN FPG REFER TO FAP
SCHEDULE H, PART V, SECTION B, LINE 16A, 16B, & 16C	WEBSITE FOR FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY OF FAP HTTP //WWW STANTHONYSMEDCENTER COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

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...
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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) HOLY CROSS ACADEMY, 45-3755182, 501(C)(3), 6,250, 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" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization St Anthony's Medical Center	Employer identification number 43-0980256
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

For each individual whose compensation must be reported on 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 on 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SOCIAL CLUB DUES WERE PROVIDED FOR CHRISTOPHER BOWE AND DENNIS HOLTER. THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION SINCE THE USE OF THE MEMBERSHIP IS RESTRICTED TO BUSINESS USE ONLY AND NO PERSONAL USE IS ALLOWED.

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4C	BEVERLY BOKOVITZ RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$166,684, IN ACCORDANCE WITH THE TERMS OF HER EMPLOYMENT AGREEMENT

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 5	ERIC APPELGREN IS COMPENSATED BY AN UNRELATED ENTITY, SC ANESTHESIA GROUP, FOR SERVICES HE PROVIDES TO SAMC SAMC PROVIDED COMPENSATION TO SC ANESTHESIA GROUP IN THE AMOUNT OF \$402,700

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	Mercy Health, the ultimate parent company, offers supplemental retirement plans to certain executives which provide benefits upon vesting date based on compensation, age at the time of benefit commencement, length of service with the company and/or its affiliates, and length of tenure in the plan. The plans are closed to new entrants. The following individuals participated in the following supplemental retirement plans. There were no payments for the fiscal year ended 6/30/2017. McCurry, Michael, Sorensen, Donn, Matejka, Cheryl L, Trulove, Ron. The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C).

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID SINDELAR CEO AND CHAIRMAN OF THE BOARD	(i)	1,081,641	0	2,530	20,536	11,263	1,115,970	
	(ii)	0	0	0	0	0	0	
1 MARY GRAHAM MEMBER	(i)	0	0	0	0	0	0	
	(ii)	652,371	0	1,488	23,549	11,263	688,671	
2 BILL HOEFER COO	(i)	347,693	0	261	970	11,263	360,187	
	(ii)	0	0	0	0	0	0	
3 BRENT SINGER CFO	(i)	443,109	0	0	18,000	11,263	472,372	
	(ii)	0	0	0	0	0	0	
4 KELLY WETZLER INTERIM PRESIDENT	(i)	390,175	0	286	18,862	11,263	420,586	
	(ii)	0	0	0	0	0	0	
5 SEIICHI NODA PHYSICIAN	(i)	1,193,928	0	2,729	28,979	11,263	1,236,899	
	(ii)	0	0	0	0	0	0	
6 GREGORY BOTTERON PHYSICIAN	(i)	855,232	88,821	23,903	5,369	7,950	981,275	
	(ii)	0	0	0	0	0	0	
7 MICHAEL SHAPIRO PHYSICIAN	(i)	849,593	88,821	25,099	30,129	11,263	1,004,905	
	(ii)	0	0	0	0	0	0	
8 DENNIS DISCH PHYSICIAN	(i)	848,770	88,821	22,863	28,235	11,263	999,952	
	(ii)	0	0	0	0	0	0	
9 MICHAEL GOLDMEIER PHYSICIAN	(i)	841,660	88,821	23,903	29,365	11,263	995,012	
	(ii)	0	0	0	0	0	0	
10 CAROL ELLIS VP NURSING	(i)	197,027	0	429	13,745	10,182	221,383	
	(ii)	0	0	0	0	0	0	
11 JAMES WELDON CIO	(i)	266,773	0	346	936	7,950	276,005	
	(ii)	0	0	0	0	0	0	
12 LAURA FRAME VP GENERAL COUNCIL	(i)	196,236	0	453	10,413	8,051	215,153	
	(ii)	0	0	0	0	0	0	
13 ERIC APPELGREN VP CLINICAL SERVICES	(i)	0	0	0	0	0	0	
	(ii)	0	0	0	0	0	0	
14 BRENT GRAZMAN VP QUALITY	(i)	196,806	0	166	10,396	8,713	216,081	
	(ii)	0	0	0	0	0	0	
15 DENNIS HOLTER VP BUSINESS DEVELOPMENT	(i)	184,816	0	635	7,621	8,020	201,092	
	(ii)	0	0	0	0	0	0	
16 KADI MONTEZ VP OF IT	(i)	161,077	0	132	4,265	6,898	172,372	
	(ii)	0	0	0	0	0	0	
17 BEVERLY BOKOVITZ CNO	(i)	464,724	0	618	20,021	3,313	488,676	
	(ii)	0	0	0	0	0	0	
18 DAVID MORTON CMO	(i)	632,470	0	24,358	29,848	11,263	697,939	
	(ii)	0	0	0	0	0	0	
19 MICHAEL MCCURRY PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	847,002	792,616	148,364	732,714	12,183	2,532,879	

