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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions. C Name of organization ST LUKES COMMUNITY HEALTH SERVICES Doing Business As ST. LUKE'S THE WOODLANDS HOSPITAL Number and street (or P O box if mail is not delivered to street address) 6624 FANNIN Room/suite 1100 City or town, state or country, and ZIP + 4 HOUSTON, TX 77030	D Employer identification number 76-0536234 E Telephone number (832) 355-2042
	F Name and address of principal officer: DAVID J. FINE 6624 FANNIN HOUSTON, TX 77030	G Gross receipts \$ 163,994,767. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	J Website: WWW.SLEH.COM K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
	L Year of formation 1997 M State of legal domicile TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ST. LUKE'S THE WOODLANDS HOSPITAL, SERVING ALL GOD'S CHILDREN AS THE HEALTH MINISTRY OF THE EPISCOPAL DIOCESE OF TEXAS, SEEKS TO RAISE THE QUALITY OF LIFE BY ENHANCING COMMUNITY HEALTH THROUGH SUPERIOR SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	941
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	19,194.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	4,279.
	8 Contributions and grants (Part VIII, line 1h)		9,150.
	9 Program service revenue (Part VIII, line 2g)		126,072,456.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		745,283.
Expenses	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		126,905,220.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		37,250.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		47,696,301.
	16a Professional fundraising fees (Part IX, column (A), line 11a)		0.
	b Total fundraising expenses, Part IX, column (D), line 25		0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		74,185,563.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		121,919,114.
	19 Revenue less expenses. Subtract line 18 from line 12		4,986,106.
	20 Total assets (Part X, line 16)		127,875,239.
	21 Total liabilities (Part X, line 26)		173,825,094.
	22 Net assets or fund balances. Subtract line 21 from line 20		-45,949,855.

Part II Signature Block

Sign Here ▶ Signature of officer ▶ Type or print name and title	INTERNAL REVENUE SERVICE 222 RECEIVED MAR 22 2011 BATCHING UNIT COVINGTON, KY	Date Date
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00292940 EIN Phone no

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

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

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 120,789,720. including grants of \$ 212,291.) (Revenue \$ 161,994,849)

ATTACHMENT 4

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 120,789,720.Form **990** (2009)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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 similar funds or 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
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	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	941
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	10	
1b Enter the number of voting members that are independent	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 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 ☒ Another's website ☒ Upon request

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ STEPHEN PICKETT 3100 MAIN HOUSTON, TX 77002

832-355-2042

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J FINE SECRETARY & DIRECTOR	10.00	X		X				0.	1,911,929.	432,498.
MICHAEL RICHMOND CHAIRMAN & DIRECTOR	10.00	X		X				0.	0.	0.
RALPH MCINGVALE VICE CHAIRMAN & DIRECTOR	2.00	X		X				0.	0.	0.
JUDE COMPOFELICE DIRECTOR	2.00	X						0.	0.	0.
ROBERT K REEVES DIRECTOR	2.00	X						0.	0.	0.
JULIE GREGORY DIRECTOR	2.00	X						0.	0.	0.
CHARLES HANKINS DIRECTOR	2.00	X						0.	0.	0.
REVEREND LINDA SERACUSE DIRECTOR	2.00	X						0.	0.	0.
STEPHEN PICKETT TREASURER	5.00	X		X				0.	969,347.	176,656.
JEFFY M MATHEW, M.D. DIRECTOR	2.00	X						0.	0.	0.
THE REVEREND GARY H JONES DIRECTOR	2.00	X						0.	0.	0.
CHESTER JONES DIRECTOR	2.00	X						0.	0.	0.
GARY WHITLOCK DIRECTOR	2.00	X						0.	0.	0.
DEBRA F SUKIN V P AND CEO WOODLANDS	40.00			X				385,149.	0.	38,384.
BRIAN E. DOYLE ASSISTANT TREASURER	2.00			X				0.	133,683.	28,836.
MARGARET A REITER AVP PATIENT CARE SLTWH	40.00				X			174,543.	0.	27,825.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY SUE LIPHAM AVP CONTROLLER SLTWH	40.00				X			170,960.	0.	35,538.
ERICA A. STUCKEY STAFF NURSE	40.00					X		143,684.	0.	9,464.
MARY B. MCNUTT STAFF NURSE	40.00					X		140,841.	0.	14,286.
TYRONE A. ROBERTS ADMINISTRATIVE DIR OPERATIONS	40.00					X		171,359.	0.	26,398.
ROBERT JONES FORMER DIRECTOR							X	0.	309,326.	25,955.
1b Total								1,186,536.	3,324,285.	815,840.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **23**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3	X	
4	X	
5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VIII Statement of Revenue

76-0536234

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f			0.			
Program Service Revenue	Business Code						
	2a	NET PATIENT REVENUE	900099	161,917,353.	161,917,353.		
	b	HEALTH EDUCATION/WOMEN'S SERVICES	900099	51,852.	51,852.		
	c	INSTITUTIONAL REVENUE	900099	30,923.	11,729.	19,194.	
	d					
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f			162,000,128			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6		118,811.			118,811.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents	840,290.				
	b	Less: rental expenses					
	c	Rental income or (loss)	840,290				
	d	Net rental income or (loss)		840,290.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a	262,610.			
b	Less: cost of goods sold	b	140,991				
c	Net income or (loss) from sales of inventory ATCH. 9		121,619.			121,619	
Miscellaneous Revenue			Business Code				
11a	FOOD SERVICES	900099	562,424			562,424.	
b	MEDICAL RECORDS	900099	73,080.			73,080.	
c	MISCELLANEOUS	900099	137,424.			137,424.	
d	All other revenue						
e	Total. Add lines 11a-11d		772,928.				
12	Total Revenue. See instructions			163,853,776.	161,980,934.	19,194.	1,013,358.

