



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490




























### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☒

<b>1</b>	Briefly describe the organization's mission SEE SCHEDULE O
<b>2</b>	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these new services on Schedule O
<b>3</b>	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these changes on Schedule O
<b>4</b>	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
<b>4a</b>	(Code ) (Expenses \$ 354,396,496 including grants of \$ ) (Revenue \$ 378,361,671 ) SEE SCHEDULE O DESCRIPTION OF SERVICES PROVIDED 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 OUR 493-BED, NOT-FOR-PROFIT HOSPITAL SERVES THE REGION FROM MORE THAN 20 LOCATIONS ACROSS THE GREATER ST LOUIS AREA INCLUDING ST LOUIS AND ST CHARLES COUNTIES ST LUKE'S COMPREHENSIVE APPROACH TO HEALTHCARE INCLUDES A HOSPITAL, AN OUTPATIENT CENTER, A SKILLED NURSING/RESIDENTIAL CARE FACILITY, SIX URGENT CARE CENTERS, A REHABILITATION HOSPITAL, DIAGNOSTIC IMAGING CENTERS, A VASCULAR ACCESS CENTER, HOME HEALTH SERVICES AND HOSPICE SERVICES NATIONALLY-RECOGNIZED FOR CLINICAL EXCELLENCE, ST LUKE'S OFFERS CARE IN MORE THAN 60 SPECIALTY AREAS INCLUDING HEART CARE, CANCER CARE, ORTHOPEDICS, NEUROSURGERY AND NEUROLOGY, CARDIOLOGY AND CARDIOVASCULAR SURGERY, WOMEN'S SERVICES (INCLUDING OBSTETRICS), PEDIATRICS, URGENT CARE, PULMONARY MEDICINE, SLEEP MEDICINE AND WELLNESS SERVICES FOR ADULTS WITH DOWN SYNDROME ADDITIONALLY, ST LUKE'S HOSPITAL IS THE EXCLUSIVE SPIRIT OF WOMEN HOSPITAL IN ST LOUIS AND HAS BEEN RECOGNIZED AS A SPIRIT OF WOMEN PREMIER HOSPITAL FOR ITS FOCUS 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 AND COMMUNITY OUTREACH DEVELOPED IN CONSULTATION WITH THE OFFICE ON WOMEN'S HEALTH IN THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO FURTHER OUR 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 AND SOCIAL SUPPORT SERVICES TO THEIR FAMILIES ST LUKE'S IS THE ONLY MISSOURI HOSPITAL RECOGNIZED AS ONE OF AMERICA'S 50 BEST HOSPITALS BY HEALTHGRADES (2007-2012) AS ONE OF AMERICA'S 50 BEST HOSPITALS, ST LUKE'S RANKS AMONG THE TOP ONE PERCENT OF HOSPITALS IN THE NATION FOR CLINICAL EXCELLENCE BASED ON SURVIVAL AND COMPLICATION RATES ACCORDING TO HEALTHGRADES, AN INDEPENDENT HEALTHCARE RATINGS COMPANY, PATIENTS ADMITTED TO AN AMERICA'S 50 BEST HOSPITAL ARE MORE LIKELY TO HAVE SUCCESSFUL TREATMENT WITHOUT MAJOR COMPLICATIONS HEALTHGRADES ALSO RANKED ST LUKE'S NUMBER ONE IN MISSOURI FOR 2012 IN THE AREAS OF CARDIAC SERVICES, NEUROSURGERY, NEUROSCIENCES (NEUROSURGERY AND STROKE TREATMENT COMBINED), CRITICAL CARE AND GASTROINTESTINAL MEDICAL TREATMENT ST LUKE'S IS ALSO THE RECIPIENT OF THE HEALTHGRADES EMERGENCY MEDICINE EXCELLENCE AWARD (2011 AND 2012), PULMONARY CARE EXCELLENCE AWARD (2005-2012), WOMEN'S HEALTH EXCELLENCE AWARD (2009-2011) AND OUTSTANDING PATIENT EXPERIENCE AWARD (2011)
<b>4b</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O RESOURCES INVESTED AND PROGRAM SERVICES TO SUPPORT MISSION IN SUPPORT OF OUR 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 IN THE FOLLOWING WAYS - ST LUKE'S SUPPORT FOR THE RESIDENCY IN INTERNAL MEDICINE PROGRAM IS AN INTEGRAL PART OF OUR SERVICE TO THE COMMUNITY BY PREPARING NEW PHYSICIANS AT ANY GIVEN TIME, THERE ARE ABOUT 40 MEDICAL RESIDENTS IN THE PROGRAM THIS PROGRAM PROVIDES A UNIQUE OPPORTUNITY FOR TRAINING IN PRIMARY CARE INTERNAL MEDICINE AT BOTH ST LUKE'S HOSPITAL AND PUBLIC HEALTH CLINICS SERVING THE NEEDS OF THE INDIGENT POPULATION IN THE ST LOUIS AREA ST LUKE'S MEDICAL RESIDENTS ALSO PROVIDE COMMUNITY