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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☒ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization  
**ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITAL**Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**232 SOUTH WOODS MILL ROAD**

City or town, state or country, and ZIP + 4

**CHESTERFIELD, MO 63017**

D Employer identification number

**43-0652680**

E Telephone number

**(314) 434-1500**

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) **▶**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number **N/A**M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)G Website: **WWW.STLUKES-STL.COM**J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **320,316,722.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	<b>3,053,034.</b>			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d				
e Total (add lines 1a through 1d) (cash \$ <b>3,053,034.</b> noncash \$ )	1e	<b>3,053,034.</b>			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	<b>300,460,154.</b>			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	<b>6,612,068.</b>			
5 Dividends and interest from securities	5	<b>541,837.</b>			
6 a Gross rents <b>* STATUTE UNIT SEE STATEMENT 1</b>	6a	<b>5,588,526.</b>			
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c	<b>5,588,526.</b>			
7 Other investment income (disclose )	7				
8 a Gross amount from sales of assets other than inventory <b>TPR BRANCH</b>	(A) Securities	(B) Other			
b Less: cost or other basis and sales expenses	8a	<b>12,850.</b>			
c Gain or (loss) (attach schedule)	8b				
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	<b>12,850.</b>			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d	<b>94,044.</b>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11	<b>3,967,059.</b>			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	<b>320,316,722.</b>			
13 Program services (from line 44, column (B))	13	<b>278,632,124.</b>			
14 Management and general (from line 44, column (C))	14	<b>17,990,854.</b>			
15 Fundraising (from line 44, column (D))	15	<b>501,181.</b>			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 13 and 14, column (A)	17	<b>297,124,159.</b>			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	<b>23,192,563.</b>			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>231,091,950.</b>			
20 Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	<b>-3,216,246.</b>			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<b>251,068,267.</b>			

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

**AS AMENDED**

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ST. LUKE'S EPISCOPAL-PRESBYTERIAN  
HOSPITAL

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**Part II** Statement of  
Functional ExpensesAll organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)  
and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 1,005,637.	0.	947,012.	58,625.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 508,728.	508,728.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 127,050,282.	120,715,194.	6,165,760.	169,328.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 4,343,772.	4,343,772.	0.	0.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 14,457,186.	12,877,930.	1,530,215.	49,041.
<b>29</b> Payroll taxes	<b>29</b> 8,857,962.	8,857,962.		
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 56,537,730.	55,822,342.	638,101.	77,287.
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b> 216,383.	111,293.	89,762.	15,328.
<b>36</b> Occupancy	<b>36</b> 3,414,243.	1,871,168.	1,543,075.	
<b>37</b> Equipment rental and maintenance	<b>37</b> 5,667,916.	5,482,389.	185,437.	90.
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 317,486.	275,250.	37,307.	4,929.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 5,607,433.	5,607,433.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 16,953,851.	16,953,851.		
<b>43</b> Other expenses not covered above (itemize).				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g <b>SEE STATEMENT 5</b>	<b>43g</b> 52,185,550.	45,204,812.	6,854,185.	126,553.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 297,124,159.	278,632,124.	17,990,854.	501,181.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 8</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )</p> <p><b>a PATIENT HEALTHCARE- INPATIENT (18,924 ADMISSIONS; 87,463 PATIENT DAYS) OUTPATIENT (169,102 REGISTRATIONS; 3,467 OBSERVATION BEDS; 31,931 ER VISTS; 4,760 CLINIC VISITS; 86,984 SATELLITE FACILITIES VISITS-WELDON SPRING, FENTON, KIRKWOOD, CLARKSON &amp; WINGHAVEN)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 270,683,263.</p> <p><b>b SKILLED NURSING FACILITY CARE- SKILLED NURSING (799 ADMISSIONS; 41,248 PATIENT DAYS) RESIDENTIAL CARE (27 ADMISSIONS; 7,081 PATIENT DAYS)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 7,948,861.</p> <p><b>c SEE STATEMENT 6</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>d SEE STATEMENT 7</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ► 278,632,124.</p>	

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**ST. LUKE'S EPISCOPAL-PRESBYTERIAN  
HOSPITAL**

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**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	-359,384.	45	-1,764,883.
	46 Savings and temporary cash investments	98,046,349.	46	112,476,075.
	47 a Accounts receivable	47a 64,130,234.		
	b Less: allowance for doubtful accounts	47b 30,896,958.	31,103,796.	47c 33,233,276.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b 1,941,925.		48c -1,941,925.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	4,269,134.	52	4,556,083.
	53 Prepaid expenses and deferred charges	3,524,806.	53	3,538,106.
	54 a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	38,507,825.	54a	42,287,096.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other	SEE STATEMENT 9 7,883,349.	56	8,338,620.	
57 a Land, buildings, and equipment: basis	57a 363,707,043.			
b Less: accumulated depreciation	57b 201,762,021.	142,875,566.	57c 161,945,022.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 10 )	42,604,852.	58	68,970,469.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	368,456,293.	59	431,637,939.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	22,913,626.	60	25,226,560.
	61 Grants payable	82,088.	61	70,440.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities	90,065,000.	64a	116,955,000.
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 11 )	24,303,629.	65	38,317,672.
66 <b>Total liabilities.</b> Add lines 60 through 65	137,364,343.	66	180,569,672.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	219,041,200.	67	237,802,898.
	68 Temporarily restricted	8,164,199.	68	8,527,328.
	69 Permanently restricted	3,886,551.	69	4,738,041.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	231,091,950.	73	251,068,267.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	368,456,293.	74	431,637,939.

