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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9		-
B Che	eck if ap	pplicable	Please	C Name of organization St Luke's Episcopal-Presbyterian			D Employer	identification number
┌ Add	lress ch	ange	use IRS label or	Hospitals			43-0652	
┌ Nar	ne char	nge	print or	Doing Business As St Luke's Hospital			E Telephone	e number
┌ Inıt	ıal retur	rn	type. See Specific	Number and street (or P O box if mail is	not delivered to street addre	see\ Doom/cuite	(314) 43	
_	mınatıo		Instruc- tions.	232 South Woods Mill Road		233) ROOM, Suite	G Gross reco	eipts \$ 357,132,039
	ended r olication	return pending		City or town, state or country, and ZIP + Chesterfield, MO 63017	4			
		Ī	F Nan	ne and address of Principal Officer		H(a) Is th	■ ıs a group reti	urn for
			GARY	DLSON PRESIDENT CEO			ites?	⊤Yes ▼ No
				AS ABOVE ERFIELD,MO 63017				
	x-exem	pt status		(3) ◀ (insert no)	527	1	ll affiliates incl	•
J W	eb site	e: ► www	v stlukes-s			7	io, attach a i ip Exemption	ist See instructions) Number ⊩
К Туре	e of org	anızatıon	Corporat	ion		L Year of Fo	ormation 1866	M State of legal domicile
Pa	rt I							
				e organization's mission or most sig	nificant activities			
ሧ		SEE SC	HEDULE C					
Ĕ								
Governance								
<u>ş</u>	2	Check t	hıs box 🦵	ıf the organızatıon dıscontınued ıts o	operations or disposed o	of more than 2	5% of its ass	ets
	3	Number	of voting r	nembers of the governing body (Part	tVI, line 1a)		. 3	20
చర ఆగ	4	Number	ofindepen	dent voting members of the governi	ng body (Part VI, line 1	b)	. 4	19
ě	5	Total nu	ımber of en	nployees (Part V , line 2a)			5	3,958
Activities &	6	Total nu	ımber of vo	lunteers (estimate if necessary) .			6	381
ä,	7a	Total gr	oss unrela	ted business revenue from Part VIII		7	a 5,153,094	
	ь	Net unre	elated busi	ness taxable income from Form 990	-T, line 34		7	b
						Pri	or Year	Current Year
	8	Contrib	outions and	grants (Part VIII, line 1h)			3,373,785	2,459,801
≗	9			revenue (Part VIII, line 2g)		310,881,806		
Revenue	10			ne (Part VIII, column (A), lines 3, 4		17,860,119	· · ·	
å	11			art VIII, column (A), lines 5, 6d, 8c		8,302,248		
	12		-	dd lines 8 through 11 (must equal Pa	e -	0,502,210	,,003,100	
		12)					340,417,958	357,132,039
	13	Grants	and simila	ır amounts paıd (Part IX, column (A)), lınes 1–3)		c	0
	14	Benefit	s paid to o	r for members (Part IX, column (A),	line 4)		C	0
.e.	15	Salarıe	s, other co	mpensation, employee benefits (Pai	rt IX, column (A), lines	5 –		
Expenses		10)					157,165,435	
কু	16a	Profess	sional fund	raising fees (Part IX, column (A), lin	ne 11e)			55,008
ਡੋ	ь	(Total fu	ındraising ex	penses, Part IX, column (D), line 25 552,026)			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d	, 11f-24f)		155,441,800	159,190,844
	18	Total e	xpenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		312,607,235	335,637,556
	19	Revenu	ue less exp	enses Subtract line 18 from line 12	2		27,810,723	21,494,483
දී ජ						Beginn	ing of Year	End of Year
9 49 40 4	20	Totala	ıssets (Par	t X, line 16)			452,473,733	443,726,202
A.S.S.	21			Part X, line 26)			183,545,003	
Not Assets or Fund Balances	22		,	d balances Subtract line 21 from lir	na 20		268,928,730	
					TE 20		200,920,730	200,740,904
Par	t II	Under pe		DCK rjury, I declare that I have examined this recorrect, and complete Declaration of prepare				
Plea		****					-05-13	
Sign Here		Signa	ature of office	er .		Date		
	-			cutive V P Finance				
		Туре	or print nam	e and title				
		Preparer'				Check If	Preparer's PT	IN (See Gen Inst)
Paid		signature		Haggerty		self- empolyed 🕨 🦵		
	arer's	Firm's na	me (or yours	S L CBIZ MHM LLC				
Use (ıf self-em	nployed),	•	EIN 🕨			
		address,	and ZIP + 4	One CityPlace Dr Ste 570		_	Dhan - · · · ·	(214) 602 2240
				St Louis, MO 63141			Prione no •	(314) 692-2249
Mayt	he IR	S discus	s this retu	rn with the preparer shown above? (S	See instructions)			✓ Yes No

Cat No 11282Y

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

1	Briefly describe the organization SEE SCHEDULE O	n's mission				
2	the prior Form 990 or 99	00-EZ?		rvices during the yea	ar which were not listed on	┌ Yes ┌ No
2	If "Yes," describe these			h h		
3	Did the organization cea	se conducting or n	iake significani	c c nanges in now it co	onducts any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		4) organızatıons ar	nd 4947(a)(1) t	rusts are required to	e largest program services report the amount of grants ted	
4a	(Code SEE SCHEDULE O) (Expenses \$	317,529,228	including grants of \$) (Revenue \$	356,376,532)
4b	(Code SEE SCHEDULE O) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	s (Describe in Sch	redule O)			_
_	(Expenses \$		luding grants of	* \$) (Revenue \$)
4e	Total program service (expenses \$	317,529,22	8 Must equal Part I	X, Line 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	1 · · · · · · · · · · · · · · · · · · ·	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
••	· · · · · · · · · · · · · · · · · · ·	37		