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Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).****Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	52,099.	52,099.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	160,192.	160,192.		
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	415,533.	0.	415,533.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	44,155,715.	38,926,368.	5,229,347.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	3,051,757.	2,684,131.	367,626.	
9 Other employee benefits	5,396,746.	4,486,696.	910,050.	
10 Payroll taxes	3,249,710.	2,859,043.	390,667.	
11 Fees for services (non-employees):				
a Management	1,181,698.	559,608.	622,090.	
b Legal	8,915.	8,915.		
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	820,272.	820,561.	-289.	
12 Advertising and promotion	70,926.	41,477.	29,449.	
13 Office expenses	30,484,915.	29,354,104.	1,130,811.	
14 Information technology	1,019,389.	85,639.	933,750.	
15 Royalties	0.			
16 Occupancy	3,412,095.	682,014.	2,730,081.	
17 Travel	34,059.	14,406.	19,653.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	525.	525.		
20 Interest	742,929.	742,929.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	7,771,434.	3,915,027.	3,856,407.	
23 Insurance	1,401,758.		1,401,758.	
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)				
a <u>BAD DEBT</u>	28,266,688.	28,266,688.		
b <u>EQUIPMENT AND FACILITY MAINT</u>	3,397,217.	1,696,801.	1,700,416.	
c <u>OTHER OUTSIDE SERVICES</u>	11,419,336.	5,198,790.	6,220,546.	
d <u>LAUNDRY & LINEN</u>	673,492.	56,565.	616,927.	
e <u>PROFESSIONAL DUES AND LICENS</u>	189,691.	119,078.	70,613.	
f All other expenses	1,580,114.	58,064.	1,522,050.	
25 Total functional expenses. Add lines 1 through 24f	148,957,205.	120,789,720.	28,167,485.	0.
26 Joint Costs. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,869,408.	1	11,384,176.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,766,875.	4	15,251,745.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	1,627,381.	8	1,957,548.
	9 Prepaid expenses and deferred charges	232,075.	9	287,143.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 183,083,532.		
	b Less: accumulated depreciation	10b 47,449,680.	10c	135,633,852.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	64,518.	15	770,383.
16 Total assets. Add lines 1 through 15 (must equal line 34)	127,875,239.	16	165,284,847.	
Liabilities	17 Accounts payable and accrued expenses	5,129,854.	17	5,880,311.
	18 Grants payable		18	
	19 Deferred revenue	5,294.	19	5,294.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	168,689,946.	25	192,971,054.
	26 Total liabilities. Add lines 17 through 25	173,825,094.	26	198,856,659.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-45,949,855.	27	-33,571,812.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-45,949,855.	33	-33,571,812.
34 Total liabilities and net assets/fund balances	127,875,239.	34	165,284,847.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** . Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a**
- b** Were the organization's financial statements audited by an independent accountant? **2b**
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c**
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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**
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. **3b**

Yes No

Form **990** (2009)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

[illegible]**Schedule A (Form 990 or 990-EZ) 2009**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
ST LUKE'S EPISCOPAL HOSPITAL	74-1161938	03	X		X		X		0.
ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION (509(A)(3))	76-0536232	501(C)(3)	X		X		X		0.
EPISCOPAL DIOCESE OF TEXAS	74-1143081	01	X		X		X		0.
TOTAL AMOUNT OF SUPPORT									<u>0.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST LUKES COMMUNITY HEALTH SERVICES

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,787,902.		11,787,902.
b Buildings		116,296,594.	10,798,968.	105,497,626.
c Leasehold improvements		1,758,846.	1,143,107.	615,739.
d Equipment		47,804,248.	35,507,606.	12,296,642.
e Other	104,936.	5,331,006.	0.	5,435,942.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				135,633,851.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.[illegible]

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
INTERCOMPANY PAYABLES	191,239,935.
MEDICARE/MEDICAID RESERVES	600,000.
CONSTRUCTION PAYABLE RETAINER	1,131,119.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	192,971,054.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, QUESTION 4

PART V: ENDOWMENT FUNDS

ST. LUKE'S COMMUNITY HEALTH SERVICES DOES NOT HAVE AN ENDOWMENT FUND.

HOWEVER, ST. LUKE'S EPISCOPAL HOSPITAL, A RELATED ORGANIZATION, DOES HOLD
ENDOWMENT FUNDS.