Form **990** (2006)

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	<b>N/A</b>
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify): _____	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> <b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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**ST. LOUIS EPISCOPAL-PRESBYTERIAN  
HOSPITAL**

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">21</span>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X	
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
HARRY COLE 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	0.	39,750.	0.	0.
DAVID LEVINE 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	0.	75,000.	8,472.	0.
DANIEL POTTS 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	0.	75,000.	0.	0.
GEORGE TUCKER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	0.	310,506.	0.	0.

Part VI Other Information (See the instructions)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization <u>SEE STATEMENT 14</u>			
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b		X

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<b>Part VI Other Information</b> (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		82b	0.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	90b	NONE
b	Number of employees employed in the pay period that includes March 12, 2006	90b	2917
91 a	The books are in care of	91a	ST. LUKE'S HOSPITAL
Located at		91a	232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO
Telephone no.		91a	(314) 434-1500
ZIP + 4		91a	63017
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country		91b	N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2006)

**AS AMENDED**



**ST. LUKE'S EPISCOPAL-PRESBYTERIAN  
HOSPITAL**

Form 990 (2006)

43-0652680 Page **8**

**Part VI Other Information** (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒ X  
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a INPATIENT REVENUE (NET)					167,986,717.
b OUTPATIENT REVENUE (NET)					132,169,063.
c ANCILLARY PROGRAM					
d REVENUE	621990	102,435.			
e OTHER PHYS. OFFICE PROC.	621110	201,939.			
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,612,068.	
96 Dividends and interest from securities			14	541,837.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	5,588,526.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	94,044.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 15				2,067,126.	1,899,933.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		304,374.		14,903,601.	302,055,713.
105 Total (add line 104, columns (B), (D), and (E))					317,263,688.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 16	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form **990** (2006)

AS AMENDED

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

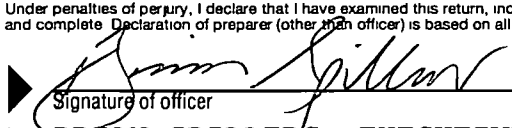
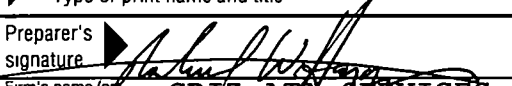
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Please Sign Here	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.			
	 Signature of officer		Date <u>12/23/09</u>	
Paid Preparer's Use Only	Type or print name and title <b>BRIAN SPILLERS, EXECUTIVE V.P., FINANCE</b>			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CBIZ ATA SERVICES, LLC</b> <b>ONE CITYPLACE DRIVE, SUITE 570</b> <b>ST. LOUIS, MO 63141</b>	Date <u>12/22/09</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <b>P00836888</b>
		EIN <b>36-4256931</b>		Phone no <b>(314) 692-2249</b>

Form 990 (2006)

AS AMENDED

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

**Supplementary Information-(See separate instructions.)**

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITAL** Employer identification number **43 0652680**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID P. KRAJCOVIC 232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63124	M.D. 40.00	324,580.	22,622.	
HOPE CRANSTON-DAMATO 232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63124	M.D. 40.00	317,384.	23,028.	
TALAT M. NAWAS 232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63124	M.D. 40.00	316,987.	27,627.	
SERGIO GARCIA 232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63124	M.D. 40.00	316,526.	16,282.	
ABDUL MOHEET 232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63124	M.D. 40.00	303,336.	27,608.	
Total number of other employees paid over \$50,000 ▶	834			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
QUEST DIAGNOSTICS 11636 ADMINISTRATION DR., ST. LOUIS, MO 63146	MEDICAL SERVICES	1,117,780.
MEDQUIST 1000 BISHOPS GATE BLVD., STE. 300, MOUNT LAUREL, NJ 08054	TRANSCRIPTION SERVICES	792,729.
ACI BOLAND 1421 EAST 104 STREET, KANSAS CITY, MO 64131	ARCHITECTURAL FEES	630,962.
ST. LOUIS UROLOGICAL SURGEON 224 S. WOODS MILL RD., STE. 510 S, CHESTERFIELD, MO 63124	MEDICAL SERVICES	543,523.
INTELISTAF HEALTHCARE 21920 NETWORK PLACE, DALLAS, TX 75284-6096	TEMPORARY SERVICES	502,326.
Total number of others receiving over \$50,000 for professional services ▶	50	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MCCARTHY BROTHERS CONSTRUCTION 1341 NORTH ROCK HILL ROAD, ST. LOUIS, MO 63124	CONTRACTOR	14,357,817.
MIDWEST ELEVATOR CO. INC. 1824 KNOX AVE, ST. LOUIS, MO 63139	CONTRACTOR	967,004.
R G BRINKMAN COMPANY 16650 CHESTERFIELD GROVE RD, CHESTERFIELD, MO 63124	CONTRACTOR	471,129.
KAISER ELECTRIC INC. 1465 S GRAND, ST. LOUIS, MO 63104	CONTRACTOR	467,760.
TRUEMEDIA 29 S. NINTH STE. 201, COLUMBIA, MO 65201	MEDIA PROMOTIONS	457,359.
Total number of other contractors receiving over \$50,000 for other services ▶	17	