SERVICE BY SPEAKING AT SCHOOLS AND TO VARIOUS CIVIC ORGANIZATIONS TRAINING OPPORTUNITIES FOR HEALTH PROFESSIONALS IN NURSING, PHARMACY AND OTHER HEALTH SPECIALTIES ARE AVAILABLE - ST LUKE'S OFFERS CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS THE PROGRAM RECENTLY EARNED A SIX-YEAR ACCREDITATION WITH COMMENDATION BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME), RANKING AMONG THE TOP 15 PERCENT OF CME PROVIDERS IN THE UNITED STATES, INCLUDING SOME OF THE NATION'S MOST PRESTIGIOUS MEDICAL SCHOOLS THE PROGRAM CONTINUES ITS PROUD TRADITION AND SERVICE - A PASTORAL CARE MINISTRY AND A FULLY-ACCREDITED CHAPLAINCY PROGRAM IS PROVIDED 24 HOURS A 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 - ST LUKE'S INSTITUTE FOR HEALTH EDUCATION AND OUR EXTREMELY ACTIVE COMMUNITY OUTREACH PROGRAM PROVIDE MORE THAN 1,200 HEALTH EDUCATION OPPORTUNITIES, PREVENTION PROGRAMS, HEALTH SCREENINGS, SPECIAL EVENTS, SUPPORT GROUPS AND CLASSES TO AREA SCHOOLS, COMPANIES AND THE BROADER COMMUNITY - ST LUKE'S PEDIATRIC CARE CENTER IS A MISSION-BASED AGENCY OF ST LUKE'S HOSPITAL THAT HAS BEEN PROVIDING CARE FOR MEDICALLY UNDERSERVED AND UNDERINSURED CHILDREN IN THE ST LOUIS REGION FOR MORE THAN 60 YEARS THE CENTER, LOCATED IN NORTH ST LOUIS COUNTY, OFFERS CARE FOR CHILDREN FROM BIRTH TO AGE 18 IN A PRIVATE PRACTICE SETTING RATHER THAN IN A CLINIC SETTING THE PRIMARY GOAL OF THE CENTER IS TO ESTABLISH AND MAINTAIN ACCESS TO HEALTHCARE FOR FAMILIES THROUGH A PRIMARY CARE PHYSICIAN, THEREBY HELPING THEM UNDERSTAND AND DEAL WITH POTENTIAL HEALTH ISSUES BEFORE THE ISSUES BECOME SERIOUS ENOUGH TO REQUIRE ACUTE CARE THE STAFF CONSISTS OF TWO FULL-TIME BOARD CERTIFIED PEDIATRICIANS, AS WELL AS A SITE MANAGER, REGISTERED NURSE, SOCIAL WORKER AND OFFICE COORDINATOR, ALL OF WHOM ARE DEDICATED TO IMPROVING HEALTHCARE FOR CHILDREN AND FAMILIES - WE PARTICIPATE IN THE MEALS ON WHEELS PROGRAM, WHICH PROVIDES MEALS TO COMMUNITY RESIDENTS WHO ARE NOT ABLE TO PREPARE MEALS FOR THEMSELVES DUE TO THEIR MEDICAL CONDITIONS - ST LUKE'S HEALTHAWARE RESOURCE PROVIDES FREE ONLINE, CONFIDENTIAL RISK ASSESSMENTS AND PERSONAL FOLLOW-UP FOR THOSE FOUND AT RISK FOR HEART DISEASE, STROKE, SLEEP APNEA, DIABETES AND BACK 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 8,700 AREA WOMEN HAVE JOINED THIS FREE MEMBERSHIP PROGRAM TO RECEIVE HEALTH INFORMATION FROM ST LUKE'S VIA EMAILS AND MAILED NEWSLETTERS THROUGH OUR 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 ST LUKE'S DAY OF DANCE THIS EVENT ATTRACTS HUNDREDS OF WOMEN EACH YEAR TO DANCE FOR THEIR HEALTH AND TAKE ADVANTAGE OF FREE HEALTH SCREENINGS - ST LUKE'S PASSPORT TO WELLNESS PROGRAM PROVIDES MORE THAN 175 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 OUR TEAM VISITS EMPLOYERS FREE OF CHARGE AND COLLECTS PERSONAL HEALTH PROFILES FROM THEIR EMPLOYEES THEN, WE PROVIDE A GROUP HEALTH REPORT TO IDENTIFY THE SPECIFIC HEALTH RISKS PRESENT IN THEIR WORKFORCE AND WAYS TO ADDRESS THESE RISKS ST LUKE'S HEALTHCARE PROFESSIONALS COORDINATE AND PROVIDE ON-SITE FEE-BASED SCREENINGS, LUNCHTIME SEMINARS AND EDUCATIONAL MATERIALS TARGETED TO THE SPECIFIC NEEDS OF EACH 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, WHICH ARE 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 MEDICATION, LABORATORY MONITORING, EDUCATION, COUNSELING AND FOLLOW-UP PATIENTS AND PHYSICIANS MAY ACCESS THE HEART FAILURE DISEASE MANAGER 24 HOURS A DAY
<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )         
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
<b>4e</b>	Total program service expenses \$ 354,396,496

