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Form **990** *original* **Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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



**A** For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ 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).**

**G** Website: ▶ WWW.STLUKES-STL.COM

**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** 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 return.

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number ▶

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 349,863,333.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>				
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		3,373,785.		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>				
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>				
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>3,373,785.</u> noncash \$ <u>NONE.</u> )	<b>1e</b>			3,373,785.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			310,881,806.	
	<b>3</b> Membership dues and assessments	<b>3</b>				
	<b>4</b> Interest on savings and temporary investments	<b>4</b>			5,714,626.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			632,068.	
	<b>6a</b> Gross rents	<b>6a</b>		6,387,737.		
	Expenses	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		<b>6c</b>			6,387,737.	
<b>7</b> Other investment income (attach schedule)		<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		
		315,929.	<b>8a</b>	20,642,871.		
<b>b</b> Less: cost or other basis and sales expenses			<b>8b</b>	9,445,375.		
<b>c</b> Gain or (loss) (attach schedule)		315,929.	<b>8c</b>	11,197,496.		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)			<b>8d</b>		11,513,425.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)		<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>				
Net Assets		<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a				<b>9c</b>
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			1,914,511.	
	<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			340,417,958.	
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			294,933,153.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			16,987,958.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			686,124.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			312,607,235.	
	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			27,810,723.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			251,068,267.		
<b>20</b> Other changes in net assets or fund balances (attach explanation) STMT. 4. STMT. 5.	<b>20</b>			-9,950,260.		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	<b>21</b>			268,928,730.		

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

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**Part II Statement of Functional Expenses**

All 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. (See the instructions.)

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule).					
<b>24</b> Benefits paid to or for members (attach schedule).					
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A		1,087,423.		1,025,083.	62,340.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B		491,043.	491,043.		
<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>26</b> Salaries and wages of employees not included on lines 25a, b, and c		137,184,308.	130,330,360.	6,657,325.	196,623.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c		4,374,380.	4,374,380.		
<b>28</b> Employee benefits not included on lines 25a - 27		14,028,281.	12,422,916.	1,553,015.	52,350.
<b>29</b> Payroll taxes		9,648,525.	9,648,525.		
<b>30</b> Professional fundraising fees					
<b>31</b> Accounting fees					
<b>32</b> Legal fees					
<b>33</b> Supplies		58,671,289.	57,819,459.	736,892.	114,938.
<b>34</b> Telephone					
<b>35</b> Postage and shipping		241,113.	126,250.	99,951.	14,912.
<b>36</b> Occupancy		3,751,509.	3,100,725.	650,784.	
<b>37</b> Equipment rental and maintenance		6,409,206.	6,211,894.	196,996.	316.
<b>38</b> Printing and publications					
<b>39</b> Travel		250,728.	206,042.	39,856.	4,830.
<b>40</b> Conferences, conventions, and meetings					
<b>41</b> Interest		4,904,099.	4,904,099.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)		18,542,967.	18,542,967.		
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> STMT 6		53,022,364.	46,754,493.	6,028,056.	239,815.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		312,607,235.	294,933,153.	16,987,958.	686,124.

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

AS AMENDED

**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? **SEE STATEMENT 7**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a** PATIENT HEALTHCARE- INPATIENT (18,465 ADMISSIONS; 85,705  
PATIENT DAYS) OUTPATIENT (176,688 REGISTRATIONS; 4,032  
OBSERVATION BEDS; 31,528 E.R. VISITS; 5,891 CLINIC VISITS;  
85,007 SATELLITE FACILITIES VISITS- WELDON SPRING, FENTON,  
KIRKWOOD, CLARKSON & WINGHAVEN)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

285,986,621.

**b** SKILLED NURSING FACILITY CARE- SKILLED NURSING (760  
ADMISSIONS; 40,928 PATIENT DAYS) RESIDENTIAL CARE (26  
ADMISSIONS; 6,935 PATIENT DAYS)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

8,946,532.