AS AMENDED

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>40,581.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 20	2a	X
b	Lending of money or other extension of credit? SEE STATEMENT 21	2b	X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 22	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 23	2d	X
e	Transfer of any part of its income or assets? SEE STATEMENT 24	2e	X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 25	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

AS AMENDED

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
ST. LUKE'S HEALTH CORPORATION	43-1246572	7		X	
ST. LUKE'S MEDICAL GROUP	43-1349332	7		X	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

AS AMENDED

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.** N/A  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year:

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines:

15	_____	16	_____
17	_____	20	_____
		21	_____

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	N / A
27d	N / A
27e	N / A
27f	N / A
27g	N / A %
27h	N / A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

AS AMENDED

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)

---



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32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

---

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

---



---

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35		
----	--	--

Schedule A (Form 990 or 990-EZ) 2006

AS AMENDED

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>The lobbying nontaxable amount is -</b>		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
X		40,581.
	X	
	X	
		40,581.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**SEE STATEMENT 26**

AS AMENDED



**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash

(ii) Other assets

- (i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)	X	
c		X

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

623152  
01-18-07

# AS AMENDED

FORM 990	RENTAL INCOME	STATEMENT	1
----------	---------------	-----------	---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTS	1	5,588,526.
TOTAL TO FORM 990, PART I, LINE 6A		5,588,526.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	81,194.	0.	0.	81,194.
TO FORM 990, PART I, LINE 8	81,194.	0.	0.	81,194.

AS AMENDED

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
VARIOUS ASSETS			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	12,850.	0.	0.	12,850.
TO FM 990, PART I, LN 8	12,850.	0.	0.	12,850.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
CHANGE IN RESTRICTED FUNDS (NET)	1,214,144.
UNREALIZED GAIN ON UNRESTRICTED ENDOWMENT FUNDS	2,224,000.
ADDITIONAL MINIMUM PENSION LIABILITY (NET)	-8,395,000.
SPECIAL PURPOSE FUNDS RELEASED FOR CAPITAL	1,740,000.
MISC ADJ	610.
TOTAL TO FORM 990, PART I, LINE 20	-3,216,246.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMBULANCE	11,740.	11,740.		
BAD DEBT EXPENSE	6,036,000.	6,036,000.		
CLINICAL ENGINEERING	518,088.	518,088.		
COLLECTION AGENCY				
FEEs	553,489.	0.	553,489.	
CONTRACT LABOR	5,253,214.	4,606,130.	640,115.	6,969.
CORPORATE FEES	368,102.	368,102.		
COURIER EXPENSE	92,380.	85,787.	6,467.	126.
DUES AND				
SUBSCRIPTIONS	282,114.	106,550.	171,670.	3,894.
EDUCATION AND				
SEMINARS	191,332.	122,937.	28,957.	39,438.
FREIGHT	87,266.	0.	87,266.	

AS AMENDED

STATEMENT(S) 3, 4, 5

INSURANCE	2,294,535.	20,196.	2,274,339.	
LINEN SERVICE	1,576,872.	1,576,872.		
MARKETING/PROMOTION	917,680.	24,842.	892,838.	
MGD CARE				
ADMINISTRATION FEES	1,182,000.	1,182,000.		
MICROFILMING	188,391.	188,391.		
MISCELLANEOUS				
EXPENSE	920,630.	130,200.	770,164.	20,266.
MISCELLANEOUS FEES	1,524,898.	1,293,229.	179,986.	51,683.
PROFESSIONAL FEES	2,367,488.	1,580,309.	787,179.	
PROPERTY TAX-CPPC	541,875.	541,875.		
RECRUITMENT	426,483.	26,206.	400,277.	
SOFTWARE MAINTENANCE				
FEES	2,661,706.	2,659,405.	2,301.	
STAFF DEVELOPMENT	12,005.	12,005.		
STAFF TEACHING	5,034.	569.	4,465.	
TEXTS AND MANUALS	204,037.	196,896.	3,871.	3,270.
TRANSCRIPTION	760,293.	760,293.		
TRASH	408,429.	402,829.	5,600.	
UTILITIES	4,091,469.	4,045,361.	45,201.	907.
MEDICAID FRA TAX	18,708,000.	18,708,000.		
TOTAL TO FM 990, LN 43	52,185,550.	45,204,812.	6,854,185.	126,553.