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . . . . 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . . 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . . 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . . 	20b	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a116
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a3,658
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 (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6aNo
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?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	17
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 governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions) . . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)





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	242,098				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,469,649				
	g	Noncash contributions included in lines 1a-1f \$ 300,291						
	h	Total. Add lines 1a-1f . . . . .		2,711,747				
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REV	623990	375,666,532	375,666,532			
	b	RETAIL PHARMACIES	446110	4,513,058	2,695,139	1,817,919		
	c	NONPATIENT LABS	621110	2,382,248		2,382,248		
	d	ALL OTHER PROGRAM SERV	623990	400,159		400,159		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		382,961,997				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,163,600			1,163,600	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
			8,035,974					
			0					
			8,035,974					
	d	Net rental income or (loss) . . . . .		8,035,974			8,035,974	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				58,693				
				12,955				
				45,738				
	d	Net gain or (loss) . . . . .		45,738			45,738	
	8a	Gross income from fundraising events (not including \$ 242,098 of contributions reported on line 1c) See Part IV, line 18 . . . .	a	68,041				
			b	159,899				
			c	Net income or (loss) from fundraising events . .	-91,858			-91,858
	9a	Gross income from gaming activities See Part IV, line 19 . . . .	a					
			b					
			c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances . . . .	a					
			b					
			c	Net income or (loss) from sales of inventory . .				
	Miscellaneous Revenue		Business Code					
	11a	CAFETERIA	623990	2,144,982			2,144,982	
	b	EARLY DEBT EXT LOSS	623990	-2,386,728			-2,386,728	
	c							
d	All other revenue . . . . .		-1,776,550			-1,776,550		
e	Total. Add lines 11a-11d . . . . .		-2,018,296					
12	Total revenue. See Instructions . . . . .		392,808,902	378,361,671	4,600,326	7,135,158		