FORM 990, SCHEDULE D, PART X

PART XIV: SUPPLEMENTAL INFORMATION

PROVIDE THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL
STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX
POSITIONS UNDER FIN 48.

THERE ARE NO UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED
FINANCIAL STATEMENTS AT DECEMBER 31, 2009 OR 2008.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

ST LUKES COMMUNITY HEALTH SERVICES

Employer identification number

76-0536234

Part I Charity Care and Certain Other Community Benefits at Cost

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.
- ☒ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals
- ☐ Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
- a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
- c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- b** If "Yes," does the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
3c		
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,748,488.		3,748,488.	2.52
b Unreimbursed Medicaid (from Worksheet 3, column a)			13,425,803.	12,718,019.	707,784.	.48
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			17,174,291.	12,718,019.	4,456,272.	3.00
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total. Add lines 7d and 7j			17,174,291.	12,718,019.	4,456,272.	3.00

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

Schedule H (Form 990) 2009

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Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	7		4,410.			
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	7		3,080.			
8 Workforce development						
9 Other	19		1,855.			
10 Total	33		9,345.			

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2 Enter the amount of the organization's bad debt expense (at cost) 2 8,190,885.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 27,058,902.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 38,039,609.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 -10,980,707.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. 9b X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORTS FOR THE ENTIRE ST. LUKE'S EPISCOPAL HEALTH
SYSTEM ARE PREPARED FOR THE STATE OF TEXAS AND ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g, Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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PART III, LINE 4:

FOOTNOTE TO THE AUDITED FINANCIALS:

UNPAID ACCOUNTS ARE WRITTEN OFF AS BAD DEBTS UPON REACHING DELINQUENT

STATUS.

THE COSTING METHOD USED FOR BAD DEBT IS COST TO CHARGE RATIO.

PART III, LINE 9B:

ST. LUKE'S COMMUNITY HEALTH SERVICES D/B/A ST. LUKE'S THE WOODLANDS

HOSPITAL HAS ADOPTED THE DEBT COLLECTION POLICY OF THE ST. LUKE'S

EPISCOPAL HEALTH SYSTEM ("SYSTEM"). THE SYSTEM'S POLICY STATES THAT

ST. LUKE'S THE WOODLANDS HOSPITAL WILL NOT PURSUE COLLECTION

PRACTICES AGAINST PATIENTS WHO HAVE QUALIFIED FOR CHARITY CARE OR

OTHER FINANCIAL ASSISTANCE ONCE THE ACCOUNT HAS RECEIVED THE CHARITY

ADJUSTMENT. FOR THOSE PATIENTS WHO HAVE QUALIFIED FOR PARTIAL

ASSISTANCE, AN ADJUSTMENT IS POSTED TO THE CHARITY ALLOWANCE AND THE

REMAINING BALANCE MAY BE PURSUED AS DIRECTED BY OUR COLLECTION

POLICY. IN CERTAIN CASES, A PATIENT'S QUALIFICATION FOR CHARITY CARE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OR FINANCIAL ASSISTANCE MAY NOT BE READILY DETERMINED; , HOWEVER, IF

AFTER COLLECTION PRACTICES HAVE BEGUN IT LATER BECOMES KNOWN THAT A

PERSON QUALIFIES, THE COLLECTION EFFORTS WILL IMMEDIATELY CEASE FOR

THE CHARITY CARE PATIENT OR BE PURSUED AT THE LOWER PARTIALLY

ADJUSTED AMOUNT.

NEEDS ASSESSMENT:

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH) MEETS THE NEEDS OF THE

COMMUNITY THROUGH ITS EDUCATION, OUTREACH PROGRAMS AND SERVICES IN

THE COMMUNITIES IT SERVES. SLWH SPONSORS A VARIETY OF PROGRAMS

IDENTIFIED THROUGH COMMUNITY NEEDS ASSESSMENTS, INCLUDING HEALTH AND

WELLNESS FAIRS, "SAFETY" DAYS, EDUCATIONAL LECTURE SERIES, ECONOMIC

OUTLOOK CONFERENCES, AND LOCAL CHAPTER FUNDRAISERS FOR NATIONAL

CAUSES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

AS A PART OF ITS MISSION ST. LUKE'S EPISCOPAL HEALTH SYSTEM PROVIDES

CARE TO PATIENTS WITHOUT FINANCIAL MEANS TO PAY FOR HOSPITAL

SERVICES. CHARITY CARE WILL BE PROVIDED TO ALL PATIENTS WHO PRESENT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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THEMSELVES FOR CARE AT ST. LUKE'S THE WOODLANDS HOSPITAL OR RELATED

ENTITIES WITHOUT REGARD TO RACE, CREED, COLOR, OR NATIONAL ORIGIN AND

WHO ARE CLASSIFIED AS FINANCIALLY OR MEDICALLY INDIGENT.

ST. LUKE'S WILL PROVIDE PARTIAL OR FULL FINANCIAL ASSISTANCE FOR

MEDICALLY NECESSARY CARE IN ACCORDANCE WITH TEXAS LAW AND HOSPITAL

ELIGIBILITY GUIDELINES TO PATIENTS WHO REQUIRE HOSPITAL CARE OR

MEDICAL SERVICES AND CANNOT AFFORD SUCH CARE OR SERVICES BECAUSE OF

LIMITATIONS IN THEIR HEALTH INSURANCE OR PERSONAL FINANCES. ST.

