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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010																													
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	<table border="1"> <tr> <td rowspan="4"> Please use IRS label or print or type. See Specific Instructions. </td> <td colspan="2"> C Name of organization St Luke's Episcopal-Presbyterian Hospitals </td> <td> D Employer identification number 43-0652680 </td> </tr> <tr> <td colspan="2"> Doing Business As St Luke's Hospital </td> <td> E Telephone number (314) 434-1500 </td> </tr> <tr> <td> Number and street (or P.O. box if mail is not delivered to street address) 232 South Woods Mill Road </td> <td> Room/suite </td> <td rowspan="2"> G Gross receipts \$ 365,710,211 </td> </tr> <tr> <td colspan="2"> City or town, state or country, and ZIP + 4 Chesterfield, MO 63017 </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer GARY OLSON PRESIDENT CEO SAME AS ABOVE CHESTERFIELD, MO 63017 </td> <td colspan="2"> 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) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> J Website: ▶ www.stlukes-stl.com </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation 1866 </td> <td> M State of legal domicile MO </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St Luke's Episcopal-Presbyterian Hospitals		D Employer identification number 43-0652680	Doing Business As St Luke's Hospital		E Telephone number (314) 434-1500	Number and street (or P.O. box if mail is not delivered to street address) 232 South Woods Mill Road	Room/suite	G Gross receipts \$ 365,710,211	City or town, state or country, and ZIP + 4 Chesterfield, MO 63017		F Name and address of principal officer GARY OLSON PRESIDENT CEO SAME AS ABOVE CHESTERFIELD, MO 63017		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) H(c) Group exemption number ▶		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: ▶ www.stlukes-stl.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 1866	M State of legal domicile MO
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Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	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 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 3,64	
	6	Total number of volunteers (estimate if necessary)	6 45	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 4,317,40	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,459,801	Current Year 5,806,836
	9	Program service revenue (Part VIII, line 2g)	339,252,497	350,469,202
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,580,586	1,348,032
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,839,155	7,755,067
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	357,132,039	365,379,137
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	176,391,704	178,893,911
16a		Professional fundraising fees (Part IX, column (A), line 11e)	55,008	55,008
b		Total fundraising expenses (Part IX, column (D), line 25) <u>802,537</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	159,190,844	163,056,151
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	335,637,556	342,005,070
19		Revenue less expenses Subtract line 18 from line 12	21,494,483	23,374,067
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	443,726,202	465,408,012
	21	Total liabilities (Part X, line 26)	182,979,238	188,776,327
	22	Net assets or fund balances Subtract line 21 from line 20	260,746,964	276,631,685

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-12</div> <div>Date</div> </div>
	<div> <div>Brian Spillers Executive V P Finance</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Robert Haggerty</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>CBIZ MHM LLC</div> <div>One CityPlace Dr Ste 570</div> <div>St Louis, MO 63141</div> </div> </div> <div> <div>EIN</div> <div></div> </div>
	<div> <div>Phone no</div> <div>(314) 692-2249</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SEE SCHEDULE O

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 \$ 323,447,029 including grants of \$) (Revenue \$ 346,151,796)

SEE SCHEDULE O

4b

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

SEE SCHEDULE O

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 ▶ \$ 323,447,029

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any 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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
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	Yes
	◆ 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	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
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	Yes
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

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>	21		No
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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>	34	Yes	
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>	35		No
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	93	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,646	
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 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		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
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	No
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		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	20	
b	Enter the number of voting members that are independent	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a	Yes	
b	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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GARY OLSON PRESIDENT CEO 232 S WOODS MILL RD Chesterfield, MO 63017 (314) 434-1500

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

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

Form 990 (2009)

1b	Total	5,182,364	0	503,235
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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 **124**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BROTHERS CONSTRUCTION	CONSTRUCTION	3,003,135
ICS CONSTRUCTION SERVICES LTD	CONSTRUCTION	1,688,305
FAULTLESS LINEN CO	LINEN SERVICES	1,619,307
QUEST DIAGNOSTICS	LAB SERVICES	1,222,964
PROF REHAB PARTNERS LLC	REHAB SERVICES	859,440

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 **46**

Part VIII

Statement of Revenue

				(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	315,631			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,491,205			
	g	Noncash contributions included in lines 1a-1f \$ 1,354,711					
	h	Total. Add lines 1a-1f		5,806,836			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE (NET)	623,990	168,548,626	168,548,626		
	b	OUTPATIENT REVENUE (NET)	623,990	175,373,314	175,373,314		
	c	NONPATIENT LABS	621,110	2,238,586		2,238,586	
	d	RETAIL PHARMACIES	446,110	3,908,109	2,229,856	1,678,253	
	e	ALL OTHER PROGRAM SERVICE REVENUE	623,990	400,567		400,567	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		350,469,202			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,147,957			1,147,957
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	(i) Real					
		7,099,026					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		7,099,026			
	d	Net rental income or (loss)		7,099,026			7,099,026
	7a	(i) Securities					
		(ii) Other					
		373,091					
	b	Less cost or other basis and sales expenses		173,016			
	c	Gain or (loss)		200,075			
	d	Net gain or (loss)		200,075			
	8a	Gross income from fundraising events (not including \$ 315,631 of contributions reported on line 1c) See Part IV, line 18					
		a					
		73,079					
b	Less direct expenses		158,058				
c	Net income or (loss) from fundraising events . .		-84,979				
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	CAFETERIA		623,990	2,132,807			2,132,807
b	IMAGING SERVICES		623,990	468,897			468,897
c	MISCELLANEOUS INCOME		623,990	1,204,808			1,204,808
d	All other revenue			-3,065,492			-3,065,492
e	Total. Add lines 11a-11d		741,020				
12	Total revenue. See Instructions		365,379,137	346,151,796	4,317,406		8,988,003