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,132,541		3,888,175	244,366
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	149,898,154	145,024,405	4,636,513	237,236
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,038,063	5,685,013	334,171	18,879
9	Other employee benefits . . . . .	19,085,019	17,969,104	1,056,243	59,672
10	Payroll taxes . . . . .	10,132,871	9,540,395	560,794	31,682
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	645,939		645,939	
c	Accounting . . . . .	163,799		163,799	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	30,000			30,000
f	Investment management fees . . . . .				
g	Other . . . . .	3,821,000	3,776,178	44,822	
12	Advertising and promotion . . . . .	988,747	15,133	973,614	
13	Office expenses . . . . .	5,399,898	4,581,380	731,444	87,074
14	Information technology . . . . .	3,062,392	3,060,207	2,185	
15	Royalties . . . . .				
16	Occupancy . . . . .	11,591,078	11,483,513	106,021	1,544
17	Travel . . . . .	453,886	424,146	26,192	3,548
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	92,348	82,750	8,310	1,288
20	Interest . . . . .	4,372,355	4,372,355		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	25,014,173	25,014,173		
23	Insurance . . . . .	6,082,628	12,013	6,070,615	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SUPPLIES	79,058,378	78,800,349	251,407	6,622
b	MEDICAID FRA EXPENSE	19,783,000	19,783,000		
c	CONTRACT SERVICES	10,160,903	9,230,895	923,309	6,699
d	REPAIRS & MAINTENANCE	5,882,629	5,858,987	23,483	159
e					
f	All other expenses	11,509,796	9,682,500	1,751,035	76,261
25	Total functional expenses. Add lines 1 through 24f	377,399,597	354,396,496	22,198,071	805,030
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			164,680,817	2	168,793,565
	3	Pledges and grants receivable, net . . . . .			4,759,529	3	3,992,519
	4	Accounts receivable, net . . . . .			38,638,752	4	43,551,758
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			525,000	5	600,000
	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 . . . . .			6,120,433	8	6,046,757
	9	Prepaid expenses and deferred charges . . . . .			4,653,117	9	4,943,749
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	490,749,167	202,087,313	10c	198,857,016
	b	Less: accumulated depreciation . . . . .	10b	291,892,151			
	11	Investments—publicly traded securities . . . . .			35,320,626	11	33,957,782
	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 . . . . .			32,888,145	15	21,097,611
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			489,673,732	16	481,840,757
Liabilities	17	Accounts payable and accrued expenses . . . . .			29,515,657	17	30,466,197
	18	Grants payable . . . . .			197,397	18	117,395
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			106,499,583	20	93,975,594
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			471,565	21	440,015
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			37,043,012	25	45,418,000
	26	Total liabilities. Add lines 17 through 25 . . . . .			173,727,214	26	170,417,201
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 . . . . .			305,084,255	27	301,566,846
	28	Temporarily restricted net assets . . . . .			6,579,997	28	5,447,781
	29	Permanently restricted net assets . . . . .			4,282,266	29	4,408,929
	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 . . . . .			315,946,518	33	311,423,556
	34	Total liabilities and net assets/fund balances . . . . .			489,673,732	34	481,840,757

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	392,808,902
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	377,399,597
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	15,409,305
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	315,946,518
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-19,932,267
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	311,423,556

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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>b</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

2011

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 Se**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		34,013
	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			34,013
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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1F APPROXIMATELY \$34,013 OF THE DUES PAID TO VARIOUS TRADE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2012 IS ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE ORGANIZATIONS

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	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?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2011

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

	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 . . . . .	4,281,015	3,141,369	2,702,625	3,888,899
b	Contributions . . . . .	6,252	8,000	5,252	4,776
c	Investment earnings or losses . . . . .	121,662	1,131,646	433,492	-1,191,050
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	4,408,929	4,281,015	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)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		15,744,879		15,744,879
b Buildings . . . . .		277,388,284	137,826,249	139,562,035
c Leasehold improvements . . . . .		17,558,315	9,948,136	7,610,179
d Equipment . . . . .		178,392,496	144,117,766	34,274,730
e Other . . . . .		1,665,193		1,665,193
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				198,857,016



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
	PART IV, LINE 2B	THE HOSPITAL OBTAINS ONE MONTH'S WORTH OF DEPOSITS IN ADVANCE FOR ROOM AND BOARD CHARGES FOR SKILLED NURSING FACILITY PRIVATE PAY RESIDENTS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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.
		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	9,982,000
INVESTMENT IN REHAB HOSPITAL	4,223,928
INTERCOMPANY RECEIVABLES	2,162,602
SPECIAL PURPOSE FUND	1,455,262
UNAMORTIZED BOND ISSUE COSTS	955,863
MISCELLANEOUS ASSETS	775,210
INVESTMENT IN HOSPICE	552,600
INVESTMENT IN WOMEN'S HEALTH CARE	500,640
INVESTMENT IN OUTPATIENT IMAGING	384,506
INVESTMENT IN SENIOR SOLUTIONS	105,000

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

2011

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.