**c** SEE STATEMENT 8

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d** SEE STATEMENT 10

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**e** Other program services (attach schedule) SEE STATEMENT 12  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . **294,933,153.**

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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>	<b>45</b> Cash - non-interest-bearing . . . . .	-1,764,883.	<b>45</b> 1,283,006.
	<b>46</b> Savings and temporary cash investments . . . . .	112,476,075.	<b>46</b> 101,425,039.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 79,064,068.	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 37,084,580.	<b>47c</b> 41,979,488.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b> 1,643,993.	<b>48c</b> -1,643,993.
	<b>49</b> Grants receivable . . . . .		<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	4,556,083.	<b>52</b> 5,365,867.
	<b>53</b> Prepaid expenses and deferred charges . . . . .	3,538,106.	<b>53</b> 3,438,853.
	<b>54a</b> Investments - publicly-traded securities <small>STMT 13</small> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	42,287,096.	<b>54a</b> 39,139,695.
	<b>b</b> Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	<b>55a</b>		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . . <small>STMT 14</small>	8,338,620.	<b>56</b> 7,375,616.	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 417,591,007.		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 218,792,179.	<b>57c</b> 198,798,828.	
<b>58</b> Other assets, including program-related investments (describe <small>STMT 15</small> )	68,970,469.	<b>58</b> 55,311,334.	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	431,637,939.	<b>59</b> 452,473,733.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	25,226,560.	<b>60</b> 27,914,322.
	<b>61</b> Grants payable . . . . .	70,440.	<b>61</b> -174,320.
	<b>62</b> Deferred revenue . . . . .		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	116,955,000.	<b>64a</b> 114,110,000.
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>
	<b>65</b> Other liabilities (describe <small>STMT 16</small> )	38,317,672.	<b>65</b> 41,695,001.
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	180,569,672.	<b>66</b> 183,545,003.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>		
	<b>67</b> Unrestricted . . . . .	237,802,898.	<b>67</b> 256,795,433.
	<b>68</b> Temporarily restricted . . . . .	8,527,328.	<b>68</b> 8,244,398.
	<b>69</b> Permanently restricted . . . . .	4,738,041.	<b>69</b> 3,888,899.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>		
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>
	<b>73</b> <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) . . . . .	251,068,267.	<b>73</b> 268,928,730.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	431,637,939.	<b>74</b> 452,473,733.

AS AMENDED

**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. . . NOT APPLICABLE . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	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> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	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**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	NOT APPLICABLE . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
<b>4</b>	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> :			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	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 )

[illegible]

Yes	No
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75b	X
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75c	X	
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75d	X	
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**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

[illegible]

Yes	No
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76		X
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77		X
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78a	X	
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78b	X	
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79		X
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80a	X	
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[illegible]

81b	X
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**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	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?	<b>82a</b>	X
<b>b</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).	<b>82b</b>	NONE
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	<b>85a</b>	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>	N/A
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.			
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b>	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?	<b>85h</b>	N/A
<b>86</b>	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87</b>	501(c)(12) orgs Enter a Gross income from members or shareholders	<b>87a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	N/A
<b>88 a</b>	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? If "Yes," complete Part IX	<b>88a</b>	X
<b>b</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	<b>88b</b>	X
<b>89 a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
<b>b</b>	501(c)(3) and 501(c)(4) orgs 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? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	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?	<b>89g</b>	X
<b>90 a</b>	List the states with which a copy of this return is filed	NONE	
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	3044
<b>91 a</b>	The books are in care of	ST. LUKE'S HOSPITAL	Telephone no
	Located at	232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO	ZIP + 4
			63017
<b>b</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)?	<b>91b</b>	X
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

AS AMENDED



**Part VI Other Information (continued)**

- c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c** ☐ Yes ☒ No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a STMT 23		2,218,081.			308,663,725.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	5,714,626.	
<b>96</b> Dividends and interest from securities . . . . .			14	632,068.	
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	6,387,737.	
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	11,513,425.	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue a STMT 24				2,206,072.	-291,561.
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		2,218,081.		26,453,928.	308,372,164.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					337,044,173.

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)
	STMT 25

**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
STMT 26	%		NONE	520,969.
	%			
	%			
	%			

**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)

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)

**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
	X

	(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
	X

	(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
	X

**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 [Signature] Date 12/23/09  
Type or print name and title BRIAN SPILLERS EXEC. V.P.

**Paid  
Preparer's  
Use Only**

Preparer's signature [Signature] Date 12/22/09 Check if self-employed ☐  
Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ/CHM, LLC  
ONE CITYPLACE DRIVE, STE. 570  
ST. LOUIS, MO 63141  
Preparer's SSN or PTIN (See Gen Inst X) P00836888  
EIN 36-4256931  
Phone no 314-692-2249

Form 990 (2007)

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

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

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

OMB No 1545-0047

**2007**

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 1 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
SEE STATEMENT 27				
Total number of other employees paid over \$50,000 . . ▶		934		

**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
SEE STATEMENT 28		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		42

**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
SEE STATEMENT 29		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		13

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

Schedule A (Form 990 or 990-EZ) 2007

**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 ► \$ 40,230. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .

1 X

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

- 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? . . . . . STMT 30

2a X

- b** Lending of money or other extension of credit? . . . . . STMT 31

2b X

- c** Furnishing of goods, services, or facilities? . . . . . STMT 32

2c X

- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT 33

2d X

- e** Transfer of any part of its income or assets? . . . . . STMT 34

2e X

- 3a** 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) . . . . .

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

- 4a** 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? . . . . .

4b N/A

- c** Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c N/A

- d** Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►

- e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ►

- f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ►

- g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►

Schedule A (Form 990 or 990-EZ) 2007

AS AMENDED

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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)
- 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 8 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	07		X	
ST. LUKE'S MEDICAL GROUP	43-1349332	07		X	
<b>Total</b> .....					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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, income from similar sources, 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 . . . . .					
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 NOT APPLICABLE . . . ▶ **26a**

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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶ **26c**

d Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ **26d**

e Public support (line 26c minus line 26d total) . . . . . ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** . . . . . ▶ **26f** %

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

NOT APPLICABLE

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

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

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ **27c**

d Add: Line 27a total . . . and line 27b total . . . ▶ **27d**

e Public support (line 27c total minus line 27d total) . . . . . ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** . . . . . ▶ **27g** %

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

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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)

NOT APPLICABLE

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
-----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . .	<b>40</b>		
<b>41</b> 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	<b>41</b>		
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>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable amount . . . . .					
<b>48</b> Grassroots ceiling amount (150% of line 48(e)) . . .					
<b>49</b> Grassroots lobbying expenditures . . . . .					
<b>50</b> Total grassroots lobbying expenditures . . . . .					

**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

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	X		40,230.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			40,230.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities **STMT 35**





**Identifying Number**

43-0652680

RENTS

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
--	-----	----	--

RENTAL INCOME

OTHER INCOME

RENTS

6,387,737.

**TOTAL GROSS INCOME**

6,387,737.

**OTHER EXPENSES:**

DEPRECIATION (SHOWN BELOW)

**LESS: Beneficiary's Portion**

## AMORTIZATION

**LESS: Beneficiary's Portion**

## DEPLETION

**LESS: Beneficiary's Portion**

**TOTAL EXPENSES****TOTAL RENT OR ROYALTY INCOME (LOSS)**

6,387.737.

### Less Amount to

### Rent or Royalty

## Depreciation

## Depletion

### Investment Interest Expense

## Other Expenses

**Net Income (Loss) to Others****Net Rent or Royalty Income (Loss)**

6,387,737.

**Deductible Rental Loss (if Applicable)**

## SCHEDULE FOR DEPRECIATION CLAIMED

[illegible]

JSA

**Totals**

AS AMENDED

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTS

6,387,737.

-----

6,387,737.

=====

AS AMENDED

## RENT AND ROYALTY SUMMARY

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PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTS	6,387,737.			6,387,737.
	-----	-----	-----	-----
TOTALS	6,387,737.			6,387,737.
	=====	=====	=====	=====

AS AMENDED

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----SPECIAL PURPOSE FUNDS RELEASED  
MISC. ADJ.

556,000.

153.

TOTAL

-----  
556,153.  
=====

AS AMENDED

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

UNREALIZED LOSS UNRESTRICTED ENDOWMENT	2,219,000.
ADDITIONAL MIN. PENSION LIABILITY (NET)	7,156,000.
CHANGES IN RESTRICTED FUNDS (NET)	1,131,413.
	-----
TOTAL	10,506,413.
	=====