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,725,952		3,663,654	62,298
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	141,738,441	137,235,977	4,094,426	408,038
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,782,332	5,455,246	308,390	18,696
9	Other employee benefits	17,747,402	16,743,493	946,526	57,383
10	Payroll taxes	9,899,784	9,339,787	527,987	32,010
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	647,678	647,678		
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	55,008			55,008
f	Investment management fees	0			
g	Other	2,957,808	2,957,808		
12	Advertising and promotion	974,369	974,369		
13	Office expenses	32,086	32,086		
14	Information technology	2,843,485	2,843,485		
15	Royalties	0			
16	Occupancy	9,148,395	9,137,679	10,716	
17	Travel	320,322	294,838	24,729	755
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	84,889	84,889		
20	Interest	5,719,758	5,719,758		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,845,534	21,845,534		
23	Insurance	2,744,133	3,039	2,741,094	
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	SUPPLIES	66,372,482	65,799,665	481,843	90,974
b	MEDICAID FRA TAX EXPENSE	17,237,000	17,237,000		
c	EQUIPMENT RENTAL & MAINTENANCE	7,469,495	7,216,545	252,950	
d	CONTRACT SERVICES	9,919,716	9,049,716	870,000	
e	BAD DEBT EXPENSE	2,987,797	2,987,797		
f	All other expenses	11,751,204	7,840,640	3,833,189	77,375
25	Total functional expenses. Add lines 1 through 24f	342,005,070	323,447,029	17,755,504	802,537
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			133,584,602	2	152,866,477
	3	Pledges and grants receivable, net			5,021,056	3	3,759,590
	4	Accounts receivable, net			37,247,017	4	36,871,680
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			378,802	5	450,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,403,928	8	5,290,231
	9	Prepaid expenses and deferred charges			3,416,657	9	4,277,578
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	454,631,454			
	b	Less accumulated depreciation	10b	259,634,657	195,202,868	10c	194,996,797
	11	Investments—publicly traded securities			33,554,907	11	35,290,516
	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			29,916,365	15	31,605,143
	16	Total assets. Add lines 1 through 15 (must equal line 34)			443,726,202	16	465,408,012
Liabilities	17	Accounts payable and accrued expenses			26,354,637	17	28,936,492
	18	Grants payable			116,838	18	18,293
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			112,983,263	20	109,816,423
	21	Escrow or custodial account liability Complete Part IV of Schedule D			596,145	21	455,135
	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			42,928,355	25	49,549,984
	26	Total liabilities. Add lines 17 through 25			182,979,238	26	188,776,327
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			251,239,458	27	267,765,503
	28	Temporarily restricted net assets			6,804,881	28	5,724,813
	29	Permanently restricted net assets			2,702,625	29	3,141,369
	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			260,746,964	33	276,631,685
	34	Total liabilities and net assets/fund balances			443,726,202	34	465,408,012

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Employer identification number

43-0652680

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

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 for 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						
b 33 1/3% support test—2008. If the organization did not check the 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						
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						
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						
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						

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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. 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

Additional Data

Software ID:

Software Version:

EIN: 43-0652680

Name: St Luke's Episcopal-Presbyterian Hospitals

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

(A) Name and Title	(B) Average hours per week	(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			
Ned O Lemkemeier Chairman	4 0	X								
Annie Schlafly Vice Chairman	4 0	X								
James G Forsyth III Treasurer	1 0	X								
Daniel K Stegmann Secretary	1 0	X								
Stuart L Bascomb Director	1 0	X								
John B Buettner MD Director	40 0	X						82,945	0	10,173
William Cornelius Director	1 0	X								
John F Eilermann Jr Director	1 0	X								
The Rev Terry Epling Director	1 0	X								
Kathleen Higgins Director	1 0	X								
Paul G Lapoint MD Director	1 0	X								
Jefferson L Miller Director	1 0	X								
John A O'Rourke Director	1 0	X								
Jerome G Plontek MD Director	1 0	X								
Jerrie H Plegge Director	1 0	X								
David B Price Jr Director	1 0	X								
The Rev Dr Paul T Reiter Director	1 0	X								
Hugh Scott III Director	1 0	X								
Joseph A Sheehan Director	1 0	X								
The Rt Rev G Wayne Smith Director	1 0	X								
Gary Olson President and CEO	60 0			X	X			622,977		60,476
Brian Spillers Executive V P - Finance	60 0			X	X			451,975		65,076
David Krajcovic MD Chief Department of Surgery	60 0				X			394,792		21,976
Paul Mennes MD Chief Department of Medicine	65 0				X			393,637		34,976
Gail Wagner Senior V P of Nursing	50 0				X			258,184		22,863

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

(A) Name and Title	(B) Average hours per week	(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			
Sue Adams Executive Director Development	50 0				X			157,734		21,918
Jan Hess Vice President	50 0				X			198,396		31,459
Brenda Kelly V P of Surgical Services	50 0				X			191,665		31,665
William Meyer Chief Information Officer	50 0				X			192,780		30,835
Don Miller Vice President of Operations	50 0				X			228,001		26,666
Janette Taaffe Vice President Human Resources	50 0				X			171,035		23,751
Talat Nawas Medical Director - ICU	50 0					X		423,949		27,049
Hope Cranston D'Aмато MD Hospitalist	60 0					X		402,618		21,301
Abdul Moheet MD Emergency Department	55 0					X		362,407		27,049
Sergio Garcia MD Emergency Department	55 0					X		355,641		16,463
Barry Hendrickson MD Cardiovascular	60 0					X		293,628		29,539