LUKE'S WORKS COLLABORATIVELY WITH OUR PARTNERS AT CARDON HEALTHCARE

NETWORK TO ENSURE ALL SELF PAY AND UNDERINSURED PATIENTS ARE SCREENED

FOR THE APPROPRIATE GOVERNMENTAL ASSISTANCE PRIOR TO QUALIFYING THEM

FOR CHARITY.

ONCE CARDON SCREENS A PATIENT AND DETERMINES HE/SHE DOES NOT QUALIFY

FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY EDUCATED AND

ADDITIONAL SCREENING TAKES PLACE BY A ST. LUKE'S EMPLOYEE TO

DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO

DISCHARGE. PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY

SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A NOTIFICATION OF

CHARITY SERVICES ON THE BACK OF THE ST. LUKE'S PATIENT FINANCIAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATEMENT. ONCE A PATIENT HAS BEEN SCREENED FOR CHARITY SERVICES, A

NOTICE IS SENT OUT INFORMING THE PATIENT IF THEY QUALIFY FOR 100%

CHARITY, PARTIAL CHARITY, OR DENIED CHARITY CARE SERVICES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See instructions.
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COMMUNITY INFORMATION:

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH) DEFINES THE COMMUNITY IT
SERVES BROADLY TO INCLUDE MONTGOMERY COUNTY, NORTH HARRIS COUNTY, AND
THE GREATER HOUSTON AREA. THE WOODLANDS AND SOUTH MONTGOMERY COUNTY
HAVE EXPERIENCED 83% POPULATION GROWTH SINCE 2000.

COMMUNITY BUILDING ACTIVITIES:

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH) ADDRESSES VARIOUS COMMUNITY
CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, AND ACCESS TO
HEALTH CARE. SLWH DIRECTS LEADERSHIP TIME AND TALENT TO SERVE ON
COMMUNITY COLLABORATION BOARDS AND HEALTH ADVOCACY PROGRAMS TO
PROMOTE THE HEALTH OF THE COMMUNITY THE HOSPITAL SERVES. SLWH WORKS
WITH NEIGHBORHOOD RESOURCES (E.G. SCHOOLS, BUSINESSES, COMMUNITY
ORGANIZATIONS) TO PROMOTE HEALTH, WELLNESS, AND DISEASE PREVENTION.
DURING 2009, SLWH PARTICIPATED IN SEVEN COMMUNITY HEALTH FAIRS WITH
VARIOUS CORPORATIONS ALONG WITH THE PROVISION OF FIRST AID SUPPORT
FOR SEVEN CHARITY EVENTS HELD IN THE WOODLANDS AREA. SLWH ALSO
PROVIDED COMMUNITY EDUCATION EVENTS IN CONJUNCTION WITH OTHER EXEMPT
ORGANIZATIONS TO HIGHLIGHT HEALTH CONCERNS SUCH AS CARDIOLOGY AND

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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HEART PROBLEMS, BREAST CANCER, PROSTATE CANCER, AND BRAIN AWARENESS.

OTHER INFORMATION:

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH) WAS BUILT TO SERVE THE
 GROWING NEEDS OF THE WOODLANDS AREA, MONTGOMERY COUNTY, AND NORTHERN
 REGIONS OF HARRIS COUNTY NEAR HOUSTON, TEXAS WITH THE SAME HIGH
 QUALITY MEDICAL CARE THAT IS PROVIDED BY THE ST. LUKE'S HOSPITAL IN
 THE TEXAS MEDICAL CENTER.

AFFILIATED HEALTH CARE SYSTEM ROLES:

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH), AS AN INTEGRAL PART OF THE
 ST. LUKE'S EPISCOPAL HEALTH SYSTEM IN HOUSTON, TX, CONTRIBUTES TO
 ENHANCING COMMUNITY HEALTH BY DELIVERING SUPERIOR VALUE IN
 HIGH-QUALITY, COST-EFFECTIVE ACUTE CARE.

IN COLLABORATION WITH ITS MEDICAL STAFF, SLWH IS DEDICATED TO
 EXCELLENCE AND COMPASSION IN CARING FOR THE WHOLE PERSON - BODY, MIND
 AND SPIRIT. SLWH ALSO IS COMMITTED TO THE GROWTH AND DEVELOPMENT OF
 ITS EMPLOYEES AND TO SECURING THE HEALTH OF FUTURE GENERATIONS BY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CREATING, APPLYING, AND DISSEMINATING HEALTH KNOWLEDGE THROUGH

EDUCATION AND RESEARCH.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7, Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the page.

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

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

► Attach to Form 990.