- 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 services? ☒ 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 and address 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 4516 PERSHING  ST LOUIS, MO 63108	CONSULTING		No	0	30,000	0
Total . . . . . ▶					30,000	

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 2012</u> (event type)	<u>SPRING FLING 2012</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	258,716	16,483	34,940
	2	Less Charitable contributions . . . .	201,555	12,703	27,840
	3	Gross income (line 1 minus line 2) . . . .	57,161	3,780	7,100
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	7,650	2,965	9,706
	7	Food and beverages . . . .	47,832		
	8	Entertainment . . . .	63,000		
	9	Other direct expenses . . . .	28,746		
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 159,899 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-91,858

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	<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 and 7 in column (d) . . . . . ▶					

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- 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

☐ Director/officer

☐ Employee

☐ 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?

☐ Yes ☐ No
- 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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2011

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	Did 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 had 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 during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG 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	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? 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 did 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	Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
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		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	If "Yes," did 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 Worksheet 1) . . . . .		14,304	5,255,244		5,255,244	1 400 %
b Medicaid (from Worksheet 3, column a) . . . . .		8,256	5,983,050	4,002,782	1,980,268	0 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .		22,560	11,238,294	4,002,782	7,235,512	1 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			643,055	41,676	601,379	0 160 %
f Health professions education (from Worksheet 5) . . . . .			6,116,947	3,024,745	3,092,202	0 820 %
g Subsidized health services (from Worksheet 6) . . . . .		5,735	1,045,906	413,744	632,162	0 170 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			625,483		625,483	0 170 %
j Total Other Benefits . . . . .		5,735	8,431,391	3,480,165	4,951,226	1 320 %
k Total. Add lines 7d and 7j . . . . .		28,295	19,669,685	7,482,947	12,186,738	3 250 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
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 III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense	2	483,928
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	412,814
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 a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	126,614,978
6	Enter Medicare allowable costs of care relating to payments on line 5	6	133,184,651
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-6,569,673
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV

Management Companies and Joint Ventures

(see instructions)

(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 1 ST LUKE'S CENTER FOR DIAGNOSTIC IMAGING LLC	OUTPATIENT IMAGING MGMT SERVICES	31 000 %	0 %	18 000 %
2 2 ST LUKE'S ORTHO SVCS LLC	ORTHO SVCS MGMT SERVICES / PERFORM IMPROVEMENTS	50 000 %	12 500 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

## Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ST LUKE'S HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000000000000% If "No," explain in Part VI the criteria the hospital facility used	9	Yes



Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance? . . . . .	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

**Part V**

**Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

Name and address		Type of Facility (Describe)
<b>1</b>	ST LUKE'S HOSPITAL SKILLED NURSING FACILITY - SURREY PLACE OLIVE CHESTER, MO 63017	SKILLED NURSING/RESIDENTIAL CARE FACILITY
<b>2</b>	ST LUKE'S HOSPITAL HOME HEALTH AGENCY 111 S WOODSMILL ROAD CHESTERFIELD, MO 63017	HOME HEALTH SERVICE
<b>3</b>	ST LUKE'S HOSPITAL HOSPICE 111 S WOODSMILL ROAD CHESTERFIELD, MO 63017	HOSPICE CARE
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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 )
- 6
- Affiliated health care system.** 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
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C N/A

Identifier	ReturnReference	Explanation
		PART I, LINE 6A N/A - ISSUED THROUGH MISSOURI HOSPITAL ASSOCIATION

Identifier	ReturnReference	Explanation
		PART I, LINE 7 LINE 7 A CHARITY CARE 1 40% LINE 7 B UNREIMBURSED MEDICAID 1 59% LINE 7 D TOTAL CHARITY CARE AND GOVT PROGRAMS 2 99% LINE 7 E COMMUNITY HEALTH IMPROVEMENT SERVICES 17% LINE 7 F HEALTH PROFESSIONS EDUCATION 1 63% LINE 7 G SUBSIDIZED HEALTH SERVICES 28% LINE 7 I CASH AND IN-KIND CONTRIBUTIONS 17% LINE 7 J TOTAL OTHER BENEFITS 2 25%