AS AMENDED

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

DURING THE TAX PERIOD ENDED JUNE 30, 2007, AS IN PRIOR YEARS, ST. LUKE'S AGREED TO PROVIDE CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW ITS COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. ST. LUKE'S RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

CHARITY CARE WAS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH ST. LUKE'S BELIEVED SERVED A BONA FIDE COMMUNITY HEALTH NEED. THESE INCLUDED:

-ACTIVITIES SPONSORED BY ST. LUKE'S HOSPITAL INSTITUTE FOR HEALTH EDUCATION-SEE SUMMARY BELOW.

-OPERATION OF A MISSION-BASED PEDIATRIC CARE CENTER WHICH PROVIDED HEALTH CARE TO CHILDREN IN ST. LOUIS CITY AND COUNTY IN A PRIVATE PRACTICE SETTING.

-PREPARED AND DELIVERED 15,132 MEALS DURING THE TWELVE MONTHS ENDED JUNE 30, 2007 TO COMMUNITY RESIDENTS WHO WERE UNABLE TO PREPARE A MEAL FOR THEMSELVES DUE TO THEIR MEDICAL CONDITION. THE MEALS WERE PROVIDED AT A MINIMAL SUBSIDIZED FEE.

-ST. LUKE'S OFFERS AN INTERNAL MEDICINE RESIDENCY PROGRAM PROVIDING PARTICIPANTS THE UNUSUAL OPPORTUNITY OF TRAINING IN PRIMARY CARE INTERNAL MEDICINE AT BOTH A MODERN HOSPITAL LOCATED IN ST. LOUIS COUNTY AND PUBLIC HEALTH CLINICS SERVING THE NEEDS OF THE INDIGENT POPULATION OF THE ST. LOUIS AREA.

-THE AUXILIARY OF ST. LUKE'S HOSPITAL (WHOSE PURPOSE IS TO RENDER SERVICE TO THE ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS AND ITS PATIENTS AND TO ASSIST IN PROMOTING HEALTH AND WELFARE OF THE COMMUNITY IN ACCORDANCE WITH OBJECTIVES ESTABLISHED BY THE HOSPITAL) CONTRIBUTED 81,710 HOURS OF VOLUNTEER SERVICE TO ST. LUKE'S. THE VALUE OF THESE VOLUNTEER HOURS ALONG WITH FUNDS RAISED AND GIVEN TO THE HOSPITAL BY THE AUXILIARY ARE GIVEN BACK TO THE COMMUNITY THROUGH LOWER COSTS IN BOTH PATIENT SERVICES AND HEALTH

AS AMENDED

EDUCATION PROGRAMS.

THE ST. LUKE'S HOSPITAL INSTITUTE FOR HEALTH EDUCATION ADDRESSES A FUNDAMENTAL RESPONSIBILITY OF THE INSTITUTION TO OFFER EDUCATIONAL OPPORTUNITIES, WHICH IMPROVE THE HEALTH OF THE COMMUNITY. THIS IS DONE BY ASSISTING IN THE DEVELOPMENT OF INSERVICE TRAINING OPPORTUNITIES FOR EMPLOYEES, BY SUPPORTING THE MEDICAL STAFF THROUGH CONTINUING MEDICAL EDUCATION PROGRAMS AND BY EDUCATING PATIENTS, COMMUNITY AND CORPORATE CLIENTELE IN THE PREVENTION AND MANAGEMENT OF ILLNESS AND THE OVERALL PROMOTION OF HEALTH AND WELL-BEING.

ATTENDANCE STATISTICS

SINCE THE OPENING OF THE INSTITUTE FOR HEALTH EDUCATION IN DECEMBER OF 1986, ST. LUKE'S HOSPITAL HAS CARRIED OUT ITS COMMITMENT OF PROVIDING HEALTH EDUCATION FOR THE COMMUNITY IT SERVES. THE ATTENDEES FOR THESE EVENTS INCLUDE PHYSICIANS, NURSES, VARIOUS HEALTH CARE PROFESSIONALS, HOSPITAL EMPLOYEES, AND COMMUNITY/CORPORATE MEMBERS OF THE ST. LOUIS METROPOLITAN AREA.

THE ATTENDANCE STATISTICS FOR THE INSTITUTE CAN BE DIVIDED INTO THREE GROUPS: PHYSICIAN (PHYSICIAN COMMITTEE MEETINGS AND SEMINARS), HOSPITAL (ATTENDED BY HOSPITAL EMPLOYEES) AND COMMUNITY (COMMUNITY CLASSES AND USE OF THE FACILITY BY OUTSIDE GROUPS). THE FOLLOWING IS A BREAKDOWN OF THE MEETINGS AND ATTENDANCE FOR EVENTS HELD IN THE INSTITUTE FOR HEALTH EDUCATION AND IN SEVERAL OTHER CONFERENCE ROOMS THROUGHOUT THE HOSPITAL SPONSORED AND/OR COORDINATED BY THE COMMUNITY OUTREACH DEPARTMENT AND CONFERENCE SERVICES FROM JULY 2006 THROUGH JUNE 2007.