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
INPATIENT REVENUE (NET)	623,990	168,548,626	168,548,626		
OUTPATIENT REVENUE (NET)	623,990	175,373,314	175,373,314		
NONPATIENT LABS	621,110	2,238,586		2,238,586	
RETAIL PHARMACIES	446,110	3,908,109	2,229,856	1,678,253	
ALL OTHER PROGRAM SERVICE REVENUE	623,990	400,567		400,567	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	66,372,482	65,799,665	481,843	90,974
MEDICAID FRA TAX EXPENSE	17,237,000	17,237,000		
EQUIPMENT RENTAL & MAINTENANCE	7,469,495	7,216,545	252,950	
CONTRACT SERVICES	9,919,716	9,049,716	870,000	
BAD DEBT EXPENSE	2,987,797	2,987,797		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

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

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		36,492
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			36,492
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART II-B, LINE 1F		APPROXIMATELY \$36,492 OF THE DUES PAID TO VARIOUS TRADE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2010 IS ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE ORGANIZATIONS

SCHEDULE D
(Form 990)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680
---	---

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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	▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIV

Part V

Endowment Funds. Complete if the 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	2,702,625	3,888,899			
b Contributions	5,252	4,776			
c Investment earnings or losses	433,492	-1,191,050			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,141,369	2,702,625			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

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		15,085,984		15,085,984
b Buildings		254,736,448	130,129,548	124,606,900
c Leasehold improvements		16,191,007	5,618,183	10,572,824
d Equipment		158,667,275	123,886,926	34,780,350
e Other		9,950,739		9,950,739
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				194,996,797

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to 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 - 8	9	
10	Excess or (deficit) for the year per 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 should 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 should 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, 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.

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

Additional Data

Software ID:

Software Version:

EIN: 43-0652680

Name: St Luke's Episcopal-Presbyterian Hospitals

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DEFERRED COMPENSATION	8,689,000
HELD BY BOND TRUSTEE	8,912,489
INVESTMENT IN REHAB HOSPITAL	4,927,450
UNAMORTIZED BOND ISSUE COSTS	2,466,806
DUE FROM SPECIAL PURPOSE FUND	1,965,223
INTERCOMPANY RECEIVABLES	2,760,429
DUE FROM UNITY HEALTH SERVICES	331,136
INVEST IN WOMEN'S HEALTH CARE	588,347
INV IN OUTPATIENT IMAGING	495,842
MISCELLANEOUS ASSETS	468,421

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number

43-0652680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WILKINSON GROUP INC	CONSULTING		No	0	55,008	0
Total ▶				0	55,008	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	327,250	61,460	388,710
	2	Less Charitable contributions	272,081	43,550	315,631
	3	Gross income (line 1 minus line 2)	55,169	17,910	73,079
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,200		1,200
	6	Rent/facility costs	19,400	7,002	26,402
	7	Food and beverages	45,460	4,056	49,516
	8	Entertainment	52,800		52,800
	9	Other direct expenses	28,140		28,140
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			158,058
	11	Net income summary Combine lines 3, column d, and line 10. ▶			-84,979

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
43-0652680

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input checked="" type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	3b	Yes	
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"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

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)		15,256	3,588,324		3,588,324	1 060 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		8,156	5,282,092	4,451,270	830,822	0 250 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		23,412	8,870,416	4,451,270	4,419,146	1 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			199,357	20,870	178,487	0 050 %
f Health professions education (from Worksheet 5)			5,579,314	3,124,383	2,454,931	0 720 %
g Subsidized health services (from Worksheet 6)		6,029	981,161	502,560	478,601	0 140 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			672,671		672,671	0 200 %
j Total Other Benefits		6,029	7,432,503	3,647,813	3,784,690	1 110 %
k Total. Add lines 7d and 7j			16,302,919	8,099,083	8,203,836	0 %

Part IICommunity 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					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,112,616
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	262,333
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	111,498,808
6	Enter Medicare allowable costs of care relating to payments on line 5	6	115,379,086
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,880,278
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	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	Yes

Part IVManagement 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	ST LUKE'S CENTER			
2	FOR DIAGNOSTIC			
3	IMAGING LLC	SERVICES	31.000 %	0 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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

Patients are informed about St Luke's Financial Assistance process in a number of ways - Financial counselors and Social workers are available to patients during their stay - Patient financial Services attempts to contact scheduled patients prior to services to provide patients with their expected amounts due and discuss payment/discount options - Discussions about financial assistance occur when speaking to patients on the phone about their account balances - Information regarding the Financial Assistance Policy is located via the - Website - Billing statements - Registration booklets/brochures

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

St Luke's serves the region from more than 20 locations across St Louis and St Charles counties, with its secondary service area including portions of the city of St Louis, Franklin county and Jefferson County The geographic area population is greater than 1.3 million, with over 500,000 households In addition, patients from St Clair and Madison counties in Illinois utilize St Luke's Hospital

- 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

See additional data

- 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.)

See additional data

- 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

N/A

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

MO

Additional Data

Software ID:
Software Version:
EIN: 43-0652680
Name: St Luke's Episcopal-Presbyterian
Hospitals

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A - Issued through Missouri Hospital Association

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Bad debt expense subtracted from amount reported on line 7f- N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Line 7 a	Charity Care 1	06%	Line 7 b	Unreimbursed Medicaid 1	56%	Line 7 d	Total Charity Care and govt programs 2	62%	Line 7 e	Community Health improvement services	06%	Line 7 f	Health professions education 1	65%	Line 7 g	Subsidized Health Services	29%	Line 7 i	Cash and in-kind contributions	20%	Line 7 j	Total Other Benefits 2	19%
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Form 990 Schedule H, Part VI - Supplemental Information, Line 1

a) No footnote regarding bad debt expense in the organization's financial statements b) Costing methodology used in determining the amounts reported on lines 2 and 3 - cost to charge ratio

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Provision of care to Medicare beneficiaries meets a need in the community and any shortfall is considered to be a community benefit
Costing methodology used to determine Medicare allowable costs -cost to charge ratios/Medicare cost report