Identifier	ReturnReference	Explanation
		PART I, LINE 7G N/A

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE SUBTRACTED FROM AMOUNT REPORTED ON LINE 7F - N/A



Identifier	ReturnReference	Explanation
		<p>PART II - ST LUKE'S WORKS WITH ITS DENOMINATIONAL SPONSORS, THE EPISCOPAL AND PRESBYTERI AN USA CHURCHES (THE CHURCHES), TO IMPROVE THE HEALTH OF THE GREATER ST LOUIS COMMUNITY I N BODY, MIND AND SPIRIT THROUGH VARIOUS COMMUNICATIONS AND OUTREACH EFFORTS, ST LUKE'S WORKS TO CREATE A STRONGER CONNECTION WITH THE CHURCHES AND COMMUNITY TO SHOW HOW ST LUKE' S LIVES OUT ITS MISSION AND MINISTRY OF HEALING KEY INITIATIVES INCLUDE 1) ANNUAL REPRESEN TATION 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 MISSION BROCHURE TO DESCRIBE HOSPITAL SERVICES, COMMUNITY OUTREACH, EDUCATION, PROVISION O F CHARITY CARE TO THE UNINSURED AND UNDERINSURED WITHIN THE COMMUNITY, AND INFORMATION ABO UT OTHER RESOURCES PROVIDED BY THE HOSPITAL, SUCH AS MEALS ON WHEELS AND THE PEDIATRIC CAR E CENTER,3) 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 PROVIDE D TO THE COMMUNITY,4) RAISING AWARENESS ABOUT THE ST LUKE'S PASTORAL CARE DEPARTMENT AND CLINICAL PASTORAL EDUCATION PROGRAM, AND5) IDENTIFYING OPPORTUNITIES TO PROVIDE HEALTH EDU CATION ARTICLES AND INFORMATION ABOUT UPCOMING HEALTHY LIVING EVENTS TO THE PRESBYTERY/DIO CESE ADDITIONAL COMMUNITY SUPPORT INCLUDES - ST LUKE'S OFFERS A FREE MEMBERSHIP PROGRAM T O COMMUNITY WOMEN CALLED SPIRIT OF WOMEN THIS NATIONAL PROGRAM FOCUSES ON ADVANCING WOMEN 'S HEALTHCARE AND INSPIRING WOMEN TO TAKE ACTION FOR THEIR HEALTH, AND THE HEALTH OF THEIR FAMILIES 8,700 WOMEN JOINED THE PROGRAM TO DATE TO RECEIVE ONGOING HEALTH INFORMATION AB OUT KEY HEALTH TOPICS AND INFORMATION ON MANY FREE HEALTH EDUCATION PROGRAMS OFFERED BY ST LUKE'S - ST LUKE'S SUPPORTS THE LEADERSHIP CHESTERFIELD PROGRAM BY PROVIDING SPEAKERS A ND MEETING ROOMS FOR THIS GROUP THIS PROGRAM IS STRUCTURED TO CHALLENGE BUSINESS PROFESSI ONALS AND COMMUNITY MEMBERS BY ADDRESSING TOPICS SUCH AS GOVERNMENT AND PUBLIC SERVICE, HI STORY, ARTS AND CULTURE, EDUCATION AND TRAINING, HEALTH CARE AND QUALITY OF LIFE, AND COMM UNITY GROWTH AND DEVELOPMENT - A ST LUKE'S LEADERSHIP TEAM MEMBER PARTICIPATES IN AN ACTI VE 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 ENVIRO NMENT AND INFRASTRUCTURE, EDUCATION, HEALTH AND PUBLIC POLICY - A ST LUKE'S SR STAFF MEM BER 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 PARTICIP ATES 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 L EADERS - ST LUKE'S COMMUNITY OUTREACH DEPARTMENT STRONGLY SUPPORTS THE AREA'S SCHOOL NUR SES, PROVIDING MEETING ROOMS AND MISSOURI NURSING ASSOCIATION (MONA) CREDIT HOURS FOR THEI R 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 SUPPO RT IN LIFE SKILLS AND INSPIRATION TO UNDERSERVED HIGH SCHOOL STUDENTS AS A CORPORATE PART NER, ST LUKE'S HELPS THESE STUDENTS REALIZE THEIR POTENTIAL BY EXPOSING THEM TO HEALTHCAR E JOB OPPORTUNITIES AND PROVIDING THEM WITH MEANINGFUL WORK DURING AN 8 WEEK SUMMER INTERN SHIP EACH SUMMER, ST LUKE'S SPONSORS 4-8 HIGH SCHOOL INTERNS ST LUKE'S HAS BEEN RECOGN IZED BY THE BOARD OF THE ST LOUIS INTERNSHIP PROGRAM FOR THE HOSPITAL'S CONSISTENT DEDICA TION TO THESE YOUTH AND FOR THE HIGH MARKS THE INTERNS GIVE THE HOSPITAL FOR THEIR PROFESS IONAL WORK EXPERIENCE APPROXIMATELY 95 PERCENT OF THE INTERNS GRADUATE FROM HIGH SCHOOL A ND 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 S KILLED TALENT IN THE WORKFORCE AND CULTIVATES FUTURE ST LOUIS LEADERS - ST LUKE'S ALSO P ARTNERS WITH ACADEMIC FACILITIES THROUGHOUT THE REGION BY PROVIDING SUPERVISED INTERNSHIPS FOR COLLEGE AND GRADUATE STUDENTS IN VARIOUS HEALTHCARE FIELDS (NURSING, PHYSICAL THERAPY , HOSPITAL ADMINISTRATION, HEALTH INFORMATION SERVICES, SOCIAL SERVICES, ETC ) THESE INT ERNSHIPS PROVIDE NEW GRADUATES WITH THE REAL LIFE PROFESSIONAL EXPERIENCES THEY NEED PRIOR TO ENTERING THE WORKFORCE AS A HEALTHCARE PROFESSIONAL - ST LUKE'S OFFERS USE OF ITS IN STITUTE FOR HEALTH EDUCATION AUDITORIUM AND MEETING SPACE FREE OF CHARGE TO AREA NON-PROFI TS FOR HEALTH EDUCATION AND SUPPORT GROUPS - ST L</p>