EVENTS HELD FROM JULY 2006 - JUNE 2007

	PHYSICIAN	HOSPITAL	COMMUNITY
EVENTS	757	2,273	1,074
ATTENDANCE	19,002	60,348	25,426

TOTAL EVENTS 4,104  
TOTAL ATTENDANCE 104,776

INFORMATION ABOUT INDIVIDUAL EVENTS IS INCLUDED IN THE FOLLOWING SECTIONS OF THIS REPORT.  
THE STATISTICS FOR CLASSES AND SCREENINGS HELD AT CORPORATE/COMMUNITY SITES ARE LISTED SEPARATELY.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

AS AMENDED

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOURCONTINUING MEDICAL EDUCATION

ST. LUKE'S HOSPITAL IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO SPONSOR CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS. ST. LUKE'S HOSPITAL IS DEDICATED TO PROVIDING EDUCATIONAL ACTIVITIES WHICH WILL ENABLE PHYSICIANS TO MAINTAIN, DEVELOP AND INCREASE KNOWLEDGE, SKILLS, PERFORMANCE AND RELATIONSHIPS NECESSARY FOR CONTINUING TO IMPROVE SERVICES TO THE COMMUNITY, TO PATIENTS AND TO THE MEDICAL PROFESSION.

CME ACTIVITIES ARE DESIGNED TO PROVIDE OPTIMAL OPPORTUNITIES TO ENHANCE AND EXPAND KNOWLEDGE OF THE LATEST TREATMENT OPTIONS, NEW PROCEDURES AND BREAKTHROUGH INTERVENTIONS IN THE FIELD OF MEDICINE.

THE ST. LUKE'S HOSPITAL CME ADVISORY COMMITTEE IS A TWENTY MEMBER MULTIDISCIPLINARY COMMITTEE THAT REVIEWS BOTH APPLICATIONS AND EVALUATIONS FOR CONTINUING MEDICAL EDUCATION ACTIVITIES. USING THE ESSENTIALS AND STANDARDS OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION, THE CME ADVISORY COMMITTEE EVALUATES THE OVERALL EFFECTIVENESS OF THE CME PROGRAM. PROCEDURES HAVE BEEN ESTABLISHED TO IDENTIFY AND ANALYZE CME NEEDS AND INTERESTS OF PROSPECTIVE PARTICIPANTS.

CME ACTIVITIES ARE SUBJECTED TO ON-GOING EVALUATION AND MODIFICATION TO ASSURE THAT THE DESIGN AND IMPLEMENTATION OF CME ACTIVITIES MEET NEEDS IDENTIFIED THROUGH QUALITY IMPROVEMENT INITIATIVES, PHYSICIAN REQUESTS AND SURVEYS.

DEPARTMENT CONFERENCES PROVIDED 195 HOURS OF AMA CATEGORY 1 CREDIT TO 4,184 STAFF PHYSICIANS, RESIDENTS AND OTHER HEALTHCARE PROFESSIONALS.

EXAMPLES OF DEPARTMENT CONFERENCES:

- ADVANCED CARDIAC LIFE SUPPORT (ACLS)
- BREAST CANCER CONFERENCE
- CARDIAC CATHETERIZATION CONFERENCE
- HEMATOLOGY CONFERENCE
- OB/GYN JOURNAL CLUB
- OPHTHALMOLOGY CONFERENCE
- PEDIATRIC EDUCATION CONFERENCE
- SEMINARS IN MEDICINE/GRAND ROUNDS

AS AMENDED

- SLEEP MEDICINE IN REVIEW
- SOCIETY OF INTERNAL MEDICINE
- TUMOR BOARD
- VASCULAR CONFERENCE

IN ADDITION TO DEPARTMENT CONFERENCES ST. LUKE'S HOSPITAL SPONSORED 12 LOCAL, REGIONAL AND NATIONAL MEETINGS, SYMPOSIA AND LIVE AUDIO CONFERENCES FROM JULY 2006 THROUGH JUNE 2007. THESE CME ACTIVITIES PROVIDED OVER 28 HOURS OF CONTINUING EDUCATION CREDIT FOR 454 PHYSICIANS AND 242 HEALTHCARE PROFESSIONALS.