AS AMENDED

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
AMBULANCE	6,606.	6,606.		
BAD DEBT EXPENSE	5,009,278.	5,009,278.		
CLINICAL ENGINEERING	541,706.	541,706.		
COLLECTION AGENCY FEES	451,758.		451,758.	7,851.
CONTRACT LABOR	6,635,322.	5,967,080.	660,385.	
CORPORATE FEES	651,492.	651,492.		
COURIER EXPENSE	163,999.	155,585.	8,238.	176.
DUES & SUBSCRIPTIONS	311,033.	121,494.	187,502.	2,037.
EDUCATION & SEMINARS	232,544.	128,631.	25,205.	78,708.
FREIGHT	95,749.	2,339.	93,410.	
INSURANCE	1,485,648.	4,200.	1,481,448.	
LINEN SERVICE	1,599,666.	1,599,666.		
MARKETING/PROMOTION	845,269.	25,002.	820,267.	
MCD CARE ADMINISTRATION FEES	878,015.	878,015.		
MICROFILMING	341,151.	341,151.		
MISCELLANEOUS FEES	1,283,333.	862,673.		75,004.
MISCELLANEOUS EXPENSE	1,052,191.		345,656.	69,395.
PROFESSIONAL FEES	2,638,072.		982,796.	
PROPERTY TAX	720,000.	2,137,450.	500,622.	
RECRUITMENT	393,476.	720,000.	373,598.	
SOFTWARE MAINTENANCE FEES	2,675,640.	2,627,187.	48,453.	
STAFF DEVELOPMENT	7,550.	7,550.		5,579.
TEXT & MANUALS	201,174.	192,120.	3,475.	
TRANSCRIPTION	783,087.	783,087.		
TRASH	514,587.	514,587.		
UTILITIES	4,526,018.	4,479,716.	45,243.	1,059.
MEDICAID FRA TAX EXPENSE	18,978,000.	18,978,000.		
TOTALS	53,022,364.	46,754,493.	6,028,056.	239,815.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

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, THEREFORE, TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION EVEN TO THOSE WITHOUT THE ABILITY TO PAY. THEREFORE, IN KEEPING WITH THIS HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS 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.

AS AMENDED



FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT C  
-----

DURING THE TAX PERIOD ENDED JUNE 30, 2008, 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 14,674 MEALS DURING THE TWELVE MONTHS ENDED JUNE 30, 2008 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 81,351 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

AS AMENDED

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====

COMMUNITY THROUGH LOWER COSTS IN BOTH PATIENT SERVICES AND HEALTH 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 2007 THROUGH JUNE 2008.

## EVENTS HELD FROM JULY 2007 - JUNE 2008

	PHYSICIAN	HOSPITAL	COMMUNITY
EVENTS	788	2,403	1,037
ATTENDANCE	20,447	57,751	26,947

TOTAL EVENTS 4,228  
TOTAL ATTENDANCE 105,145

AS AMENDED

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT D  
-----

## CONTINUING 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 202.5 HOURS OF AMA CATEGORY 1 CREDIT TO 4,693 STAFF PHYSICIANS, RESIDENTS AND OTHER HEALTHCARE PROFESSIONALS.

## EXAMPLES OF DEPARTMENT CONFERENCES:

- BREAST CANCER CONFERENCE
- CARDIAC CATHETERIZATION CONFERENCE
- DEPARTMENT OF MEDICINE EDUCATION CONFERENCE
- DEPARTMENT OF OB/GYN EDUCATION CONFERENCE
- HERMATOLOGY CONFERENCE
- OB/GYN JOURNAL CLUB
- OPHTHALMOLOGY CONFERENCE

AS AMENDED

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====

- PEDIATRIC EDUCATION CONFERENCE
- SEMINARS IN MEDICINE/GRAND ROUNDS
- SOCIETY OF INTERNAL MEDICINE
- TUMOR BOARD
- VASCULAR CONFERENCE

IN ADDITION TO DEPARTMENT CONFERENCES ST. LUKE'S HOSPITAL SPONSORED 15 LOCAL, REGIONAL AND NATIONAL MEETINGS AND SYMPOSIA FROM JULY 2007 THROUGH JUNE 2008. THESE CME ACTIVITIES PROVIDED OVER 42 HOURS OF CONTINUING EDUCATION CREDIT FOR 585 PHYSICIANS AND 300 HEALTHCARE PROFESSIONALS.