Department of the Treasury	Internal Revenue Service	Name of the organization
----------------------------	--------------------------	--------------------------

Name of the organization

ST LUKES COMMUNITY HEALTH SERVICES

Employer identification number

76-0536234

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Form 990 and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIVIDUAL INDIGENT HEALTHCARE	12	160,192.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART I, QUESTION 2

FORM 990, SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

ORGANIZATIONS SEEKING GRANTS ARE MONITORED TO ENSURE THAT THEY HAVE

501(C)(3) STATUS AND THAT GRANT FUNDS ARE FOR REASONABLE PURPOSES.

INDIVIDUALS SEEKING FUNDS FOR MEDICAL SERVICES PROVIDED BY OUTSIDE

MEDICAL GROUPS ARE SCREENED FOR ELIGIBILITY USING THE CHARITY CARE

GUIDELINES OF THE HOSPITAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ST LUKES COMMUNITY HEALTH SERVICES

Employer identification number

76-0536234

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

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

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

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

[illegible]

Schedule J (Form 990) 2009

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.

PART I, QUESTIONS REGARDING COMPENSATION, QUESTION 3

COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR

ST. LUKE'S COMMUNITY HEALTH SERVICES D/B/A ST. LUKE'S THE WOODLANDS

HOSPITAL DOES NOT PROVIDE COMPENSATION TO ITS CHIEF EXECUTIVE OFFICER.

ST. LUKE'S EPISCOPAL HEALTH SYSTEM, A RELATED EXEMPT ORGANIZATION,

PROVIDES COMPENSATION TO THIS OFFICER AND RELIES UPON AN ORGANIZED

COMPENSATION COMMITTEE, COMPENSATION STUDYS, AND AN INDEPENDENT

COMPENSATION CONSULTANT TO ESTABLISH PROPER COMPENSATION LEVELS.

EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE AND

BECOMES PART OF A WRITTEN EMPLOYMENT CONTRACT FOR THAT EXECUTIVE.

PART I, QUESTIONS REGARDING COMPENSATION, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN WITH THE FOLLOWING AMOUNTS CREDITED TO THEIR ACCOUNTS:

DAVID J FINE \$381,142.00

STEPHEN PICKETT \$142,410.00

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

76-0536234

ST LUKES COMMUNITY HEALTH SERVICES

ATTACHMENT 2

FORM 990, PART IV, QUESTION 12 & 12A; FORM 990, PART XI, QUESTION 2D

CHECK LIST OF REQUIRED SCHEDULES; FINANCIAL STATEMENT AND REPORTING

DID THE ORGANIZATION OBTAIN SEPARATE, INDEPENDENT AUDITED FINANCIAL

STATEMENTS FOR THE TAX YEAR?

WAS THE ORGANIZATION INCLUDED IN CONSOLIDATED, INDEPENDENT AUDITED

FINANCIAL STATEMENTS FOR THE TAX YEAR?

ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION AND ITS RELATED ENTITIES
WERE AUDITED AS A CONSOLIDATED GROUP IN ACCORDANCE WITH GAAP. THUS, THE
CONSOLIDATED AUDITED FINANCIAL STATEMENTS DO NOT PROVIDE AN ENTITY BY
ENTITY REPORTING FOR CALENDAR YEAR 2009.

FORM 990, PART V, QUESTIONS 1A AND 2A

STATEMENT REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND

TRANSMITTAL OF U.S. INFORMATION RETURNS.

ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION REMITS ALL VENDORS

PAYMENTS AND ISSUES FORM 1099 ON BEHALF OF ITS RELATED ORGANIZATIONS.

INDIVIDUAL ENTITIES OF ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION DO

NOT FILE FORMS 1096 FOR THIS REASON.

Name of the organization

Employer identification number

ST LUKES COMMUNITY HEALTH SERVICES

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ATTACHMENT 2 (CONT'D)

ENTER THE NUMBER OF EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS, FILED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE YEAR COVERED BY THIS RETURN.

THE EMPLOYEES OF ST. LUKE'S COMMUNITY HEALTH SERVICES ARE PAID BY A COMMON PAYMASTER, ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION, (76-0536232). THEREFORE, NO FORM W-3 OR 941S WERE FILED BY ST. LUKE'S COMMUNITY HEALTH SERVICES AS ALL PAYROLL INFORMATION REALTED TO THESE EMPLOYEES WAS INCLUDED IN THE FORM W-3 AND 941S FILED BY ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION A, QUESTIONS 6, 7A AND 7B

SECTION A: GOVERNING BODY AND MANAGEMENT, MEMBERS

DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

THE SOLE MEMBER OF ST. LUKE'S COMMUNITY HEALTH SERVICES SHALL BE ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION.

DOES THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS THAT MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY?

THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION SHALL BE VESTED IN A BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL CONSIST OF MEMBERS ELECTED BY THE ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION UPON NOMINATION OF THE BISHOP OF THE DIOCESE OF TEXAS AS THE CHAIRMAN OF THE BOARD OF DIRECTORS OF ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION.

Name of the organization

Employer identification number

ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

ATTACHMENT 2 (CONT'D)

ARE ANY DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS,
STOCKHOLDERS, OR OTHER PERSONS?