HIGHLIGHTS OF CONTINUING MEDICAL EDUCATION ACTIVITIES OFFERED DURING THIS PERIOD INCLUDE:

- 24TH ANNUAL ONCOLOGY UPDATE - LUNG CANCER
- 11TH ANNUAL PULMONARY EVENING GRAND ROUNDS
- UPDATE ON SEXUALLY TRANSMITTED DISEASES
- CT COLONOGRAPHY UPDATE-STOOL TAGGING CLINICAL TRIAL

RESULTS

- ANNUAL IRB CONFERENCE - GOOD CLINICAL PRACTICE
- URGENT CARE CENTER EDUCATION SERIES - EYE INJURIES
- ST. LUKE'S HOSPITAL'S 2007 MID-WINTER MEDICAL CONFERENCE
- EUGENE WILLIAMS CONFERENCE-DISCLOSING MEDICAL ERRORS TO PATIENTS
- ANNUAL ETHICS CONFERENCE - MEDICAL ETHICS AND FRANKENSTEIN'S MONSTER
- URGENT CARE CENTER EDUCATION SERIES-ORTHOPEDIC INJURIES
- 8TH ANNUAL WOMEN PHYSICIANS' LUNCHEON PROGRAM - STRESS
- URGENT CARE CENTER EDUCATION SERIES-ENT ISSUES

CONTINUED ON STATEMENT 21

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	8
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EXPLANATION

ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS (ST. LUKE'S) PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF ST. LUKE'S, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. IT IS OUR MISSION TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION EVEN TO

AS AMENDED

STATEMENT(S) 7, 8



THOSE WITHOUT THE ABILITY TO PAY. THEREFORE, IN KEEPING WITH THIS HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY: 1) FREE CARE AND/OR SUBSIDIZED CARE, 2) CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, 3) HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY, WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY CO-EXISTS

FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
INTEREST IN OIL, GAS AND MINERAL RIGHTS	MARKET VALUE	8,338,620.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		8,338,620.

FORM 990	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	AMOUNT
DEFERRED COMPENSATION	11,303,000.
INVESTMENT IN PHO	145,009.
INVESTMENT IN AHDC/ST. ANDREWS	4,003,733.
ACCOUNTS RECEIVABLE - RENT MDBI	90,379.
ADVANCE - ST. LUKE'S HEALTH CORP.	4,357,500.
LANDSCAPE ESCROW	29,795.
ORGANIZATIONAL COSTS NRSG FACILITY	2,040.
SPECIAL PURPOSE FUND	2,130,633.
CREDIT CARD RECEIVABLE	157,677.
PROJECT FUND 2001 BONDS	0.
CAPITALIZED INTEREST 2001 BONDS	1,382,540.
DEBT SERVICE 2001 BONDS	7,584,980.
INTEREST RECEIVABLE 2001 BONDS	43,400.
UNAMORTIZED BOND ISSUE COST	2,350,628.
DUE FROM UNITY HEALTH SERVICES	326,150.
INVESTMENT IN UNITY HEALTH SERVICES	7,974,127.
INTERCOMPANY RECEIVABLES	4,461,913.
MISCELLANEOUS RECEIVABLES	80,321.
UNRECOGNIZED PRIOR SERVICE COST-PENSION	0.
DUE FROM ST. ANTHONY'S	19,638.
INVESTMENT IN CDI	691,812.
DEBT SERVICE 2006 BONDS	73,599.
INTEREST RECEIVABLE 2006 BONDS	80,000.
PROJECT FUND 2006 BONDS	21,043,667.
UNAMORTIZED 2006 BOND ISSUE COST	539,682.
INVESTMENT IN LUKE'S REHAB HOSPITAL	98,246.
EXCHANGE ACCOUNT	0.
ADVANCE - ORTHOPEDICS	0.
DUE FROM SJM - MERCY HEALTH CARE	0.

AS AMENDED

STATEMENT(S) 8, 9, 10

ADVANCE - ORTHOPEDICS NURSING

0.

ADVANCE - CME

0.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

68,970,469.

FORM 990

OTHER LIABILITIES

STATEMENT 11

## DESCRIPTION

## AMOUNT

MEDICARE REIMBURSEMENT SETTLEMENTS

2,582,958.

EPILEPSY SYMPOSIUM FUND

22,458.

ESCROW ACCOUNTS

825,040.

INSURANCE RESERVES

18,763,137.

DEFERRED COMPENSATION

11,303,000.

WOMEN'S PHYSICIAN PROGRAM

988.

OTHER CURRENT LIABILITIES

11,327.

SECURITY DEPOSITS

72,276.

VA PROF. LIABILITY II

29,545.

CURRENT MATURITY OF A&amp;B FIXED NOTE PAYABLE

2,735,000.

DEBT 2006 ISSUE PREMIUM

1,971,943.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

38,317,672.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			29828200.	29828200.
MALPRACTICE	FMV				
SELF-INSURANCE FUND				12458896.	12458896.
TO FORM 990, LINE 54A, COL B				42287096.	42287096.

AS AMENDED

STATEMENT(S) 10, 11, 12

## FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LEWIS B. SHEPLEY 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	CHAIRMAN 4.00	0.	0.	0.
JOHN B. BIGGS 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	VICE-CHAIRMAN 4.00	0.	0.	0.
MOLLY S. STRASSNER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	SECRETARY 2.00	0.	0.	0.
JAMES G. FORSYTH, III 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	TREASURER 2.00	0.	0.	0.
STUART L. BASCOMB 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM CORNELIUS 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
THE REV. TERRY EPLING 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
DAVID B. PRICE, JR. 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
FREDERICK O. HANSER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
BRUCE JONES, M.D. 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
THE REV. DR. PAUL T. REITER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.