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

- EUGENE WILLIAMS MEMORIAL EDUCATION CONFERENCE
- 12TH ANNUAL PULMONARY EVENING GRAND ROUNDS
- 25TH ANNUAL ONCOLOGY UPDATE - LUNG CANCER
- UPDATE ON SLEEP MEDICINE
- URGENT CARE CENTER EDUCATION SERIES MEDICATION SAFETY
- UPDATE ON NEUROLOGICAL AND NEUROSURGICAL DISORDERS FOR THE PRIMARY CARE PHYSICIAN
- ANNUAL IRB CONFERENCE
- ST. LUKE'S HOSPITAL'S 2007 MID-WINTER MEDICAL CONFERENCE
- URGENT CARE CENTER EDUCATION SERIES - DRUG INTERACTIONS
- CARPAL TUNNEL SYNDROME
- HENRY O. RAPPOLD MEMORIAL SYMPOSIUM (OB/GYN CONFERENCE)
- URGENT CARE CENTER EDUCATION SERIES - PEDIATRIC ORTHOPEDIC INJURIES
- 9TH ANNUAL WOMEN PHYSICIANS' LUNCHEON PROGRAM - LEADERSHIP
- EPILEPSY SYMPOSIUM - PROFESSORS' GRAND ROUNDS

AS ATTENDED

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)  
=====

DESCRIPTION  
-----

GRANTS AND  
ALLOCATIONS  
-----

EXPENSES  
-----

COMMUNITY OUTREACH (SEE ATTACHED STATEMENT)

TOTALS

AS AMENDED

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
INVESTMENTS	27,075,759.	FMV
MALPRACTICE SELF-INSURANCE	12,063,936.	FMV
	-----	-----
TOTALS	39,139,695.	
	=====	

AS AMENDED

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION

ENDING  
BOOK VALUE

INTEREST IN OIL & GAS RIGHTS

7,375,616.

TOTALS

7,375,616.

AS AMENDED

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEFERRED COMPENSATION	10,165,000.
INVESTMENT IN PHO	145,009.
INVESTMENT IN AHDC/ST. ANDREWS	963,947.
ACCOUNTS RECEIVABLE- RENT MDBI	72,624.
ADVANCE-ST. LUKE'S HEALTH CORP	4,357,500.
LANDSCAPE ESCROW	29,795.
ORGANIZATIONAL COSTS - NSRG	2,040.
SPECIAL PURPOSE FUND	2,512,776.
CREDIT CARD RECEIVABLE	183,914.
CAPITALIZED INTEREST 2001 BOND	1,429,695.
DEBT SERVICE 2001 BONDS	7,586,047.
INTEREST RECEIVABLE 2001 BONDS	48,000.
UNAMORTIZED BOND ISSUE COST	2,230,088.
DUE FROM UNITY HEALTH SERVICES	2,763,882.
INVESTMENT IN UNITY HEALTH	NONE
INTERCOMPANY RECEIVABLES	21,069,949.
MISCELLANEOUS RECEIVABLES	41,959.
DUE FROM ST. ANTHONY'S	15,613.
INVESTMENT IN CDI	536,792.
DEBT SERVICE 2006 BONDS	2,726.
PROJECT FUND 2006 BONDS	2,621.
UNAMORTIZED 2006 BOND ISSUE	519,054.
INVESTMENT IN LUKE'S REHAB	125,389.
INVESTMENT IN ST. LUKES WHC	506,914.
INTEREST RECEIVABLE 2006 BONDS	NONE
	-----
TOTALS	55,311,334.
	=====

AS AMENDED



FORM 990, PART IV - OTHER LIABILITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
MEDICARE REIMBURSEMENT SETTLEMENTS	1,910,094.
EPILEPSY SYMPOSIUM FUND	NONE
ESCROW ACCOUNT	740,145.
INSURANCE RESERVES	24,028,280.
DEFERRED COMPENSATION	10,165,000.
WOMEN'S PHYSICIAN PROGRAM	NONE
OTHER CURRENT LIABILITIES	744.
SECURITY DEPOSITS	72,276.
VA PROFESSIONAL LIABILITY II	28,359.
CURRENT MATURITY OF A&B FIXED NOTE PAYABLE	2,845,000.
DEBT 2006 ISSUE PREMIUM	1,905,103.
	-----
TOTALS	41,695,001. =====