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection policy regarding patients who are known to qualify for charity care or financial assistance - St Luke's Hospital has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from St Luke's Hospital, and a patient's good faith effort to comply with his or her payment agreements with St Luke's Hospital For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, St Luke's Hospital may offer extended payment plans, will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies St Luke's Hospital adheres to the laws of the Fair Debt Collection Practices Act and the Association of Credit and Collection Professional's Code of Ethics and Professional Responsibility and patients are treated with dignity, respect and in line with our mission and values

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

St Luke's through its day to day operations and outreach efforts identifies and assesses the unmet needs of its community. Many requests come from physicians on staff, leaders in the community, community focus groups, and strategic planning. Through reports from the Missouri Hospital Association, including the community health profile data for the St. Louis area, the health status and needs of the community served are identified. Behaviors, medical risk factors, social determinants and outcomes over a multi-year period are reviewed. The organization then takes a systematic approach in defining the appropriate health care initiatives and the resources needed.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5
Form 990 Schedule H, Part VI - Supplemental Information, Line 5

- St Luke's has established a Community Benefits Task Force to increase awareness of how St Luke's Hospital partners with its denominational sponsors, the Episcopal and Presbyterian USA Churches (the Churches), to improve the health of the greater St Louis community in body, mind and spirit. The goal of this subcommittee of the Mission & Community Affairs Committee of the board is to create a stronger identity for St Luke's within the Churches and community by conveying through various communication and program initiatives how St Luke's lives out daily its mission and ministry of healing. Key task force initiatives include: 1) Annual representation at a meeting of the Presbytery of Giddings-Lovejoy/Episcopal Diocese of Missouri by the Pastoral Care Director to provide an overview of annual mission activities, 2) Annual Health Fair participation at Presbyterian and Episcopal leadership functions, including health care screenings and education for various topics (i.e. Women's Health, Men's Health, Children's Health), 3) Annual mission brochure to describe hospital services, community outreach, education, provision of charity care to the uninsured and underinsured within the community, and information about other resources provided by the hospital, such as Meals on Wheels and the Pediatric Care Center, 4) Annual Founder's Day celebration at St Luke's attended by Hospital physicians, employees, volunteers and clergy leaders from throughout the area to celebrate the renewal of St Luke's mission and communicate how it is lived out in the daily services provided to the community, 5) Raising awareness about the St Luke's Pastoral Care Department and Clinical Pastoral Education program, and 6) Identifying opportunities to provide health education articles and information about upcoming healthy living events to the Presbytery/Diocese.

- St Luke's supported the Chesterfield Chamber's Junior Leadership Development and Training by providing a Program Leader who managed the program for Juniors of four area high schools. This program is designed to provide a forum of education and growth for the future leaders of the Chesterfield community. In addition, each "student team" is responsible for a community project that involves fellow students and benefits community organizations in our area.

- St Luke's supports the Leadership Chesterfield program by providing speakers and meeting rooms for this group. This program is structured to challenge business professionals and community members by addressing topics such as government and public service, history, arts and culture, education and training, health care and quality of life, and community growth and development.

- A St Luke's Sr staff member participates in an active role on the Health subcommittee for Partners for Progress of St Charles County, which is affiliated with the economic development center. This committee meets to discuss Environment and infrastructure, education, health and public policy.

- A St Luke's Sr staff member participates on the Episcopal-Presbyterian trust fund board which donates significant monies to help the poor in the city of St Louis.

- A St Luke's Sr staff member participates on the Chesterfield Development Advisory Board. This group provides a sounding board for the Mayor and staff, as well as an opportunity to seek the opinion of local business leaders.

- St Luke's Community Outreach Department strongly supports the area's school nurses, providing meeting rooms and MONA credit hours for their educational monthly meetings and an annual "Concepts in School Nursing" workshop. Focus is on the key "hot topics" school nurses must address to keep students healthy and safe in the school environment.

- St Luke's has participated in the St Louis Internship Program for nearly 15 years. This program is designed to invest in our community by offering support in life skills and inspiration to underserved high school students. As a corporate partner, St Luke's helps these students realize their potential by exposing them to healthcare job opportunities and providing them with meaningful work during an 8 week summer internship. Each summer, St Luke's sponsors 4-8 high school interns. St Luke's has been recognized by the Board of the St Louis Internship Program for the hospital's consistent dedication to these youth and for the high marks the interns give the hospital for their professional work experience. Approximately 95 percent of the interns graduate from high school and go on to post-secondary education or training. St Luke's is a proud participant in the program, believing that the entire community benefits because the program increases the skilled talent in the workforce and cultivates future St Louis leaders.

- St Luke's also partners with academic facilities throughout the region by providing supervised internships for college and graduate students in various healthcare fields (nursing, physical therapy, hospital admini

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

stration, health information services, social services, etc) These internships provide new graduates with the real life professional experiences they need prior to entering the workforce as a healthcare professional