AS AMENDED

STATEMENT(S) 13

VIRGINIA RUSSELL 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
ANNIE SCHLAFLY 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 4.00	0.	0.	0.
THE RT. REV. G. WAYNE SMITH, BISHOP 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
DANIEL K. STEGMANN 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
NED O. LEMKEMEIER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
JOHN WOOD, M.D. 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
JEFFERSON L. MILLER, JR. 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER 2.00	0.	0.	0.
JOHN BUETTNER 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	BOARD MEMBER/PHYSICIAN 2.00	0.	0.	0.
GARY OLSON 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	PRESIDENT 40.00	586,250.	28,954.	0.
BRIAN SPILLERS 232 SOUTH WOODS MILL ROAD ST. LOUIS, MO 63017	SENIOR VP OF FINANCE 40.00	419,387.	28,954.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

1,005,637.	57,908.	0.
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AS AMENDED

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 14

## NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

ST. LUKE'S DEVELOPMENT CORPORATION 43-1238961

X

ST. LUKE'S MEDICAL GROUP 43-1349332

X

ST. LUKE'S HEALTH CORPORATION 43-1246572

X

FORM 990

## OTHER REVENUE

STATEMENT 15

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
CAFETERIA			03	2,067,428.	
GAIN ON SELF-INS.					417,738.
SELF-INSURANCE					498,488.
DIALYSIS/HOME HEALTH					3,058,607.
MEALS ON WHEELS					53,232.
COMMISSIONS			03	-302.	
CHAPLAIN INCOME					4,767.
SPORTS MEDICINE					45,450.
CME INCOME					29,440.
MISCELLANEOUS INCOME					1,254,470.
OTHER OPERATING INCOME					-2,065,259.
LOSS FROM EXTINGUISHMENT OF DEBT					-1,397,000.
TO FORM 990, PART VII, LINE 103				2,067,126.	1,899,933.

AS AMENDED

STATEMENT(S) 14, 15

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**FORM 990** **PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES** **STATEMENT 16**

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NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

ST. LUKE'S PHYSICIANS HOSPITAL ORG.

ADDRESS

232 SOUTH WOODS MILL ROAD, CHESTERFIELD, MO 63017

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
43-1706295	50.00%	HEALTH CARE SERVICES	0.	406,342.

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**FORM 990** **PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES** **STATEMENT 17**

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LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93AB	ST. LUKE'S, AS A HOSPITAL DESCRIBED IN 501(C)(3), PROVIDES MEDICAL CARE AND OTHER NECESSARY ANCILLARY SERVICES TO IT'S SERVICE COMMUNITIES IN THE FURTHERANCE OF IT'S EXEMPT PURPOSES.
103	ST. LUKE'S, AS A HOSPITAL DESCRIBED IN 501(C)(3), PROVIDES MEDICAL CARE AND OTHER NECESSARY ANCILLARY SERVICES TO IT'S SERVICE COMMUNITIES IN THE FURTHERANCE OF IT'S EXEMPT PURPOSES.

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**GENERAL EXPLANATION  
FORM AND LINE REFERENCES****STATEMENT 18**

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PAGE 3, LINE D

CONTINUED EXPLANATION OF PROGRAM  
SERVICE ACCOMPLISHMENT (STATEMENT 6)

AS AMENDED

STATEMENT(S) 16, 17, 18

## GENERAL EXPLANATION

STATEMENT 19

## COMMUNITY OUTREACH

ST. LUKE'S COMMITMENT TO ITS MISSION OF "IMPROVING THE HEALTH OF THE COMMUNITY WE SERVE" IS BEST EVIDENCED BY THE ONGOING HEALTH AND WELLNESS EDUCATION PROGRAMS PROVIDED, MOST OF WHICH ARE FREE OF CHARGE. ANNUAL SPECIAL EVENTS INCLUDE THE CONVERSATIONS FOR WOMEN AND GIRL TALK PROGRAMS, THE HEART FAIR, JUST FOR MEN SCREENING AND INFORMATIONAL FORUM AND THE CONCEPTS IN SCHOOL NURSING WORKSHOP.

ONGOING HEALTHY LIVING CLASSES ARE OFFERED TO THE COMMUNITY AND EMPLOYEES AT ST. LUKE'S HOSPITAL. CLASS TOPICS RANGE FROM NUTRITION AND EXERCISE TIPS TO TOBACCO CESSATION AND HEART DISEASE PREVENTION. FREE SCREENINGS OFFERED INCLUDE SKIN CANCER, CHOLESTEROL AND GLUCOSE TESTING, OSTEOPOROSIS AND BLOOD PRESSURE TESTS.

THIS PAST FISCAL YEAR, ALMOST 30,000 PEOPLE ATTENDED A PROGRAM AT THE HOSPITAL CAMPUS, WINGHAVEN BUILDING OR COMMUNITY SITE AND RECEIVED INFORMATION FROM HEALTHCARE PROFESSIONALS. THE ASK THE EXPERT" TABLE AT SPECIAL EVENTS AND HEALTH FAIRS, STAFFED BY ST. LUKE'S HOSPITAL PHYSICIANS, IS ALWAYS POPULAR WITH THE PROGRAM PARTICIPANTS.