AS AMENDED

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN B BIGGS 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	CHAIRMAN 4.00	NONE	NONE	NONE
NED O LEMKEMEIER 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	VICE CHAIRMAN 4.00	NONE	NONE	NONE
JAMES G FORSYTH III 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	TREASURER 2.00	NONE	NONE	NONE
ANNIE SCHLAFLY 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	SECRETARY 4.00	NONE	NONE	NONE
STUART L BASCOMB 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
JOHN B BUETTNER MD 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
DAVID CALLAHAN MD	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017				
WILLIAM CORNELIUS 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
THE REV TERRY EPLING 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
FREDERICK O HANSER 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
JEFFERSON L MILLER JR 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
DAVID B PRICE JR 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
THE REV DR PAUL T REITER 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VIRGINIA ROWE 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
HUGH SCOTT III 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
THE RT REV G WAYNE SMITH 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
DANIEL K STEGMANN 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
JOHN WOOD MD 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	BOARD MEMBER 2.00	NONE	NONE	NONE
GARY OLSON 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	PRESIDENT 50.00	623,400.	29,847.	56.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRIAN SPILLERS 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	SENIOR VP OF FINANCE 50.00	464,023.	29,847.	2,742.
GRAND TOTALS				
		1,087,423.	59,694.	2,798.

AS AMENDED

## FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANIEL POTTS 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	NONE	75,000.	NONE	NONE
DAVID LEVINE 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	NONE	75,285.	26,649.	NONE
HARRY COLE 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	NONE	30,000.	NONE	NONE
GEORGE TUCKER 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	NONE	284,109.	NONE	NONE
GRAND TOTALS	NONE	464,394.	26,649.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: ST. LUKE'S DEVELOPMENT CORPORATION  
43-1238961

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: ST. LUKE'S MEDICAL GROUP  
43-1349332

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ST. LUKE'S HEALTH CORPORATION  
43-1246572

EXEMPT: X NONEXEMPT:

AS AMENDED

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
INPATIENT REVENUE (NET)					167,927,372.
OUTPATIENT REVENUE (NET)					140,736,353.
ANCILLARY PROGRAM REVENUE	621110	1,357,781.			
OTHER INVESTMENT INCOME	621500	57,563.			
PHARMACY	446110	802,737.			
TOTALS		2,218,081.			308,663,725.

AS AMENDED



## FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CAFETERIA					
LOSS ON SELF-INSURANCE			03	2,203,547.	-886,304.
SELF INSURANCE					552,299.
DIALYSIS/HOME HEALTH					2,195,999.
MEALS ON WHEELS					50,845.
COMMISSIONS			03	2,525.	8,173.
CHAPLAIN INCOME					21,874.
SPORTS MEDICINE					18,975.
CME INCOME					-188,425.
MISCELLANEOUS INCOME					-2,064,997.
OTHER OPERATING INCOME					
TOTALS				2,206,072.	-291,561.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES  
=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	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 PURPOSE.
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.

AS AMENDED

## FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
ST. LUKE'S PHYSICIANS HOSPITAL 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1706295	50.000000	HEALTH CARE SERVICES	NONE	520,969.
TOTAL INCOME			NONE	520,969.

AS AMENDED

## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
DAVID P. KRAJCOVIC 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	M.D. 40.00	388,035.	23,307.	NONE
TALAT M. NAWAS 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	M.D. 40.00	378,068.	25,064.	NONE
HOPE CRANSTON-DAMATO 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	M.D. 40.00	373,610.	23,086.	NONE
SERGIO GARCIA 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	M.D. 40.00	347,782.	17,704.	NONE
ABDUL MOHEET 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	M.D. 40.00	343,139.	28,089.	NONE
TOTAL COMPENSATION		1,830,634.	117,250.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
PRECISION PRACTICE MANAGEMENT 6614 CLAYTON RD. STE. 250 CHESTERFIELD, MO 63017	BILLING SERVICE	590,852.
QUEST DIAGNOSTICS 11636 ADMINISTRATION DR. ST. LOUIS, MO 63146	MEDICAL SERVICES	1,133,889.
PROFESSIONAL REHAB PARTNERS LLC 224 S. WOODS MILL ROAD, STE. 610S CHESTERFIELD, MO 63017	MEDICAL SERVICES	823,310.
ST LOUIS UROLOGICAL SURGEON 224 S. WOODS MILL RD., STE. 510S CHESTERFIELD, MO 63017	MEDICAL SERVICES	622,151.
ARMSTRONG TEASDALE LLP PO BOX 790100 DEPT 478150 ST. LOUIS, MO 63179-9933	LEGAL	494,111.
TOTAL COMPENSATION		----- 3,664,313. =====