THE BOARD OF DIRECTORS SHALL HAVE FULL POWER AND AUTHORITY TO MANAGE THE
BUSINESS, OPERATIONS AND AFFAIRS OF THE CORPORATION IN ACCORDANCE WITH
(A) THE BYLAWS WHICH THE BOARD OF DIRECTORS SHALL ADOPT, (B) THE GOALS OF
ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION AND (C) THE CANONS OF THE
PROTESTANT EPISCOPAL CHURCH IN THE DIOCESE OF TEXAS AS FROM TIME TO TIME
IN FORCE.

FORM 990, PART VI, SECTION B, QUESTION 11 & 11A

SECTION B: POLICIES

HAS THE ORGANIZATION PROVIDED A COPY OF THIS FORM 990 TO ALL MEMBERS OF
ITS GOVERNING BODY BEFORE FILING THE FORM?

DESCRIBE IN SCHEDULE O THE PROCESS, IF ANY, USED BY THE ORGANIZATION TO
REVIEW THIS FORM 990.

THE REPORTING ENTITY'S FORM 990 WAS PREPARED BY THE TAX DEPARTMENT OF ITS
PARENT, ST. LUKE'S EPISCOPAL HEALTH SYSTEM (SLEHS), UTILIZING INFORMATION
PROVIDED BY THE REPORTING ENTITY'S MANAGEMENT, OFFICERS, AND DIRECTORS.
COLLABORATIVE REVIEW OF THE RETURN BY THE ORGANIZATION'S EXTERNAL
ADVISORS, EXECUTIVE MANAGEMENT AND THE SLEHS TAX DIRECTOR WAS CONDUCTED,
AND THE RETURN WAS MADE AVAILABLE TO THE OFFICERS AND DIRECTORS BEFORE
FILING.

Name of the organization

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ST LUKES COMMUNITY HEALTH SERVICES

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ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, SECTION B, QUESTION 12C

SECTION B: POLICIES

DOES THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY?

PRIMARY MONITORING OF CONFLICT OF INTEREST IS DONE THROUGH ANNUAL POLLING OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES FOR POTENTIAL CONFLICTS. CONFLICT OF INTEREST SUBMISSIONS ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AND SENIOR COUNSEL WHO BRING ACTIONABLE ITEMS TO THE BOARD. IF THE INSTITUTION DETERMINES THAT A SIGNIFICANT POSSIBILITY EXISTS THAT THERE IS A CONFLICT OF INTEREST, THE INDIVIDUALS INVOLVED WILL BE REQUIRED TO REFRAIN FROM MAKING A DECISION OR TAKING ANY ACTION UNTIL THE MATTER CAN BE FULLY INVESTIGATED AND A DECISION MADE AS TO WHETHER A CONFLICT EXISTS. IF A CONFLICT IS CONFIRMED, A PLAN FOR ALLEVIATION OR MANAGING THE CONFLICT IS IMPLEMENTED. INDIVIDUALS WITH POTENTIAL CONFLICTS MAY BE ASKED TO RECUSE AND ABSENT THEMSELVES FROM MEETINGS IN WHICH AN ALLEGED CONFLICT IS DISCUSSED IF SO DOING WOULD BETTER ASSURE THE INTEGRITY OF THE PROCESS.

FORM 990, PART VI, SECTION B, QUESTIONS 14

SECTION B: POLICIES

DOES THE ORGANIZATION HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY?

ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION AND RELATED ENTITIES HAVE A WRITTEN GENERAL POLICY RELATED TO DOCUMENT RETENTION AND DESTRUCTION. DOCUMENTS AND RECORDS ARE RETAINED FOR VARIOUS FEDERAL, STATE OR OTHER

Name of the organization

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ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

ATTACHMENT 2 (CONT'D)

JURISDICTION STATUTES FOR MEDICAL OR FINANCIAL REVIEW ON A DEPARTMENT BY
DEPARTMENT BASIS.

FORM 990, PART VI, SECTION B, QUESTIONS 15

SECTION B: POLICIES

DID THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS
INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA,
AND CONTEMPORANEOUS SUBSTITUTION OF THE DELIBERATION AND DECISION FOR:

OFFICIAL? B) OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION?
DESCRIBE THE PROCESS IN SCHEDULE O.

THE ORGANIZATION'S COMPENSATION COMMITTEE MEETS AS NEEDED, BUT AT LEAST
ONE TIME PER YEAR. THIS COMMITTEE CONSISTS OF THREE OUTSIDE DIRECTORS.
ITS FUNCTION IS TO MAKE RECOMMENDATIONS/DECISIONS ON SALARY AND BENEFITS
FOR KEY EXECUTIVES. VARIOUS DATA IS UTILIZED IN DECISION-MAKING
INCLUDING COMPENSATION CONSULTANTS, MANAGEMENT'S LEVEL OF ACHIEVMENT OF
STIPULATED PERFORMANCE TARGETS, EXTERNAL SURVEYS, AND LOCAL MARKET
CONDITIONS. PERMANENT MINUTES ARE PREPARED AND REVIEWED BY COMPENSATION
COMMITTEE MEMBERS PRIOR TO THEIR RATIFICATION. THESE MINUTES ARE
SUFFICIENTLY DETAILED TO PROVIDE SUBSTANTIATION OF THE DECISIONS MADE BY
THE COMMITTEE WITH REGARD TO EACH KEY EXECUTIVE'S COMPENSATION AND
BENEFITS.