IN ADDITION TO THE COMMUNITY WELLNESS CLASSES, HEALTH AND WELLNESS EXTENDS INTO THE WORKPLACE THROUGH ST. LUKE'S PASSPORT TO WELLNESS PROGRAM. THIS PROGRAM IS DESIGNED TO HELP AREA EMPLOYERS IDENTIFY, ADDRESS AND REDUCE THE HEALTH RISKS ASSOCIATED WITH THEIR WORKFORCE AS A MEANS OF CONTROLLING HEALTH COSTS.

THE PASSPORT TO WELLNESS PROGRAM BRINGS SERVICE LINES ONSITE FOR AREA EMPLOYERS. THIS IS COMBINED WITH HIGH QUALITY AGGREGATE AND FINANCIAL ANALYSIS REPORTING FOR EMPLOYERS TO ENGAGE IN A WELLNESS INITIATIVE THAT IS TARGETED AND MEASURABLE. SINCE ITS BEGINNING IN OCTOBER 2005, 94 COMPANIES HAVE ENROLLED FOR SERVICES. THIS SAME PROGRAM IS OFFERED TO ST. LUKE'S EMPLOYEES, PROVIDING FREE HEALTH SCREENINGS, HEALTH COACHING AND INFORMATION.

DURING FISCAL YEAR 2007, ST. LUKE'S HOSPITAL SPONSORED OVER 800 PRESENTATIONS, CLASSES OR SCREENINGS.

COMMUNITY USE OF THE INSTITUTE FOR HEALTH EDUCATION SUPPORT GROUPS  
COMMUNITY SUPPORT GROUPS MEET REGULARLY AT ST. LUKE'S HOSPITAL AND ST. LUKE'S HOSPITAL INSTITUTE FOR HEALTH EDUCATION. THEY INCLUDE ABCS OF BETTER BREATHING, ADULT DIABETIC SUPPORT GROUP, AIRE FORCE PULMONARY SUPPORT GROUP, AMERICAN PARKINSON DISEASE, BRIDGES TO RECOVERY, DEPRESSION & BIPOLAR SUPPORT GROUP, FOCUS BREAST CANCER SUPPORT GROUP, INSULIN PUMP CLUB, LELEACHE LEAGUE SUPPORT GROUP, LOOK GOOD FEEL BETTER, NICOTINE ANONYMOUS, PALS - PARENTS AFFECTED BY CHILD LOSS TO SUICIDE, PARKINSON'S DISEASE SUPPORT GROUP AND UNITED OSTOMY ASSOCIATION SUPPORT GROUP.

AS AMENDED

STATEMENT(S) 19

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 20

TO A VERY MINOR EXTENT, ST. LUKE'S PROVIDES SERVICES AND PERSONNEL TO CERTAIN RELATED HEALTHCARE ORGANIZATIONS. THESE ACTIVITIES ARE CONDUCTED FOR THE PURPOSE OF FURTHERING THE EXEMPT PURPOSE OF ST. LUKE'S BY EXPANDING HEALTHCARE SERVICES OFFERED TO THE COMMUNITY. ALL TRANSACTIONS, PAYMENTS AND EXCHANGES ARE CONDUCTED AT "ARMS LENGTH". PURSUANT TO A WRITTEN AGREEMENT, THE HOSPITAL ADVANCED \$75,000 TO ITS PRESIDENT. THE ADVANCE ACCRUES INTEREST AT A RATE EQUAL TO THE APPLICABLE FEDERAL RATE.

AS AMENDED

STATEMENT(S) 20



SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2B

STATEMENT 21

SEE ATTACHED STATEMENT

AS AMENDED

STATEMENT(S) 21

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 22

SEE ATTACHED STATEMENT

AS AMENDED

STATEMENT(S) 22

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 23

SEE ATTACHED STATEMENT

AS AMENDED

STATEMENT(S) 23

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2E

STATEMENT 24

SEE ATTACHED STATEMENT

AS AMENDED

STATEMENT(S) 24

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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	25
	PART III, LINE 3A		

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THE HOSPITAL AWARDS TWO SENIOR NURSING SCHOLARSHIPS TO SELECTED EMPLOYEES  
ONCE A YEAR.

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SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT	26
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APPROXIMATELY \$40,581 OF THE DUES PAID TO VARIOUS MEDICAL ORGANIZATIONS FOR  
THE YEAR ENDED JUNE 30, 2007 IS ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE  
ORGANIZATIONS.

AS AMENDED

STATEMENT(S) 25, 26

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SCHEDULE A      INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS      STATEMENT 27  
PART VII, LINE 51, COLUMN (D)

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AMERICAN HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

MEMBERSHIP DUES

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MISSOURI HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

MEMBERSHIP DUES

AS AMENDED

STATEMENT(S) 27