AS AMENDED

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
MCCARTHY BROTHERS CONSTRUCTION 1341 NORTH ROCK HILL RD. ST. LOUIS, MO 63124	CONTRACTOR	30,699,586.
MIDWEST ELEVATOR CO INC 1824 KNOX AVE ST. LOUIS, MO 63139	CONTRACTOR	730,109.
CHUCK DENTON ENTERPRISES 1915 CREVE COEUR MILL RD. ST. LOUIS, MO 63146	CONTRACTOR	583,443.
KAISER ELECTRIC INC 1465 S GRAND ST. LOUIS, MO 63104	CONTRACTOR	475,872.
FLOORING SYSTEMS 4130 MERAMEC BOTTOM RD. ST. LOUIS, MO 63129	CONTRACTOR	452,731.
TOTAL COMPENSATION		----- 32,941,741. =====

AS AMENDED

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A  
=====

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B  
=====

SEE ATTACHED STATEMENT

AS ATTACHED



SCHEDULE A, PART III - EXPLANATION FOR LINE 2C  
=====

SEE ATTACHED STATEMENT

AS ATTENDED

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE ATTACHED STATEMENT

AS ATTACHED

SCHEDULE A, PART III - EXPLANATION FOR LINE 2E

=====

SEE ATTACHED STATEMENT

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

APPROXIMATELY \$40,230 OF THE DUES PAID TO VARIOUS MEDICAL ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2008 IS ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE ORGANIZATIONS.

AS AMENDED

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2007**

Name of estate or trust **ST. LUKE'S EPISCOPAL-PRESBYTERIAN  
HOSPITAL**

Employer identification number  
**43-0652680**

**Note:** Form 5227 filers need to complete **only** Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. . . . .	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. . . . .	<b>6b</b>	<b>11,513,425.</b>
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back. . . . .	<b>12</b>	<b>11,513,425.</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

AS ATTACHED

**Part III Summary of Parts I and II****Caution:** Read the instructions before completing this part.

	(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
<b>13</b> Net short-term gain or (loss) . . . . .	<b>13</b>		
<b>14</b> Net long-term gain or (loss):			
<b>a</b> Total for year . . . . .	<b>14a</b>		11,513,425.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrksh) . . . .	<b>14b</b>		
<b>c</b> 28% rate gain . . . . .	<b>14c</b>		
<b>15</b> Total net gain or (loss). Combine lines 13 and 14a . . . . . ▶	<b>15</b>		11,513,425.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of	<b>16</b>	( )
<b>a</b> The loss on line 15, column (3) or <b>b</b> \$3,000 . . . . .		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		<b>27</b>
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	<b>21</b>		
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,150 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24?	<b>25</b>		
<input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27, go to line 28 and check the "No" box.			
<input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b> Multiply line 26 by 5% ( .05) . . . . .			
<b>28</b> Are the amounts on lines 22 and 26 the same?	<b>28</b>		
<input type="checkbox"/> <b>Yes.</b> Skip lines 28 thru 31, go to line 32			
<input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>		
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>		
<b>30</b> Subtract line 29 from line 28 . . . . .	<b>30</b>		
<b>31</b> Multiply line 30 by 15% ( .15) . . . . .			<b>31</b>
<b>32</b> Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .			<b>32</b>
<b>33</b> Add lines 27, 31, and 32 . . . . .			<b>33</b>
<b>34</b> Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .			<b>34</b>
<b>35</b> Tax on all taxable income. Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T). . . . .			<b>35</b>

Schedule D (Form 1041) 2007

AS PREPARED



Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2007**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

ST. LUKE'S EPISCOPAL-PRESBYTERIAN

Business or activity to which this form relates

Identifying number

43-0652680

**GENERAL DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	18,693,987.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	18,693,987.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . <b>25</b>								
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . <b>28</b>								
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . <b>29</b>								

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use? . . . . .						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2007 tax year . . . . . <b>43</b>					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . . <b>44</b>					

FORM 990

COMPENSATION FROM RELATED ORGANIZATIONS  
ST. LUKE'S MEDICAL GROUP, FEIN 43-1349332  
PART V, QUESTION 75

<u>INDEPENDENT CONTRACTOR</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
PRECISION PRACTICE MANAGEMENT 6614 CLAYTON RD STE. 250 CHESTERFIELD, MO. 63017	BILLING SERVICE	\$1,497,286
QUEST DIAGNOSTICS 11636 ADMINISTRATION DR. ST LOUIS, MO. 63146	MEDICAL SERVICES	\$61,415

AS AMENDED