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		S. Information Returns. Enter -0- if not applicable					
			1a	91			
ь	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		r the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>ments</i> filed for the calendar year ending with or within the year covered by this					
	returi		2a	3,958			
ь	Ifatl	least one is reported in 2a, did the organization file all required federal employm	nent t	ax returns?			
	Not e	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retui	rn.	2b	Yes	
3а		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_	.,	
		n ²	• •		3a	Yes	
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b	Yes	
4a		ry time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other interior	4a		No
b	Tf"Va	es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
		cial Accounts.	,	,			
5a	Wast	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
ь	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
_	If "Ye	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a	t Entil	ty Regarding Prohibited			
·		helter Transaction?	•	· · ·	5с		
6a	Dıd tl	he organization solicit any contributions that were not tax deductible?			6a		No
b	If "Ye	es," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were	not tax deductible?			6b		
7	Orgar	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf	trıbut	ion of \$75 or	7a		Νo
		7		10	ı	I	I
		es," dıd the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		No
d		es," indicate the number of Forms 8282 filed during the year	7d				
-	1	is, marcute the number of rorms of of med during the year.	7.4				
e		he organization, during the year, receive any funds, directly or indirectly, to pay					
		fit contract?			7e		No
f	Did tl	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	Fora	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as	7h		
	•	red?		-1 500(-)(3)	711		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	•	,	8		No
		·					<u></u>
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		he organization make any taxable distributions under section 4966?			9a		
b	Did tl	he organization make a distribution to a donor, donor advisor, or related person	? .		9Ь		
10		on 501(c)(7) organizations. Enter		1			
		ition fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ties					
11	Secti	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	11b				
	ayaın	nst amounts due or received from them)...........[TID	l			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Y∈	es," enter the amount of tax-exempt interest received or accrued during the	431				
	year		12b	I			I

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	Management	

						res	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the d	urcumst a nce	s,			
1a	Enter the number of voting members of the governing body	1a			20			
Ь	Enter the number of voting members that are independent	1b			19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				y 2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•			. з		No	
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ .$	as 4		No				
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's ass	ets?	5		No	
6	Does the organization have members or stockholders?				. 6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherp	ersons? .	. 7b		No	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertake	n during the				
а	the governing body?				8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?				. 8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a	Yes		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			. ,	9b	Yes		
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the			5		Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,					No	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Vas	
		TOD	Yes	l

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GARY OLSON PRESIDENT CEO 232 S WOODS MILL RD Chesterfield, MO 63017 (314) 434-1500

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(i tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
				\vdash						
1b Total				<u></u>		<u> </u>	-	4,493,717	7	422,335

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►109

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
MCCARTHY BROTHERS CONSTRUCTION 1341 N ROCK HILL RD ST LOUIS, MO 63124	CONSTRUCTION SERVICE	16,415,116	
QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940	LAB SERVICES	1,238,612	
NUANCE COMMUNICATION 1 WAYSIDE RD BURLINGTON, MA 01803	TRANSCRIPT SERVICES	1,002,547	
PROF REHAB PARTNERS LLC 2245 S WOODS MILL RD CHESTERFIELD, MO 63017	REHAB SERVICES	852,885	
MIDWEST ELEVATOR CO INC 1824 KNOX AVE ST LOUIS, MO 63139	ELEVATOR SERVICES	799,759	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					. ,
뚩	b	Membership dues					
Contributions, gifts, grants and other similar amounts	с	1b Fundraising events					
£ £	d	1c Related organizations1d					
ა≅	e	Government grants (contributions) 1e					
돌	f	All other contributions, gifts, grants, and	2,459,801		ŀ	i	
<u> </u>		similar amounts not included above					
E o	g	Noncash contributions included in					
ဝန		Innes 1a-1f \$ 526,478 Total (Add lines 1a-1f)		2,459,801			
	h	Total (Add lines 1a-11)	<u> </u>				
<u>e</u>	2-	INDATIONT DEVENUE (NET)	Business Code	470 547 705	470 547 705		
æm	2a b	OUTPATIENT REVENUE (NET)		170,517,795	170,517,795		
æ		NONPATIENT LABS	621 110	163,581,608	163,581,608	1 (11 250	
15.6	c d	RETAIL PHARMACIES	621,110			1,611,250	
Ser.	e	ALL OTHER PROGRAM SERVICE REVENUE	446,110	3,361,693 180,151		3,361,693 180,151	
E	f			180,131		180,131	
Program Service Revenue	.	All other program service revenue					
<u>&</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)		2,545,304			2,545,304
	4	Income from investment of tax-exempt be	ond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents 6,514,662					
	b	Less rental expenses					
	С	Rental income 6,514,662 or (loss)					
	d	Net rental income or (loss)		6,514,662			6,514,662
	7a	(i) Securities Gross amount	(II) O ther 5,035,282				
	ь	from sales of assets other than inventory Less cost or					
		other basis and sales expenses	5.005.000				
	c d	Gain or (loss) Net gain or (loss)	5,035,282	5,035,282			
		<u> </u>	. •	3,033,202			
۸.	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Ę.		\$15,000					
Othe	b c	Less direct expensesb Net income or (loss) from fundrais	Ing events	0			
-	9a	Gross income from gaming	P *				
		activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	ь	a Less direct expensesb					
	c	Net income or (loss) from gaming a	activities •••	0			
	10a	Gross sales of inventory, less					
		returns and allowances . a					
	b	Less cost of goods sold b Net income or (loss) from sales of	Invantan:	o			
	С	Miscellaneous Revenue	Business Code	ı ı	+		
	11a	CAFETERIA		2,263,455			2,263,455
	ь	IMAGING SERVICES		538,993			538,993
	С	MISCELLANEOUS INCOME		567,440			567,440
	d	All other revenue		-2,045,395			-2,045,395
	e e	Total. Add lines 11a-11d					
			\$ 1,324,493	257 422 020	224 000 402	E 1E3 004	10 204 450
	12	Total Revenue. Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e		357,132,039	334,099,403	5,153,094	10,384,459
	1	, , ,					Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(6)(c)				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,832,960		2,770,496	62,464
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	140,354,651	134,727,150		201,272
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,380,131	5,056,735	323,396	
9	Other employee benefits	17,866,458	16,837,732	967,568	61,158
10	Payroll taxes	9,957,504	9,347,711	609,793	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	55,008			55,008
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	29,848		29,848	
17	Travel	183,034	153,358	25,352	4,324
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	5,882,468	5,882,468		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,861,426	21,861,426		
23	Insurance	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	61,944,430	61,333,952	490,202	120,276
ь	MEDICAID FRA TAX EXPENSE	16,295,000	16,295,000		<u> </u>
c	EQUIPMENT RENTAL & MAINTENANCE	10,965,220	10,745,862	219,358	
d	CONTRACT SERVICES	10,088,395	9,279,843	808,552	
e	BAD DEBT EXPENSE	5,860,033	5,860,033		
f	All other expenses	26,080,990	20,147,958	5,885,508	47,524
25	Total functional expenses. Add lines 1 through 24f	335,637,556	317,529,228	17,556,302	552,026
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
Pall A	Dalance	SHEEL