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Services Provided St Luke's Hospital is a regional Health Care provider committed to improving the quality of life for patients and the community St Luke's offers services in 70 specialty areas from 22 locations including cardiovascular care and surgery, cancer care, neurosurgery and neurology, orthopedics, maternity and other women's health, general medicine, outpatient services, pediatrics and comprehensive surgical services Given the dramatic growth in the number of persons using the internet to obtain information on personal healthcare needs, St Luke's utilizes technology resources to improve the health of the community and educate patients on the following health information - Women's Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect women of all ages - Pediatric Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect newborn, children, and adolescents - Senior Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that become more common as people age - Men's Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect men of all ages - Multimedia Encyclopedia - Take charge of your health and gain knowledge by watching informative multimedia presentations - Symptom Navigator - "Where does it hurt?" - My Checkups - Know when to schedule important exams - In-Depth reports - 100 topics for advanced study - Pregnancy Health Center - Important information designed to guide you through your pregnancy - you will see how your baby develops each week, find helpful planning tips, and learn what to expect from labor and delivery - Surgery and Procedures - Includes descriptions, visual illustrations and indicators for specific surgeries - Health Care Guides - Educational materials for specific conditions including high blood pressure, high cholesterol, allergies and Type I diabetes - Wellness Tools - Health calculators including body mass index calculator, calorie burner counter, target heart rate calculator, ideal body weight, nutritional needs and waist to hip calculator - Drug Interaction Center - Medication information including description of the medicines, possible interactions and reasons for taking prescribed medications - Drug Notes - Medications in alphabetical order - Body Guide - Interactive guide to all 12 body systems - Animation Player - Visually-rich, multimedia presentation - H1N1 Flu Update - Health tips, symptom information and other helpful links - Heart Aware Risk Assessment - This assessment helps patients assess and identify potential risk of heart disease and other health concerns St Luke's Hospital Early Detection Center contacts at risk patients to schedule a free follow-up evaluation with a registered nurse health educator This 30-minute appointment includes a free cholesterol screening, a blood pressure check and other heart-health checks Medical Staff St Luke's Hospital extends medical staff privileges to all qualified physicians in the community for primary care services (i e Internal medicine and pediatrics) Of the current 978 physicians on the Medical staff greater than 95% are board certified Governing Body St Luke's Hospital has 20 voting members on its Board of Directors They include community and corporate leaders as well as physicians and representatives of both the Episcopal and Presbyterian churches Allocation of surplus funds Positive financial results support 1) investment in strategic capital expenditures and new technology, 2) growth and expansion of services to meet identified community needs, and 3) recruitment and retention of quality healthcare professionals through a comprehensive market based compensation and benefits program

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680
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Part I

Questions Regarding Compensation

	Yes	No
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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported 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	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gary Olson	(i) (ii)	516,777	106,200	0	23,800	36,676	683,453	0
Brian Spillers	(i) (ii)	395,975	56,000	0	26,000	39,076	517,051	0
David Krajcovic MD	(i) (ii)	394,792	0	0	0	21,976	416,768	0
Paul Mennes MD	(i) (ii)	393,637	0	0	12,000	22,976	428,613	0
Gail Wagner	(i) (ii)	227,141	31,043	0	0	22,863	281,047	0
Sue Adams	(i) (ii)	137,785	19,949	0	0	21,918	179,652	0
Jan Hess	(i) (ii)	174,883	23,513	0	0	31,459	229,855	0
Brenda Kelly	(i) (ii)	173,875	17,790	0	0	31,665	223,330	0
William Meyer	(i) (ii)	182,586	10,194	0	0	30,835	223,615	0
Don Miller	(i) (ii)	199,824	28,177	0	0	26,666	254,667	0
Janette Taaffe	(i) (ii)	150,462	20,573	0	0	23,751	194,786	0
Talat Nawas	(i) (ii)	423,949	0	0	0	27,049	450,998	0
Hope Cranston D'Amato MD	(i) (ii)	402,618	0	0	0	21,301	423,919	0
Abdul Moheet MD	(i) (ii)	362,407	0	0	0	27,049	389,456	0
Sergio Garcia MD	(i) (ii)	355,641	0	0	0	16,463	372,104	0
Barry Hendrickson MD	(i) (ii)	293,628	0	0	0	29,539	323,167	0

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.

Identifier	Return Reference	Explanation
Schedule J, Part I, Q 6		The executive incentive compensation plan recognizes and reinforces the Hospital's strategic balance scorecard objectives which are built around four perspectives including: 1. Patient/physician/community; 2. Employee; 3. Internal business; 4. Financial. The incentive pay is based on measurable results against pre-determined goals for the Officers, Vice Presidents and department directors of the hospital.

Software ID:
Software Version:
EIN: 43-0652680
Name: St Luke's Episcopal-Presbyterian Hospitals

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Gary Olson	(i) (ii)	516,777	106,200	0	23,800	36,676	683,453	0
Brian Spillers	(i) (ii)	395,975	56,000	0	26,000	39,076	517,051	0
David Krajcovic MD	(i) (ii)	394,792	0	0	0	21,976	416,768	0
Paul Mennes MD	(i) (ii)	393,637	0	0	12,000	22,976	428,613	0
Gail Wagner	(i) (ii)	227,141	31,043	0	0	22,863	281,047	0
Sue Adams	(i) (ii)	137,785	19,949	0	0	21,918	179,652	0
Jan Hess	(i) (ii)	174,883	23,513	0	0	31,459	229,855	0
Brenda Kelly	(i) (ii)	173,875	17,790	0	0	31,665	223,330	0
William Meyer	(i) (ii)	182,586	10,194	0	0	30,835	223,615	0
Don Miller	(i) (ii)	199,824	28,177	0	0	26,666	254,667	0
Janette Taaffe	(i) (ii)	150,462	20,573	0	0	23,751	194,786	0
Talat Nawas	(i) (ii)	423,949	0	0	0	27,049	450,998	0
Hope Cranston D'Amato MD	(i) (ii)	402,618	0	0	0	21,301	423,919	0
Abdul Moheet MD	(i) (ii)	362,407	0	0	0	27,049	389,456	0
Sergio Garcia MD	(i) (ii)	355,641	0	0	0	16,463	372,104	0
Barry Hendrickson MD	(i) (ii)	293,628	0	0	0	29,539	323,167	0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>		OMB No 1545-0047
			2009
			Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A HEALTH & EDUCATIONAL FACILITIES AUTH STATE OF MO	43-1178966	60635RY68	01-09-2007	56,215,363	SEE SCHEDULE O		X		X