FORM 990, PART VI, SECTION C, QUESTION 19

SECTION C: DISCLOSURE

DESCRIBE IN SCHEDULE O WHETHER (AND IF SO, HOW) THE ORGANIZATION MAKES IT

Name of the organization

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ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

ATTACHMENT 2 (CONT'D)

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC.

ST. LUKE'S EPISCOPAL HEALTH SYSTEM CORPORATION AND ITS RELATED ENTITIES
HAVE NOT CREATED A GENERAL POLICY PROVIDING FOR THE DISCLOSURE OF CERTAIN
DOCUMENTS. IN PRACTICE, THESE DOCUMENTS HAVE BEEN MADE AVAILABLE TO THE
PUBLIC UPON WRITTEN REQUEST ONLY.

FORM 990, PART VII, SECTION A, COLUMN (B)

AVERAGE HOURS PER WEEK SPENT AT RELATED ORGANIZATIONS

OFFICERS LISTED ARE FULL TIME EMPLOYEES AND WORK A TOTAL OF 50 TO 60

HOURS PER WEEK ON AVERAGE COMBINED. THEIR TIME IS DEVOTED TO SYSTEM WIDE

ACTIVITIES WHICH COULD INCLUDE TIME SPENT ON ANY OF THE RELATED

ORGANIZATIONS LISTED IN SCHEDULE R.

DIRECTORS SERVE ON A VOLUNTEER BASIS AND GENERALLY ARE NOT COMPENSATED.

THEY WORK AN AVERAGE OF TWO HOURS PER WEEK FOR THIS ORGANIZATION AND

RELATED ORGANIZATIONS.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ST. LUKE'S THE WOODLANDS HOSPITAL, SERVING ALL GOD'S CHILDREN AS THE
HEALTH MINISTRY OF THE EPISCOPAL DIOCESE OF TEXAS, SEEKS TO RAISE THE
QUALITY OF LIFE BY ENHANCING COMMUNITY HEALTH THROUGH THE DELIVERY OF
SUPERIOR VALUE HEALTH SERVICES. IN PARTNERSHIP WITH OUR MEDICAL
STAFF, WE ARE DEDICATED TO EXCELLENCE AND COMPASSION IN CARING FOR

Name of the organization

Employer identification number

ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE WHOLE PERSON - MIND, BODY, AND SPIRIT.

WE ARE ALSO COMMITTED TO THE GROWTH AND DEVELOPMENT OF OUR EMPLOYEES,
AND TO SECURING THE HEALTH OF FUTURE GENERATIONS BY CREATING,
APPLYING, AND DISSEMINATING HEALTH KNOWLEDGE THROUGH EDUCATION AND
RESEARCH.

ATTACHMENT 44A PROGRAM SERVICE

ST. LUKE'S THE WOODLANDS HOSPITAL (SLWH), AS AN INTEGRAL PART OF
THE HEALTH SYSTEM, CONTRIBUTES TO ENHANCING COMMUNITY HEALTH BY
DELIVERING SUPERIOR VALUE IN HIGH-QUALITY, COST-EFFECTIVE ACUTE
CARE.

IN COLLABORATION WITH ITS MEDICAL STAFF, ST. LUKE'S THE WOODLANDS
IS DEDICATED TO EXCELLENCE AND COMPASSION IN CARING FOR THE WHOLE
PERSON-BODY, MIND AND SPIRIT. SLWH ALSO IS COMMITTED TO THE GROWTH
AND DEVELOPMENT OF ITS EMPLOYEES AND TO SECURING THE HEALTH OF
FUTURE GENERATIONS BY CREATING, APPLYING AND DISSEMINATING HEALTH
KNOWLEDGE THROUGH EDUCATION AND RESEARCH.

GUIDING PRINCIPLES

HEALING ENVIRONMENT:

A FAITH-BASED HEALING ENVIRONMENT-CARING STAFF, BEAUTIFUL

Name of the organization

Employer identification number

ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

SURROUNDINGS, RELAXING AREAS TO RETREAT-FOSTERS SPIRITUAL,
EMOTIONAL AND PHYSICAL WELL-BEING.

ATTENTION TO INDIVIDUAL NEEDS:

THE NEEDS OF EACH PATIENT AND FAMILY MEMBER ARE UNIQUE. MEETING
THOSE NEEDS IS INSTRUMENTAL IN ENCOURAGING ACTIVE PARTICIPATION IN
HEALTHCARE DECISIONS AND CREATING AN OPTIMAL HEALING EXPERIENCE.
SIMPLICITY: SLWH PROCESSES AND PHYSICAL FACILITY WILL PROMOTE
ACCESS TO SERVICES AND SUPPORT OUR STAFF'S FOCUS ON MEETING
PATIENT AND FAMILY NEEDS.