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	Beginning of year	1	End of year
	2	Savings and temporary cash investments	102,708,045		133,584,602
	3	Pledges and grants receivable, net	-1,643,993	-	5,021,056
	4	Accounts receivable, net	41,979,488	4	37,247,017
	5	Receivables from current and former officers, directors, trustees, key employees or	41,070,400	_	37,247,017
		other related parties Complete Part II of Schedule L	0	5	378,802
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,365,867	8	5,403,928
\$	9	Prepaid expenses and deferred charges	3,438,853	9	3,416,657
Assets	10a	Land, buildings, and equipment cost basis 10a 433,409,654	ı		
_	ь	Less accumulated depreciation Complete Part VI of			
		Schedule D	198,798,828	10c	195,202,868
	11	Investments—publicly traded securities	46,515,311	11	33,554,907
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	55,311,334	15	29,916,365
	16	Total assets. Add lines 1 through 15 (must equal line 34)	452,473,733		443,726,202
	17	Accounts payable and accrued expenses .	27,914,322	17	26,354,637
	18	Grants payable	-174,320		116,838
	19	Deferred revenue	11 1,020	19	110,000
	20	Tax-exempt bond liabilities	114,110,000		112,983,263
8	21	Escrow account liability Complete Part IV of Schedule D	740.145		596,145
≇	22	Payable to current and former officers, directors, trustees, key	740,140		330,143
Liabilities	22	employees, highest compensated employees, and disqualified		1	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	40,954,856	25	42,928,355
	26	Total liabilities. Add lines 17 through 25	183,545,003	26	182,979,238
ş		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	256,795,433	27	251,239,458
Balance	28	Temporarily restricted net assets	8,244,398	28	6,804,881
⊒	29	Permanently restricted net assets	3,888,899	29	2,702,625
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Q SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	268,928,730	-	260,746,964
ž	34	Total liabilities and net assets/fund balances	452,473,733		443,726,202
	•			•	1
Pa	rt XI	Financial Statements and Reporting			

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a			
b	b Were the organization's financial statements audited by an independent accountant? 2b			
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493137034580

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

St Luke Hospita		copal-Presbyte	rian					43	-0652680)		
Par	tΙ	Reason	for Public Cl	narity Status (to be con	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The or	ganız	zation is not	a private found	ation because it is (Please	check onl	y one orga	anızatıon)	1				
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed ir	Section 1	L70(b)(1)((A)(i).			
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	굣	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(E)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170((b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	nmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and gros	ss
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	() from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruct	tions)	
11	Γ	An organiza	atıon organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	es of
				orted organizations describe						Section 5	09(a)(3).	Check
		a T		type of supporting organiza			nes 11e t nally Integ		n d	Γ τ _{νρα}	III - Oth	ner
e	$\overline{}$		•	tify that the organization is								
•	•	•		agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f		-		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation,
а		check this		as the organization accepted	d any dift	or contribi	ition from	any of the				ı
g		following pe		as the organization decepted	a any gne	or contrib		dily of the	•			
		(i) a persor	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	
		(ii) a family	member of a p	erson described in (i) above	7					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
			,									
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Am	
	Supported Organization			(described on lines 1-9 above or IRC section	organız col (i)	ation in	_	nization) of your		ation in rganized	supp	ort?
	riyan	iizatioii		(See Instructions))		verning	supp	• .		US?		
	document?							, , ,				
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

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

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

	me of the organization .uke's Episcopal-Presbyterian			Employer iden	itification number
Hos	spitals			43-0652680	
Par		by all organizations exempt e the instructions for Schedule		n 501(c) and section	527
1	•	ganızatıon's dırect and ındırect politi	•	ıvıtıes ın Part IV	
2	Political expenditures		. 5		\$
3	Volunteer hours				
Par	t I-B To be completed befor Schedule C for d	oy all organizations exempt etails.)	under section	1 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	ider section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	gers under section	1 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	ı 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file $f I$	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oald from the filing d to a separate po	organization's own interna Hitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Pa	rt II-B To be completed by organizations exempt under section 501(c)(3) that 5768 (election under section 501(h)). (See the instructions for Schedule C f			ed F	orm	
		(6	a)		(b)	
		Yes	No	A	moun	ıt
L	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	1		
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes			4	2,479
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through				4	2,47
2a	1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No			
b	•			1		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A To be completed by all organizations exempt under section 501(c)(4),	ection	501((5)), or	
	section 501(c)(6). (See the instructions for Schedule C for details.)					
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
ai	rt III-B To be completed by all organizations exempt under section 501(c)(4),					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details		Part	III-A	• •	
1	Dues, assessments and similar amounts from members	,., 	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic	a I				
	expenses for which the section 527(f) tax was paid).					
а	Current Year	ļ	2a \$			
b	Carryover from last year		2b\$			
	Total	ļ	2c \$			
2	A garagete empount reported in section $60.33(a)(1)(A)$ notices of nondeductible section $163(a)$ dues		2 4			

	expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
С	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
_	,	<u>'</u>
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
PART II-B, LINE 1F		APPROXIMATELY \$42,479 OF THE DUES PAID TO VARIOUS TRADE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2009 IS ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE ORGANIZATIONS

Part IV Supplemental I	Part IV Supplemental Information			
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization

Employer identification number

	ıke's Episcopal-Presbyterian Ditals		43-0652680
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar F	<u> </u>
	organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		L
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Par	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	fied conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	he footnote to the organization's financial	· · · · · · · · · · · · · · · · · · ·
Pari	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		- \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