Part II

Proceeds

	A		B		C		D		E	
	1	Total proceeds of issue	57,062,584	2	Gross proceeds in reserve funds	3	Proceeds in refunding or defeasance escrows	4	Other unspent proceeds	5
	5	Issuance costs from proceeds	549,996	6	Working capital expenditures from proceeds	7	Capital expenditures from proceeds	31,129,830	8	Year of substantial completion
	2008									
	9	Were the bonds issued as part of a current refunding issue?	X	10	Were the bonds issued as part of an advance refunding issue?	X	11	Has the final allocation of proceeds been made?	X	12
	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III

Private Business Use

	A		B		C		D		E	
	1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	2	Are there any lease arrangements with respect to the financed property which may result in private business use?	Yes	No	Yes	No	Yes	No
	X									
	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
GARY OLSON - RETENTION		X	450,000	450,000		No	Yes		Yes	
Total ▶ \$ 450,000										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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

Employer identification number
43-0652680

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	17	1,354,711	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

YesNo

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
32b		ST LUKE'S HOSPITAL USES AN OUTSIDE TRUST COMPANY TO SELL EQUITY SECURITIES CONTRIBUTED TO THE ORGANIZATION

Software ID:
Software Version:
EIN: 43-0652680
Name: St Luke's Episcopal-Presbyterian Hospitals

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133002311
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SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization St Luke's Episcopal-Presbyterian Hospitals	Employer identification number 43-0652680
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Identifier	Return Reference	Explanation
FORM 990, PART I, Q1 & PART III, Q1 - ORGANIZATION'S MISSION		Faithful to our Episcopal-Presbyterian heritage and its ministry of healing, St Luke's Hospital (St Luke's) is dedicated to improving the health of the community Using talents and resources responsibly, our medical staff, employees and volunteers, provide care for the whole person with compassion, professional excellence, and respect for each other and those we serve St Luke's lives out its ministry of healing by dedicating itself to improving the health of the community through the wide array of services it makes available to the St Louis metropolitan area Our mission commitment includes the vital areas of Community Outreach, Community Health, Community Health Information & Education and Community Services St Luke's vision as a premier regional healthcare provider, is a catalyst for building a healthy community We stress education regarding life styles, nutrition, immunization, and other methods of maintaining the health of the body and the spirit We find new and innovative means of bringing this message to the community, especially to the underserved and underprivileged As we continue to provide quality and compassionate care to heal the acutely ill in our hospital and skilled nursing facility in a cost efficient manner, we also increase our efforts to assist those with chronic disease in their homes, to relieve their suffering and improve their quality of life We receive input while measuring and evaluating our efforts to be sure that what we do brings benefit to the people of the community We continually refine our approaches to maintain and improve community health and wellness St Luke's provides quality medical care to patients regardless of race, creed, sex, national origin, handicap, age or ability to pay

Identifier	Return Reference	Explanation
FORM 990, PART III, Q 4(a)		Medically necessary health services are provided to all individuals in a non-discriminatory manner regardless of race, color, national origin, religion or ability to pay St Luke's Hospital offers a comprehensive approach to healthcare from 22 locations across the St Louis metropolitan area (including St Charles County), including a hospital, skilled nursing/residential care facility and six urgent care centers, Home Health services and Hospice services Nationally recognized for clinical excellence, St Luke's offers services in 70 specialty areas including Brain and Spine, Cancer Care, Family Practice, Heart Care, Orthopedic, Pulmonary, Osteoporosis, Sleep Medicine, Urgent Care, Vascular Access, Wellness Center for Adults with Down Syndrome, Women's Health (including Obstetrics), Home Health and Hospice The Brain and Spine Center is the first of its kind in the region, committed to a multidisciplinary approach offering the most advanced treatments available The Heart Institute offers a collaborative approach to manage and treat heart disease Women's Health includes a comprehensive range of clinical services, educational opportunities and wellness St Luke's Hospital is the exclusive Spirit of Women Hospital in Missouri and named a Spirit of Women premier Hospital focused on elevating the standards in women's health The national designation is based on a comprehensive evaluation of innovation and excellence in women's health care & community outreach developed in consultation with the U.S. Department of Health & Human Services St Luke's Home Health Services provided care to more than 1,000 people in the comfort of their homes By providing a full range of nursing, therapy, social work and aid services, Home Health helps more individuals recover and stay safe and healthy in their homes The Wellness Center for adults with Down Syndrome is the first of its kind in the area Through the Wellness Center, patients can get a comprehensive physical with one of the center's designated physicians and also receive a thorough assessment with a social worker The center also offers caregiver classes To further its mission of providing care for the medically underserved and underinsured, St Luke's Hospital operates a pediatric care center which provides healthcare to children and education to their families