EXCELLENCE THROUGH RELATIONSHIPS:

SLWH WORKS WITH AFFILIATED HEALTH PROFESSIONALS AND ORGANIZATIONS,
AS WELL AS WITH COMMUNITY PHYSICIANS WHO SHARE ITS COMMITMENT TO
THE HIGHEST QUALITY CARE.

STAFF INVOLVEMENT:

CAREGIVERS WORK TOGETHER TO PROVIDE INPUT INTO DECISIONS AFFECTING
THE HEALING ENVIRONMENT AND PATIENT CARE, MAINTAINING AN ATTITUDE
OF FLEXIBILITY, ACCOUNTABILITY, RESPECTFULNESS AND TEAMWORK.
POSITIVE COMMUNITY IMPACT: SLWH STRIVES TO HAVE A MEASURABLE
IMPACT ON THE COMMUNITY'S HEALTH BY PROVIDING A RANGE OF SERVICES

Name of the organization

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ST LUKES COMMUNITY HEALTH SERVICES

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

THAT PROMOTE WELLNESS AND TREAT ILLNESS.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
W.S. BELLOWS CONSTRUCTION P.O. BOX 2132 HOUSTON, TX 77252-2132	CONSTRUCTION SERVICE	1,778,894.
COMPREHENSIVE PHARMACY SERVICES 7115 NORTHLAND TERRACE BROOKLYN PARK, MN 55428	PHARMACY MGMT STAFF	2,365,915.
GREATER HOUSTON ANESTHESIOLOGY 2411 FOUNTAIN VIEW HOUSTON, TX 77057	ANESTHESIOLOGY SVCS	600,000.
ARAMARK FACILITY SERVICES PO BOX 100401 PASADENA, CA 60056-0401	CLINICAL ENGINEERING	1,211,411.
SKILLED THERAPY AND REHABILITATION 2051 COPPERWOOD PARK LANE SPRING, TX 77386	THERAPIST STAFFING	544,176.
TOTAL COMPENSATION		<u>6,500,396.</u>

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	118,811.			118,811.
TOTALS	<u>118,811</u>			<u>118,811</u>

Name of the organization

Employer identification number

ST LUKES COMMUNITY HEALTH SERVICES

76-0536234

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID GENERAL PROFESSIONAL I	137,082.
TOTALS	<u>287,143.</u>

ATTACHMENT 8FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
OTHER DEFERRED INCOME	5,294.
TOTALS	<u>5,294.</u>



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
ST LUKES SUGAR LAND PARTNERSHIP 3100 MAIN HOUSTON, TX 77002	HOSPITAL	TX	N/A	NA/	0	0		X	0	X
ST LUKES LAKESIDE HOSPITAL LLC 3100 MAIN HOUSTON, TX 77002	HOSPITAL	TX	N/A	N/A	0	0		X	0	X
ST LUKES HOSPITAL AT THE VINTA 3100 MAIN HOUSTON, TX 77002	HOSPITAL	TX	N/A	N/A	0	0		X	0	X
ST LUKES CLEAR LAKE HOSPITAL L 3100 MAIN HOUSTON, TX 77002	IN DISSOLUTION	TX	N/A	N/A	0	0		X	0	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ST LUKES MEDICAL ARTS CENTER I CONDO ASS 6624 FANNIN HOUSTON, TX 77030	CONDOMINIUM A	TX	N/A	C CORP	0	0	0.0000
ST LUKES MEDICAL TWR CONDO ASSOCIATION 6624 FANNIN HOUSTON, TX 77030	CONDOMINIUM A	TX	N/A	C CORP	0	0	0.0000
ST LUKES 6620 MAIN CONDO ASSOCIATION 6624 FANNIN HOUSTON, TX 77030	CONDOMINIUM A	TX	N/A	C CORP	0	0	0.0000
THE THI AT SLEH DAC BLDG CONDO ASSOC 6624 FANNIN HOUSTON, TX 77030	CONDOMINIUM A	TX	N/A	C CORP	0	0	0.0000
SLEHS HOLDINGS INC AND SUBSIDIARIES 6624 FANNIN HOUSTON, TX 77030	HOLDING COMPA	TX	N/A	C CORP	0	0	0.0000
ST LUKES EPISCOPAL HOSP PHYSICIAN HOSP O 6720 BERTNER HOUSTON, TX 77030	PHO	TX	N/A	C CORP	0	0	0.0000
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 69 GT BUCKINGHAM SQ	SELF INSURANC	CJ	N/A	N/A	0	0	0.0000

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)	ST. LUKE'S EPISCOPAL HOSPITAL	O	501,524,603.
(2)	SL COMMUNITY DEVELOPMENT CORP- THE WOODLANDS	O	33,351,529.
(3)	ST. LUKES' EPISCOPAL HEALTH SYSTEM	P	384,877,781.
(4)			
(5)			
(6)			



▶ See instructions for Schedule R (Form 990).

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

[illegible]

Schedule R-1 (Form 990) 2009

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

ATTACHMENT 9

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
LIFE BRANCH GIFT SHOP	262,610	45,932.	139,446			44,387.	140,991.
TOTALS	262,610	45,932	139,446			44,387	140,991