<u> 'ar</u>	Till Organizations Maintaining Collections of Art,	His	<u>tori</u>	<u>cal Treasu</u>	res, or Oth	<u>er Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	e a sıgnıfıcant	use of its collection	on	
а	Public exhibition	d	Γ	Loan or exch	nange program	ıs		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n how	v the y	further the o	rganızatıon's	exempt purpose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p						Yes	┌ No
Pai	t IV Trust, Escrow and Custodial Arrangements. C				nızatıon ans	wered "Yes" to I	Form 9	90,
	Part IV, line 9, or reported an amount on Form 990							
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	for c	ontributions o	or other assets		Yes	√ No
Ь	If "Yes," explain why in Part XIV and complete the following table	:			_			
						A mo	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	I		
2a	Did the organization include an amount on Form 990, Part X, line	21?				<u>ا</u>	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization						, NE N	
1-	Beginning of year balance 3,888,899	(b)) Prior	Year (c)IW	o Years Back (d)Three Years Back ((e)Four Y	ears Back
1a b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
Ī	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as	5						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨 100 %							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the organizat	ion t	hat a	re held and a	dmınıstered fo	or the		
	organization by (i) unrelated organizations					3a(i)	Yes	No No
	(ii) related organizations		•			3a(ii		No
ь	If "Yes" to 3a(II), are the related organizations listed as required		ched	ule R?		3b	' 	
4	Describe in Part XIV the intended uses of the organization's endo							
Pai	t VI Investments—Land, Buildings, and Equipmen	t. S	ee F	orm 990, Pa	rt X, line 10			
	Description of investment		(a)	Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	Land			15,189,686	, ,		1	5,189,686
b	Buildings			247,849,297		79,557,172		8,292,125
c	Leasehold improvements			13,750,058		2,350,211	1	1,399,847
d	Equipment			153,877,954		153,877,954		
e	Other	i		2,742,659		2,421,449		321,210

195,202,868

Part VII Investments—Other Securities.	See Form 990 Part X line 1	7	rage 3
(a) Description of security or cateory	(b)Book value	(c) Method of	valuation
(including name of security)	(B)Book value	Cost or end-of-yea	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -		
Total. (Column (b) should equal from 350, fall X, col (b) line 12	,		
Part VIII Investments—Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		
Part IX Other Assets. See Form 990, Part 3			
(a) De	scription		(b) Book value
DEFERRED COMPENSATION			7,973,000
HELD BY BOND TRUSTEE			8,857,453
INVESTMENT IN REHAB HOSPITAL			4,772,355
UNAMORTIZED BOND ISSUE COSTS			2,607,974
DUE FROM SPECIAL PURPOSE FUND			1,783,825
INTERCOMPANY RECEIVABLES			1,106,810
DUE FROM UNITY HEALTH SERVICES			832,239
INVEST IN WOMEN'S HEALTH CARE			512,946
INV IN OUTPATIENT IMAGING			579,739
MISCELLANEOUS ASSETS			890,024
Total. (Column (b) should equal Form 990, Part X, col.(B)			29,916,365
Part X Other Liabilities. See Form 990, Page (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) Amount		
MEDICARE REIMBURSEMENT SETTLEM	588,124		
INSURANCE RESERVES	31,302,336		
DEFERRED COMPENSATION	7,973,000		
OTHER CURRENT LIABILITIES	99,895		
CURRENT MATURITY OF DEBT	2,965,000		
	2,500,000		
	 		

42,928,355

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶

160	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	┨ . │	
е -	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
Ь	Other (Describe in Part XIV)	ا ہ ⊦	
_ C	Add lines 4a and 4b	4c	
5 Dat	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
			lines the series
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	irt XIV,	iines ib and ∠b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4 - USES OF ENDOWMENT FUNDS		ENDOWMENT FUNDS CONSIST OF APPROXIMATELY EIGHT INDIVIDUAL FUNDS, OF WHICH THREE WERE ESTABLISHED FOR INDIGENT CARE ALL REALIZED INVESTMENT RETURNS ARE RELEASED TO OPERATIONS IN ACCORDANCE WITH THE DONOR RESTRICTIONS
SCHEDULE D, PART IV, LINE 2b - ESCROW FUNDS SURREY PLACE SKILLED NURSING	FACILITY	ONE MONTH'S ADVANCE DEPOSIT OF ROOM AND BOARD CHARGES FOR SKILLED NURSING FACILITY PRIVATE PAY RESIDENTS
SEE SCHEDULE 0 FOR ADDITIONAL INFORMATION ON CORE FORM PART IV, QUESTION	12 AND SCHEDULE D, PARTS XI, XII & XIII	
SCHEDULE D, PART X - FIN48 AUDIT DISCLOSURE IS N/A		

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OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization St Luke's Episcopal-Presbyte	rıan					Employer iden	tification number
Hospitals						43-0652680	
Part I Fundraising A	ctivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form	990, Part IV,	line 17.
1 Indicate whether the org a		through ar	•	following activities Cho e	non-gove governme	rnment grants ent grants	
2a Did the organization hav or key employees listed b If "Yes," list the ten high to be compensated at least	ın Form 990, Part VII ıest paıd ındıvıduals ol) or entity r entities (f	in connec	ction with professional f rs) pursuant to agreeme	fundraisir ents unde	ng activities? er which the fun	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
-		Yes	No		<u> </u>		
WILKINSON GROUP INC	CONSULTING		Νο	0		55,008	0
-							
Total	,		>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493137034580

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization St Luke's Episcopal-Presbyterian Hospitals **Employer identification number**