Identifier	Return Reference	Explanation
FORM 990, PART III, Q 4(b)		In support of its mission, St Luke's Hospital provides care to patients regardless of their ability to pay, which includes those who lack financial resources and are deemed to be medically indigent In addition, the organization provides services to other medically indigent patients under various state Medicaid programs Such programs pay providers amounts that are less than the related costs for the services provided to the recipients Each year, we invest considerable resources to improve the health, wellness and quality of life in our community In response to identified needs, St Luke's also benefits the community through - A graduate medical education program for interns and residents in internal medicine This program provides a unique opportunity of training in primary care internal medicine at both a modern hospital located in St Louis County and public health clinics serving the needs of the indigent population of the St Louis area Currently, there are a total of 42 medical residents in the program - Training opportunities for health professionals in nursing, pharmacy and other health specialties - An accredited continuing medical education (CME) program for physicians - Pastoral Care ministry and a fully accredited chaplaincy program is provided twenty four hours per day, seven days a week The Pastoral Care Department participates in St Luke's ministry of healing by working with the health care team to provide holistic care for patients, their families, visitors, physicians, and employees of all faiths The Department holds regular worship services, including Episcopal and Presbyterian Eucharist Services, Roman Catholic Mass, Ecumenical Worship Services, Morning and Evening Prayer Services, and other liturgical services on special feast days Clinical Pastoral Education (CPE) at St Luke's Hospital, accredited by the Association of Clinical Pastoral Education, Inc., is theological and professional education for ministry Chaplains of various faith traditions minister to persons in crisis situations, reflecting on their ministry encounters to develop their pastoral practice Currently there are 10 students in the CPE program - The institute for health education, with an extremely active Community Outreach program that provides more than 1,000 health education opportunities, prevention programs, health screenings, special events, support groups and classes to area schools, companies and the broader community - A pediatric care center, which provides primary and preventative care to medically underserved and underinsured children in North St Louis City and County - Meals on wheels, which provides meals to community residents who are not able to prepare meals for themselves due to their medical condition - HealthAware provides free online confidential risk assessments and personal follow-up for those found at risk for heart disease, stroke, sleep apnea, diabetes, and spine pain These assessments provide valuable information to help individuals and families determine if they are at risk for these chronic illnesses, enabling them to make more informed, proactive decisions about their health - Women's Health - St Luke's helps educate women about important health topics that impact their health, and the health of their families More than 6,500 area women have joined this free membership program to receive health information from St Luke's Hospital via emails and mailed newsletters Through the St Luke's website we offer Spirit of Women monthly health topics and provide women and men with easy to navigate preventive health information by decade of life The community is invited to Spirit of Women programming and events throughout the year, ranging from smaller "Ask the Physician" format discussions to large interactive events, such as Day of Dance This event draws hundreds of women to dance for their health each year and offers free health screenings - Passport to Wellness program provides more than 150 local employers with worksite wellness programs The objective of this program is to collaborate with employers to identify, address and eliminate employee health risks before they result in costly healthcare claims Free of charge, our team visits employers and collects personal health profiles from their employees, then provides a group health report to identify the specific health risks present in their workforce and address these risks St Luke's healthcare professionals coordinate and provide on-site screenings, lunchtime seminars and education materials targeted to the specific needs of the employer St Luke's also provides employers with access to an internet-based financial analysis tool that allows the employer to understand the health risks faced by workers, project how healthcare dollars will be spent and identify potential savings through the attainment of a healthier workforce St Luke's provides Health Information Centers (wall-mounted displays) at more than 50 employers designed to educate employees on pertinent health issues and provide details regarding available health promotion activities St Luke's Heart Failure Disease Management Program is a referral-based outpatient program designed to provide heart failure patients with effective, state-of-the-art disease management This comprehensive, integrated program is designed specifically for patients living with heart failure Patients work with their physicians and the Center's multidisciplinary team to develop an individualized plan of care that includes cardiac diagnostic testing, management of the patient's medication, laboratory monitoring, education and counseling and systematic telephone follow-up Patients and physicians may access the heart failure disease manager (on call 24 hours per day) The disease manager assists in the treatment of the acute and chronic phases of this disease

Identifier	Return Reference	Explanation
FORM 990, PART IV Q 12A & PART XI Q 2B		The organization's financial statements were audited in accordance with GAAP as part of the consolidated audit of St Luke's Health Corporation The consolidated financial statements include the accounts of St Luke's Health Corporation, St Luke's Hospital and all of their controlled subsidiaries, including St Luke's Medical Group and St Luke's Development Corporation, a for-profit corporation FORM 990, PART XI Q 2C The organization's Audit Committee assumes responsibility to oversee and review the audit process, and the selection and approval of the independent auditors

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, Q 11 & 11A - 990 REVIEW PROCESS		The form 990 has been discussed and presented to the Board and its committees The organization provided a copy of the Form 990 to St Luke's Health Corporation's Executive and Finance Committee of the Board of Directors prior to filing for review and input All questions raised were addressed in advance of submission

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

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

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, A(f) - DESCRIPTION OF PURPOSE		Series 2006 bonds were issued January 9, 2007 at a fixed rate with proceeds of \$56 million used in part to refund a portion of Series 2001 bonds (issued June 14, 2001) and to partially finance capital improvements

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

Identifier	Return Reference	Explanation
FORM 990, PART IV, QUESTION 12 & SCHEDULE D, PART XII		RECONCILIATION OF REVENUE REVENUE, PER AUDITED FINANCIALS 363,641,241 SPECIAL PURPOSE FUNDS RELEASED FOR CAPITAL 1,737,896 REVENUE, PER FORM 990 365,379,137

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
43-0652680

Part I

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

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

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST LUKE'S HEALTH CORPORATION 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-1246752	SOLE MEMBER	MO	501(c)(3)	11b	NA
ST LUKE'S MEDICAL GROUP 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-1349332	SEE SCH O	MO	501(c)(3)	11a	43-1246752

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		Yes	No

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 LUKE'S DEVELOPMENT CORP 232 S WOODS MILL RD CHESTERFIELD, MO63017 43-1238961	OTHER MISC	MO	43-1246752	CORPORATION	0	0	0 %