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 CHERYL MATEJKA INTERIM CFO	(i)	0	0	0	0	0	0	
	(ii)	377,918	166,609	55,840	68,979	-	-	
						16,597	685,943	
1 DONN SORENSEN EXECUTIVE VP-OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	671,310	361,742	37,569	322,830	-	-	
						9,711	1,403,162	
2 RON TRULOVE CHIEF REVENUE OFFICER	(i)	0	0	0	0	0	0	
	(ii)	356,750	492,865	43,703	77,109	-	-	
						12,071	982,498	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Anthony's Medical Center

Employer identification number

43-0980256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS JOHN H BERRA JR HAS A BUSINESS RELATIONSHIP WITH STACIE HASTIE PA UL NOVELLY HAS A BUSINESS RELATIONSHIP WITH WINTHROP B REED III

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CHANGES TO GOVERNING DOCUMENTS THE ARTICLES OF INCORPORATION WERE AMENDED AS OF JUNE 1, 2017 TO NAME MERCY HEALTH EAST COMMUNITIES, A MISSOURI NONPROFIT CORPORATION, AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, TO PROVIDE THAT THE ORGANIZING DOCUMENTS SHALL NOT BE AMENDED WITHOUT THE APPROVAL OF THE SOLE CORPORATE MEMBER, AND TO PROVIDE FOR THE DISTRIBUTION OF ALL NET ASSETS TO THE SOLE CORPORATE MEMBER UPON DISSOLUTION THE BYLAWS WERE AMENDED AS OF JUNE 1, 2017 TO DESIGNATE MERCY HEALTH EAST COMMUNITIES, A MISSOURI NONPROFIT CORPORATION, AS THE SOLE CORPORATE MEMBER AND TO GRANT CERTAIN GOVERNING POWERS AND RESPONSIBILITIES TO THE SOLE CORPORATE MEMBER THE AMENDED BYLAWS CHANGED THE NUMBER OF GOVERNING BODY MEMBERS, CHANGED THE AUTHORITY AND DUTIES OF THE GOVERNING BODY MEMBERS AND GRANTED THE POWER TO APPOINT AND REMOVE GOVERNING BODY MEMBERS TO THE SOLE CORPORATE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE CORPORATE MEMBER OF THE ORGANIZATION IS MERCY HEALTH EAST COMMUNITIES, A MISSOURI NONPROFIT CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE CORPORATE MEMBER, MERCY HEALTH EAST COMMUNITIES, HAS THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED TO THE CORPORATE MEMBER (AND WITH REGARD TO CERTAIN POWERS AND RESPONSIBILITIES, TO MERCY HEALTH, AS THE CORPORATE MEMBER OF THE CORPORATE MEMBER) -APPROVAL OF REVISIONS TO THE MISSION, VISION, AND OPERATING VALUES, PURSUANT TO WHICH THE CORPORATION OPERATES, -APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THESE BYLAWS AND ANY AMENDMENTS TO THE ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OF THE CORPORATION, -APPROVAL OF THE APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE CORPORATION, AS PROVIDED IN SECTIONS 7 2 1 AND 7 3 OF THE BYLAWS, -ADOPTION OF THE STRATEGIC PLAN, GOALS AND OBJECTIVES OF THE CORPORATION, -ADOPTION OF THE OPERATING, CAPITAL, AND ALL OTHER BUDGETS FOR THE CORPORATION, -APPROVAL OF THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY AFFILIATE OF THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000) IN ANY ONE OR SERIES OF RELATED TRANSACTIONS OCCURRING WITHIN ANY TWELVE (12) MONTH PERIOD, -AUTHORIZATION AND APPROVAL OF THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY AFFILIATE OF THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -APPROVAL OF A PLAN OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION, -APPROVAL OF THE LEASE, MANAGEMENT, OR PURCHASE OF, OR AFFILIATION WITH, ANOTHER HOSPITAL OR HEALTH SYSTEM, OR HEALTH CARE FACILITY OR HEALTH CARE SYSTEM BY THE CORPORATION, AND, -APPROVAL OF THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>REVIEW PROCESS The Form 990 is prepared by an independent accounting firm, using information provided by the filing organization. A draft Form 990 is reviewed by the filing organization's finance leadership. The draft Form 990 is also reviewed by the Mercy Health Tax Department, to ensure accuracy and consistency with other related organizations' Form 990s. After questions arising from the various reviews are addressed and incorporated into the Form 990, a revised draft is provided to the filing organization's leadership team for review. Once reviewed and approved by the filing organization's leadership team, the Form 990 is provided to the Board of Directors for review, it is then signed and filed with the IRS.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 AND FEBRUARY OF 2015 IN ADDITION, COMPARABLE COMPENSATION DATA OR VALUATION EXPERTS ARE CONSULTED WHEN NEW EXECUTIVES ARE ENGAGED FOR MIKE MCCURRY, THE ORGANIZATION RELIED UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR

990 Schedule O, Supplemental Information

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 PERIODICAL LY, AN OUTSIDE COMPENSATION CONSULTANT IS HIRED TO REVIEW COMPENSATION AND COMPARE IT TO A PPROPRIATE PEER GROUPS THESE EXTERNAL REPORTS ARE PRESENTED TO THE BOARD OF DIRECTORS' CO MPENSATION COMMITTEE FOR REVIEW AND APPROVAL ALONG WITH THE ANNUAL EVALUATIONS OF THE SENI OR STAFF MEMBERS THE MOST RECENT COMPENSATION REVIEWS WERE CONDUCTED IN JULY OF 2014 AND FEBRUARY OF 2015

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES</p> <p>DEFINED BENEFIT PENSION PLANS 1,271,097 CURT AILMENT LOSS (305,230) INTEREST RATE SWAP 6,487,989 OTHER CHANGES IN FUND BALANCE (164,110) FUND BALANCE TRANSFER (438,894) SELF INSURANCE TRUST INCOME (18,505) CHANGE IN SELF INS TRUST NET ASSETS (1,137,520) DEBT TRANSFERRED TO MERCY 186,831,722 AFFILIATION VALUATION A DJUSTMENTS 30,468,725 BENEFICIAL INTEREST IN TRUST TRANSFER 988,753 BENEFICIAL INTEREST IN TRUST RECEIVABLE 125,000 ----- TOTAL OTHER CHANGES IN NET ASSETS 224,109,027</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
St Anthony's Medical Center

Employer identification number

43-0980256

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" 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)SEE SCHEDULE R PART II ATTACHMENT					N/A		

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

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

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
(1)SEE SCHEDULE R PART IV ATTACHMENT			N/A						

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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) ST ANTHONY'S CHARITABLE FOUNDATION	C	420,917	COST
(2) ST ANTHONY'S FOUNDATION	H	7,000,000	COST
(3) ST ANTHONY'S CHARITABLE FOUNDATION	M	438,894	COST
(4) ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	25,925,000	COST
(5) ST ANTHONY'S CHARITABLE FOUNDATION	S	477,827	COST

Part VII **Supplemental Information**

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

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
(1) PHYSICIANS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	606,372	110,152	SAMC
(1) ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	PHARMACY	MO	2,378,060	340,894	SAMC
(2) URGENT CARE CENTERS OF SAMC LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	9,033,511	1,221,376	SAMC
(3) HEART SPECIALTY ASSOCIATES LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	SPECIALISTS	MO	17,515,968	935,242	SAMC
(4) SOUTH CO PET IMAGING LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	INACTIVE	MO	0	0	SAMC
(5) ST ANTHONY'S PULMONARY SPECIALISTS LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 30-0787362	INACTIVE	MO	0	0	SAMC
(6) 1001 KIRKWOOD ROAD LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 61-1736257	REAL ESTATE	MO	1,491,990	33,825	SAMC