spil	tals						43-0652680			
Pa	rt I Charity Care and	d Certain O	ther Com	munity Ben	efits at	Cost (Optiona	l for 2008)			
									Yes	No
La	Does the organization have a	a charity care	policy? If "N	lo," skip to que	estion 6a			1a		
b	If "Yes," is it a written policy	′?						1b		
2	If the organization has multiple care policy to the various ho		indicate whi	ch of the follow	ıng best ı	describes applica	tion of the charity			
	A pplied uniformly to all h Generally tailored to indi	•	ls	☐ Applied	unıformly	to most hospitals	.			
3	Answer the following based organization's patients	on the charity	care eligibili	ty criteria that	applies t	o the largest num	ber of the			
а	Does the organization use Fe income individuals? If "Yes,"							3a		
	Г 100% Г 150%	, Г 2	00%	Other_		<u>%</u>				
b	Does the organization use FF "Yes," indicate which of the f							3ь		
	Γ _{200%} Γ _{250%}	T 300	% Г	- 350%	T 400	% Г о the	ar %			
c	If the organization does not of determining eligibility for free test or other threshold, regain	use FPG to de e or discounte	termine eligi d care Incli	ibility, describe	e in Part \ ription wl	/I the income bas nether the organiz	ed criteria for			
1	Does the organization's police	cy provide free	or discount	ed care to the	"medical	ly indigent"? .		4		
Ба	Does the organization budge	t amounts for	free or disco	ounted care pro	vided un	der its charity car	e policy?	5a		
ь	If "Yes," did the organization	n's charity car	e expenses	exceed the bu	dgeted an	nount?		5b		
С	If "Yes" to line 5b, as a resu care to a patient who was eli							5c		
5a	Does the organization prepai	re an annual c	ommunity be	enefit report?				6a		
5 b	If "Yes," does the organizati	on make it ava	ulable to the	public? .				6b		
	Complete the following table worksheets with the Schedul		ksheets pro	vided in the Sc	hedule H	instructions Do	not submit these			
7	Charity Care and Certain (Other Commu	nity Benefits	at Cost				•		
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total com benefit exp	, ,	(d) Direct offsettir revenue	(e) Net community expense	benefit	(f) Perototal ex	
a	Charity care at cost (from worksheets 1 and 2)									
b	Unreimbursed Medicaid (from worksheet 3, column a)									
5	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)									
d	Total Charity Care and Means-Tested Programs									
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
F	Health professions education (from worksheet 5)									
9	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
	Cash and in-kind contributions to community groups (from worksheet 8)									
, 1	otal Other Benefits	1		1	l					

k Total (line 7d and 7j) . . .

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
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8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2	(008) '	1		1		1			
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST LUKE'S HOSPITAL 232 S WOODSMILL RD	x	х		х			х		
CHESTERFIELD, MO 63017	^	^							

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493137034580

OMP No. 1545 0047

2008

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations

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Department of the Treasury Internal Revenue Service

Schedule J

(Form 990)

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
St Luke's Episcopal-Presbyterian

Employer identification number

43-0652680

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u>~</u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		•	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•	8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Gary Olson	(1) (11)	487,167	106,200	0	23,800	34,704	651,871	245,000
Brıan Spillers	(I) (II)	374,173	56,000	0	26,000	37,704	493,877	190,496
David Krajcovic MD	(I) (II)	393,373	0	0	0	21,092	414,465	194,000
Paul Mennes MD	(I) (II)	373,920	0	0	12,000	21,904	407,824	194,731
Gail Wagner	(1) (11)	216,333	3,178	0	0	20,977	240,488	105,943
Jan Hess	(I) (II)	165,933	12,172	0	0	28,902	207,007	81,149
Brenda Kelly	(I) (II)	165,717	6,426	0	0	29,191	201,334	80,423
William Meyer	(I) (II)	178,520	3,364	0	0	30,610	212,494	86,297
Don Miller	(I) (II)	201,340	6,044	0	0	23,457	230,841	92,888
Hope Cranston D'A mato MD	(I) (II)	369,631	0	0	0	21,397	391,028	187,034
Talat Nawas MD	(I) (II)	343,265	0	0	0	22,935	366,200	192,810
Sergio Garcia MD	(I) (II)	338,557	0	0	0	14,554	353,111	169,970
Abdul Moheet MD	(1) (11)	328,001	0	0	0	28,497	356,498	171,446
Mark Sındecuse MD	(I) (II)	281,301	0	0	0	17,111	298,412	139,820
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

DLN: 93493137034580

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Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization
St Luke's Episcopal-Presbyterian
Hospitals

Employer identification number
43-0652680

P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	· Purpose	(g) De	feased	Beh)On alfof suer
											Yes	No	Yes	No
A	HEALTH & EDUCATIONAL FACILITIES AUTH STATE OF MO	43-1178966	60635RY68	01-09-	2007	56,	215,363	SEE SCHED	ULE O			x		x
Pa	art II Proceeds (Optional for)	2008)										<u> </u>		
1	Total Proceeds of Issue	,		-	1	E	3			ı)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding iss	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıs s ue ?											
11	Has the final allocation of proceed:	s been made?												
12	Does the organization maintain addition final allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))	1						1				
						E			C) 		E	
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangements which may result in private busine		nanced property											
For	Panerwork Reduction Act Notice see the	Instructions for Form	990			Cat No. 501	93F			S	chedule K	(Form 99	01 2008	2

Schedule K	(Form 990) 2008		
Part III	Private Busines	s Use	(Continued)

3a Are find find find find find find find find
fining fi
3b Arwh 3c Do co agg 4 En ent 5 En ar org 6 To 7 Ha en: Part IV 1 Ha 2 Is 3a Ha
wh 3c Do coi agi 4 En eni 5 En a r org 6 To 7 Ha en: Part IV 1 Ha 2 Is 3a Ha
coi agi 4 En eni 5 En ar org 6 To 7 Ha en: Part IV 1 Ha 2 Is 3a Ha
5 En ar org 6 To 7 Ha en: Part IV 1 Ha 2 Is 3a Ha
a r org 6 To 7 Ha en: Part IV 1 Ha 2 Is 3a Ha
7 Ha en: Part IV 1 Ha 2 Is 3a Ha
Part IV
1 Ha 2 Is 3a Ha
2 Is 3a Ha
2 Is 3a Ha
2 Is 3a Ha
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DLN: 93493137034580

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** St Luke's Episcopal-Presbyterian Hospitals 43-0652680 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (c)Original principal by board or (d)Balance due default? agreement? (a) Name of interested person and purpose organization? amount committee? Yes No Τо From Yes No Yes No GARY OLSON -RETENTION Χ 375,000 375,000 Νo Yes Yes DAVID KRAJCOVIC -RECRUITMENT Х 45,625 3,802 Νo Nο Yes 378,802 Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

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SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization St Luke's Episcopal-Presbyterian Hospitals

Employer identification number

43-0652680

Pa	rt I Types of Property		,					
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавіс		<u> </u>				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	15	526,478	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of	of the initial	l contribution, and which is	not required to be used for ϵ	exempt purposes			
	for the entire holding period? $oldsymbol{\cdot}$					30a		No
	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
33	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	i) is		-	
	checked, describe in Part II						1	