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c No

1d No

1e No

1f No

1g No

1h No

1i Yes

1j No

1k Yes

1l No

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) NA AS ALL TRANSACTIONS WITH 501(c)(3) ENTITY		
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
	SEE SCH R-1				N/A
					N/A
					N/A
					N/A
					N/A
					N/A
PHYSICIAN SPECIALISTS OF ST LUKE'S LLC 232 S WOODS MILL RD CHESTERFIELD, MO 63017 20-5041902	MED PROF SERV	MO	10,612,696	1,184,634	NA
STEPHEN YIM MD LLC 232 S WOODS MILL RD STE 350E CHESTERFIELD, MO 63017 86-1141720	MED PROF SERV	MO			43-1349332
DIV OF MATERNAL & FETAL MEDICINE LLC 226 S WOODS MILL RD STE 62W CHESTERFIELD, MO 63017 84-1682755	MED PROF SERV	MO			43-1349332
REPRODUCTIVE IMAGINGANTENATAL TEST LLC 226 S WOODS MILL RD STE 62W CHESTERFIELD, MO 63017 86-1141720	MED PROF SERV	MO			43-1349332
ADVANCED REPRODUCTIVE SPECIALISTS LLC 226 S WOODS MILL RD STE 64W CHESTERFIELD, MO 63017 25-1920150	MED PROF SERV	MO			43-1349332
CARDIAC SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 42-1672093	MED PROF SERV	MO			43-1349332
DEPARTMENT OF CARDIOLOGY LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 87-0748742	MED PROF SERV	MO			43-1349332
MIDWEST DIAGNOSTIC CARDIOLOGY LLC 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 42-1672094	MED PROF SERV	MO			43-1349332
CARDIO THORACIC SURGERY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 86-1141715	MED PROF SERV	MO			43-1349332
OPEN HEART ANESTHESIOLOGY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 87-0748749	MED PROF SERV	MO			43-1349332
VAN AMBURG & BUSIEK MD's LLC 232 S WOODS MILL RD STE 330E CHESTERFIELD, MO 63017 84-1684660	MED PROF SERV	MO			43-1349332
J DANIELS LAMPING LLC 226 S WOODS MILL RD STE 60W CHESTERFIELD, MO 63017 26-3168227	MED PROF SERV	MO			43-1349332
WEST COUNTY ADULT MEDICINE LLC 224 S WOODS MILL RD STE 620S CHESTERFIELD, MO 63017 33-1180875	MED PROF SERV	MO			43-1349332
CHESTERFIELD REHAB PHYSICIANS LLC 226 S WOODS MILL RD STE 59W CHESTERFIELD, MO 63017 26-3907161	MED PROF SERV	MO			43-1349332
PRACTICE OF ROSEMARY CANNISTRARO LLC 12609 OLIVE STREET ST LOUIS, MO 63141 86-1141728	MED PROF SERV	MO			43-1349332
WESTGLEN FAMILY PHYSICIANS LLC 225 CLARKSON ROAD ELLISVILLE, MO 63011 86-1141718	MED PROF SERV	MO			43-1349332
ASSOCIATES IN INTERNAL MEDICINE LLC 226 S WOODS MILL RD STE 56W CHESTERFIELD, MO 63017 20-4554452	MED PROF SERV	MO			43-1349332
INTERNAL MEDICINE OF WEST COUNTY LLC 14897 CLAYTON RD STE 100 CHESTERFIELD, MO 63017 26-2985922	MED PROF SERV	MO			43-1349332
CARDIO -PULMONARY ASSOCIATES LLC 222 S WOODS MILL RD STE 310N CHESTERFIELD, MO 63017 25-1920167	MED PROF SERV	MO			43-1349332
MEDICAL SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL RD STE 750N CHESTERFIELD, MO 63017 84-1682728	MED PROF SERV	MO			43-1349332
INTERNAL MEDICINE OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63017 26-3961790	MED PROF SERV	MO			43-1349332
CARDIAC CATH LAB LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 86-1141729	MED PROF SERV	MO			43-1349332
CHESTERFIELD INTERNAL MEDICINERHEUM LLC 226 S WOODS MILL RD STE 43W CHESTERFIELD, MO 63017 86-1141726	MED PROF SERV	MO			43-1349332
THE OSTEOPOROSIS CTR OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63017 26-3962089	MED PROF SERV	MO			43-1349332
CONWAY INTERNISTS LLC - KRAUJALIS 226 S WOODS MILL RD STE 45W CHESTERFIELD, MO 63017 87-0748750	MED PROF SERV	MO			43-1349332
TRI-COUNTY FAMILY PRACTICE LLC 5551 WINGHAVEN BLVD STE 142 OFALLON, MO 63368 25-1920176	MED PROF SERV	MO			43-1349332
DR GENOVA LLC 5551 WINGHAVEN BLVD STE 132 OFALLON, MO 63368 25-1920156	MED PROF SERV	MO			43-1349332
PRACTICE OF ALAN SPIVACK LLC 224 S WOODS MILL RD STE 620S CHESTERFIELD, MO 63017 25-1920164	MED PROF SERV	MO			43-1349332
CLINIC OF INTERNAL MEDICINE LLC 1034 S BRENTWOOD BD STE 1060 ST LOUIS, MO 63117 84-1682760	MED PROF SERV	MO			43-1349332
DAVID J TUCKER MD LLC 1034 S BRENTWOOD BD STE 716 ST LOUIS, MO 63117 84-1682729	MED PROF SERV	MO			43-1349332
CLAYTON INTERNAL MEDICINE LLC 222 S WOODS MILL RD STE 520N CHESTERFIELD, MO 63017 84-1682754	MED PROF SERV	MO			43-1349332
DRS MERA BOESCH & KUMAR LLC 222 S WOODS MILL RD STE 630N CHESTERFIELD, MO 63017 86-1141713	MED PROF SERV	MO			43-1349332
NEUROSURGERY & NEUROLOGY LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 11-3750241	MED PROF SERV	MO			43-1349332
ATC LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 20-5152770	MED PROF SERV	MO			43-1349332
CARDIAC SPECIALISTS OF ST LUKE'S - ADEM 170 INDUSTRIAL DRIVE STE 105 CRYSTAL CITY, MO 63019 42-1672093	MED PROF SERV	MO			43-1349332
JAMES F LOOMIS LLC 222 S WOODS MILL RD STE 350N CHESTERFIELD, MO 63017 27-1427537	MED PROF SERV	MO			43-1349332
CONWAY INTERNISTS LLC - BARAKE 226 S WOODS MILL RD STE 45W CHESTERFIELD, MO 63017 87-0748750	MED PROF SERV	MO			43-1349332