Part II Supplemental Info 32b, and 33. Also co	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation			
32b		ST LUKE'S HOSPITAL USES AN OUTSIDE TRUST COMPANY TO SELL EQUITY SECURITIES CONTRIBUTED TO THE ORGANIZATION			

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Name of the organization St Luke's Episcopal-Presbyterian Hospitals

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

43-0652680

ldentifier	Return Reference	Explanation
FORM 990, PART I, Q1 & PART III, Q1 - ORGANIZATION'S MISSION		Faithful to our Episcopal-Presbyterian heritage and its ministry of healing, St. Luke's Hospital (St. Luke's) is dedicated to improving the health of the community. Using talents and resources responsibly, our medical staff, employees and volunteers, provide care for the whole person with compassion, professional excellence, and respect for each other and those we serve. St. Luke's vision is to be a premier regional healthcare provider. St. Luke's provides quality medical care to patients regardless of race, creed, sex, national origin, handicap, age or ability to pay

ldentifier	Return Reference	Explanation
FORM 990, PART III, Q 4(a)		Medically necessary health services provided to all individuals in a non-discriminatory manner regardless of race, color, national origin, religion or ability to pay. St. Luke's Hospital offers a comprehensive approach to healthcare from over 22 locations across St. Louis and St. Charles Counties, including a hospital, skilled nursing/residential care facility and five urgent care centers. Nationally recognized for clinical excellence, St. Luke's offers services in more than 60 specialty areas including. Brain and Spine, Cancer Care, Heart Care, Osteoporosis, Sleep Medicine, Urgent Care, Vascular Access and Women's Health. The Brain and Spine Center is the first of its kind in the region, committed to a multidisciplinary approach offering the most advanced treatments available. The Heart Institute offers a collaborative approach to manage and treat heart disease. Women's Health includes a comprehensive range of clinical services, educational opportunities and wellness. St. Luke's Hospital is the exclusive spirit of Women. Hospital in Missouri focused on elevating the standards in women's health. To further its mission of providing care for the medically underserved and underinsured, St. Luke's Hospital operates a pediatric care center which provides healthcare to children and education to their families.

ldentifier	Return Reference	Explanation
FORM 990, PART III, Q 4(b)		In support of its mission, the organization provides care to patients who lack financial resources and are deemed to be medically indigent. In addition, the organization provides services to other medically indigent patients under various state Medicaid programs. Such programs pay providers amounts that are less than the related costs for the services provided to the recipients. In response to identified needs, St. Luke's also benefits the community through. A graduate medical education program for interns and residents in internal medicine. Training opportunities for health professionals in nursing, pharmacy and other health specialties. An accredited continuing medical education (CME) program for physicians. A fully accredited chaplaincy program with five chaplains. An institute for health education, which provides health education, prevention programs and health screenings to area schools, corporations and the community. A pediatric care center, which provides healthcare to children in North St. Louis City and County. Meals on wheels, which provides meals to community residents who are not able to prepare meals for themselves due to their medical condition. HealthAware provides free online confidential risk assessments and personal follow-up for those found at risk for heart disease, stroke, sleep apnea, diabetes, and neck and back pain

ldentifier	Return Reference	Explanation
FORM 990, PART IV Q 12 & PART XI Q 2B		The organization's financial statements were audited in accordance with GAAP as part of the consolidated audit of St. Luke's Health Corporation. The consolidated financial statements include the accounts of St. Luke's Health Corporation, St. Luke's Hospital and all of their controlled subsidiaries, including St. Luke's Medical Group and St. Luke's Development Corporation, a for-profit corporation. However, no separate opinion is required or was rendered on the hospital alone, and thus question 12 of Part IV and Q. 2b Part XI are required to be answered 'no'. FORM 990, PART XI Q. 2C The organization's Audit Committee assumes responsibility to oversee and review the audit process, and the selection and approval of the independent auditors.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A. Q. 6		St Luke's Health Corporation, a 501(c)(3) organization, is the sole corporate member of St Luke's Episcopal-Presbyterian Hospitals, a regional health care provider

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, Q 10 - 990 REVIEW PROCESS		Revisions to form 990 have been discussed and presented to the Board and its committees several times since the changes were announced. Education of the changes and reasons for the enhancements were presented in advance of the review of the completed form. The organization did provide a copy of the Form 990 to the Executive and Finance Committee of the Board of Directors prior to filling. Management of the organization presented each section of the core form as well as all schedules to obtain committee input and agreement. All questions raised were addressed in advance of submission.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, Q 12c - COMPLIANCE / CONFLICT OF INTEREST		The organization monitors and enforces compliance with the policy by providing the policy and questionnaire to each Board Member at the time of appointment and to each new employee at the time of employment and annually thereafter. Each board member and key employee is required to sign a statement acknow ledging he/she has read, understands and agrees to comply with the policy as well as submit the completed questionnaire. Any/all actual or possible conflicts of interest that arise from the forms are disclosed to the Audit Committee. The Audit Committee addresses any potential conflict of interest and takes appropriate action to resolve. The organization considers the possibility that Board Members or Key Employees may inadvertently fail to disclose actual or possible conflicts of interest and performs diligence to address and respond in accordance with the policy.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, Q 15 - COMPENSATION PROCESS		Executive, key employee and physician salary/compensation information is based on comparative data with like positions in the market. The organization also periodically engages consultants for independent reviews to ensure compensation for certain of the above employees is fair and within market parameters. The salary data and potential adjustments for executives and key employees are presented to the compensation committee to approve or modify. The compensation committee has representation from the independent members of the board and legal counsel. Minutes are maintained of the discussions and conclusions of the committee.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, Q 19 - ORGANIZATION'S GOVERNING DOCUMENTS		Quarterly and annual financial statements including Form 990 and 990T are available to the public on the internet and upon request in the Administration Office. Any proprietary internal policies or governing documents are available upon request in the Administration Office.

ldentifier	Return Reference	Explanation
SCHEDULE K, PART I, A - DESCRIPTION OF PURPOSE		Series 2006 to finance capital improvements & refund a portion of prior issue (Series 2001)

ldentifier	Return Reference	Explanation
SCHEDULE R, PART II - MEDICAL GROUP		To further the charitable and health purposes of St Luke's Episcopal-Presbyterian Hospitals, and to recruit, train and employ qualified health care professionals to provide health care services to the community

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493137034580

2008

OMB No 1545-0047

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Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number Name of the organization St Luke's Episcopal-Presbyterian Hospitals 43-0652680 **Identification of Disregarded Entities** Part I (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity See Additional Data Table Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity ST LUKE'S HEALTH CORPORATION 501(c)(3) 232 S WOODS MILL RD SOLE MEMBER МО 11b N/A CHESTERFIELD, MO63017 43-1246752 ST LUKE'S MEDICAL GROUP 43-1246752 232 S WOODS MILL RD SEE SCH O МО 501(c)(3) 11a CHESTERFIELD, MO63017 43-1349332

art III Identification of			(C)					(H	1)		()	J)
(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	Dispro alloca	prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral or aging ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	anizations	Taxable	as a Corporation	n or Trust							
(A) Name, address, and EIN of related o	organization	(B) Primary act	ıvıty	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total in	come	Sł end	nare of Perc	(H) entage nership	
ST LUKE'S DEVELOPMENT CORP 232 S WOODS MILL RD CHESTERFIELD, MO63017 43-1238961		OTHER MISC		МО	43-1246752	CORPORATION		0		0 0%		

No

No

No

No

No

No

1d

1g

1i Yes

1j

1k Yes

11

1n

1p

1q

1m Yes

Yes

Yes

Yes

Yes

Pa	Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from other organization(s)	1c		N

f Sale of assets to other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

- **g** Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

(5)

(6)

- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)

r	O ther transfer of cash or property from other organization(s)		1r Yes
2	If the answer to any of the above is "Yes," see the instructions for information on who r	nust complete this line, including covered relationship	s and transaction thresholds
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	NA AS ALL TRANSACTIONS WITH 501(c)(3) ENTITY		
(2)			
(3)			
(4)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: **Software Version:**

EIN: 43-0652680

Name: St Luke's Episcopal-Presbyterian Hospitals

Form 990, Schedule R, Part I - Identification of Disregarded	Hospitals d Entities				
(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income (\$)	(E) End-of-year assets (\$)	(F) Direct Controlling Entity
PHYSICIAN SPECIALISTS OF ST LUKE'S LLC 232 S WOODS MILL RD CHESTERFIELD, MO 63017 20-5041902	MED PROF SERV	МО	10,617,567	994,435	N/A
STEPHEN YIM MD LLC 232 S WOODS MILL RD STE 350E CHESTERFIELD, MO 63017 86-1141720	MED PROF SERV	МО			43-1349332
DIV OF MATERNAL & FETAL MEDICINE LLC 226 S WOODS MILL RD STE 62W CHESTERFIELD, MO 63017 84-1682755	MED PROF SERV	МО			43-1349332
REPRODUCTIVE IMAGINGANTENATAL TEST LLC 226 S WOODS MILL RD STE 62W CHESTERFIELD, MO 63017 86-1141720	MED PROF SERV	МО			43-1349332
ADVANCED REPRODUCTIVE SPECIALISTS LLC 226 S WOODS MILL RD STE 64W CHESTERFIELD, MO 63017 25-1920150	MED PROF SERV	МО			43-1349332
CARDIAC SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL ROAD STE 500N CHESTERFIELD, MO 63017 42-1672093	MED PROF SERV	МО			43-1349332
DEPARTMENT OF CARDIOLOGY LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 87-0748742	MED PROF SERV	МО			43-1349332
MIDWEST DIAGNOSTIC CARDIOLOGY LLC 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 42-1672094	MED PROF SERV	МО			43-1349332
CARDIO THORACIC SURGERY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 86-1141715	MED PROF SERV	МО			43-1349332
OPEN HEART ANESTHESIOLOGY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 87-0748749	MED PROF SERV	МО			43-1349332
VAN AMBURG & BUSIEK MD'S LLC 232 S WOODS MILL RD STE 330E CHESTERFIELD, MO 63017 84-1684660	MED PROF SERV	МО			43-1349332
J DANIELS LAMPING LLC 226 S WOODS MILL RD STE 60W CHESTERFIELD, MO 63017 26-3168227	MED PROF SERV	МО			43-1349332
WEST COUNTY ADULT MEDICINE LLC 224 S WOODS MILL RD STE 620S CHESTERFIELD, MO 63017 33-1180875	MED PROF SERV	МО			43-1349332
CHESTERFIELD REHAB PHYSICIANS LLC 226 S WOODS MILL RD STE 59W CHESTERFIELD, MO 63017 26-3907161	MED PROF SERV	МО			43-1349332
DRS BARAKE & GENOVA LLC 225 CLARKSON ROAD ELLISVILLE, MO 63011 86-1141707	MED PROF SERV	МО			43-1349332
PRACTICE OF ROSEMARY CANNISTRARO LLC 12609 OLIVE STREET ST LOUIS, MO 63141 86-1141728	MED PROF SERV	МО			43-1349332
WESTGLEN FAMILY PHYSICIANS LLC 225 CLARKSON ROAD ELLISVILLE, MO 63011 86-1141718	MED PROF SERV	МО			43-1349332
ASSOCIATES IN INTERNAL MEDICINE LLC 226 WOODS MILL RD STE 56W CHESTERFIELD, MO 63017 20-4554452	MED PROF SERV	МО			43-1349332
INTERNAL MEDICINE OF WEST COUNTY LLC 14897 CLAYTON RD STE 100 CHESTERFIELD, MO 63017 26-2985922	MED PROF SERV	МО			43-1349332
CARDIO-PULMONARY ASSOCIATES LLC 222 S WOODS MILL RD STE 310N CHESTERFIELD, MO 63017 25-1920167	MED PROF SERV	МО			43-1349332
MEDICAL SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL RD STE 750N CHESTERFIELD, MO 63017 84-1682728	MED PROF SERV	МО			43-1349332
INTERNAL MEDICINE OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63017 26-3961790	MED PROF SERV	МО			43-1349332
CARDIAC CATH LAB LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 86-1141729	MED PROF SERV	МО			43-1349332
CHESTERFIELD INTERNAL MEDICINERHEUM LLC 226 WOODS MILL RD STE 43W CHESTERFIELD, MO 63017 86-1141726	MED PROF SERV	МО			43-1349332
THE OSTEOPOROSIS CTR OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63017 26-3962089	MED PROF SERV	МО			43-1349332
CONWAY INTERNISTS LLC 226 WOODS MILL RD STE 45W CHESTERFIELD, MO 63017 87-0748750	MED PROF SERV	МО			43-1349332
TRI-COUNTY FAMILY PRACTICE LLC 5551 WINGHAVEN BLVD STE 142 OFALLON, MO 63368 25-1920176	MED PROF SERV	МО			43-1349332
DR GENOVA LLC 5551 WINGHAVEN BLVD STE 132 OFALLON, MO 63368 25-1920156	MED PROF SERV	МО			43-1349332
PRACTICE OF ALAN SPIVACK LLC 224 WOODS MILL RD STE 620S CHESTERFIELD, MO 63017 25-1920164	MED PROF SERV	МО			43-1349332
CLINIC OF INTERNAL MEDICINE LLC 1034 S BRENTWOOD BD STE 1060 ST LOUIS, MO 63117 84-1682760	MED PROF SERV	МО			43-1349332
DAVID J TUCKER MD LLC 1034 S BRENTWOOD BD STE 716 ST LOUIS, MO 63117 84-1682729	MED PROF SERV	МО			43-1349332
CLAYTON INTERNAL MEDICINE LLC 222 S WOODS MILL RD STE 520N CHESTERFIELD, MO 63017 84-1682754	MED PROF SERV	МО			43-1349332
DRS MERA BOESCH & KUMAR LLC 222 S WOODS MILL RD STE 630N CHESTERFIELD, MO 63017 86-1141713	MED PROF SERV	МО			43-1349332
NEUROSURGERY & NEUROLOGY LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 11-3750241	MED PROF SERV	МО			43-1349332
ATC LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 20-5152770	MED PROF SERV	МО			43-1349332
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Software ID: Software Version:

EIN: 43-0652680

Name: St Luke's Episcopal-Presbyterian

Hospitals

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	3									
			(C tion (hat a	chec		Ī			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Jack Biggs , Chairman	4 0	Х								
Ned O Lemkemeier , Vice Chairman	10	Х								
James G Forsyth III , Treasurer	10	Х								
Annie Schlafly , Secretary	4 0	Х								
Stuart L Bascomb , Director	10	Х								
John B Buettner MD , Director	400	Х						83,102	0	7,500
William Cornelius , Director	1 0	Х								
John F Eilermann Jr , Director	1 0	Х								
The Rev Terry Epling , Director	10	Х								
Jefferson L Miller , Director	10	Х								
Mark Novack MD , Director	10	Х								
Jerrie H Plegge , Director	10	Х								
David B Price Jr , Director	1 0	Х								
The Rev Dr Paul T Reiter , Director	10	Х								
Virginia Rowe , Director	1 0	Х								
Hugh Scott III , Director	1 0	Х								
Joseph A Sheehan , Director	10	Х								
The Rt Rev G Wayne Smith , Director	1 0	Х								
Daniel K Stegmann , Director	10	Х								
John Wood MD , Director	1 0	Х								
Gary Olson , President and CEO	60 0			Х	Х			593,367		58,504
Brian Spillers , Executive V P - Finance	600			Х	Х			430,173		63,704
David Krajcovic MD , Chief Department of Surgery	60 0				х			393,373		21,092
Paul Mennes MD , Chief Department of Medicine	65 0				х			373,920		33,904
Gail Wagner , Senior V P of Nursing	50 0				Х			219,511		20,977
Jan Hess , Vice President	50 0				Х			178,105		28,902
Brenda Kelly , V P of Surgical Services	50 0				Х			172,143		29,191
William Meyer , Chief Information Officer	50 0				х			181,884		30,610
Don Miller , Vice President of Operations	50 0				х			207,384		23,457
Hope Cranston D'Amato MD , Medical Director - ICU	60 0					Х		369,631		21,397

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	est compose emplo			Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
Talah Nawa MD. Hasantalah	50.0	\$	Trustee		8	at ed		242 265		-
Talat Nawas MD , Hospitalist	50 0					X		343,265		22,935
Sergio Garcia MD , Emergency Department	55 0					х		338,557		14,554
Abdul Moheet MD , Emergency Department	55 0					х		328,001		28,497
Mark Sındecuse MD , Emergency Department	50 0					х		281,301		17,111

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a INPATIENT REVENUE (NET)		170,517,795	170,517,795		
b OUTPATIENT REVENUE (NET)		163,581,608	163,581,608		
c NONPATIENT LABS	621,110	1,611,250		1,611,250	
d RETAIL PHARMACIES	446,110	3,361,693		3,361,693	
e ALL OTHER PROGRAM SERVICE REVENUE		180,151		180,151	

(ı) (ıı)

Mark Sindecuse MD

281,301

Software ID: Software Version:

EIN: 43-0652680

Name: St Luke's Episcopal-Presbyterian

Hospitals

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Gary Olson	(I) (II)		106,200	0	23,800	34,704	651,871	245,000	
Brian Spillers	(I) (II)	374,173	56,000	0	26,000	37,704	493,877	190,496	
David Krajcovic MD	(I) (II)		0	0	0	21,092	414,465	194,000	
Paul Mennes MD	(I) (II)		0	0	12,000	21,904	407,824	194,731	
Gail Wagner	(ı) (ıı)	216,333	3,178	0	0	20,977	240,488	105,943	
Jan Hess	(ı) (ıı)		12,172	0	0	28,902	207,007	81,149	
Brenda Kelly	(ı) (ıı)		6,426	0	0	29,191	201,334	80,423	
William Meyer	(ı) (ıı)		3,364	0	0	30,610	212,494	86,297	
Don Miller	(ı) (ıı)	201,340	6,044	0	0	23,457	230,841	92,888	
Hope Cranston D'Amato MD	(ı) (ıı)		0	0	0	21,397	391,028	187,034	
Talat Nawas MD	(I) (II)	343,265	0	0	0	22,935	366,200	192,810	
Sergio Garcia MD	(I) (II)	338,557	0	0	0	14,554	353,111	169,970	
A bdul Moheet MD	(I) (II)		0	0	0	28,497	356,498	171,446	
									

17,111

298,412

139,820