Identifier	ReturnReference	Explanation
		LUKE'S PHYSICIANS AND HEALTH EDUCATORS AUTHOR TWO HEALTH COLUMNS IN THE ST LOUIS POST-DISPATCH NEWSPAPER EACH MONTH TO RAISE AWARENESS ABOUT KEY HEALTH TOPICS THE PHYSICIANS AND HEALTH EDUCATORS ALSO CONDUCT MEDIA INTERVIEWS FOR PRINT AND TELEVISION ON KEY HEALTH TOPICS TO HELP EDUCATE THE PUBLIC ON DIAGNOSIS AND TREATMENTS FOR VARIOUS MEDICAL CONDITIONS - ST LUKE'S WORKS WITH AREA PUBLIC AND PRIVATE HIGH SCHOOLS AND COLLEGES TO PROVIDE "SHADOWING" EXPERIENCES FOR STUDENTS INTERESTED IN THE MEDICAL PROFESSION THIS ENABLES STUDENTS TO GAIN ADDITIONAL KNOWLEDGE TO HELP GUIDE THEM IN THEIR CHOICE OF PROFESSIONAL CAREERS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 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

Identifier	ReturnReference	Explanation
		PART III, LINE 8 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

Identifier	ReturnReference	Explanation
		PART III, LINE 9B 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

Identifier	ReturnReference	Explanation
ST LUKE'S HOSPITAL		PART V, SECTION B, LINE 19D THE HOSPITAL FACILITY USED AN AVERAGE OF ITS NEGOTIATED COMMERCIAL INSURANCE RATES AND REVIEWED THE REASONABLENESS OF THIS APPROACH AND CONTINUES TO MONITOR AND ADJUST ACCORDINGLY

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 ST LUKE'S IDENTIFIES AND ASSESSES THE UNMET NEEDS OF ITS COMMUNITY DURING ITS DAILY OPERATIONS AND ONGOING COMMUNITY OUTREACH EFFORTS. 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 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. IN FY 2012, ST LUKE'S REVIEWED THE ST LOUIS COUNTY HEALTH DEPARTMENT NEEDS ASSESSMENT AND COLLABORATED WITH SEVERAL OTHER HOSPITALS TO CONDUCT FOCUS GROUPS WITH COMMUNITY HEALTH STAKEHOLDERS. THESE DISCUSSIONS WILL CONTRIBUTE TO THE FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN THAT ST LUKE'S IS CURRENTLY PREPARING.

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 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



Identifier	ReturnReference	Explanation
		PART VI, LINE 4 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

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 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 FROM MORE THAN 20 LOCATIONS WITH SERVICES IN 60 SPECIALTY AREAS 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 HEALTHCARE, ST LUKE'S UTILIZES TECHNOLOGY RESOURCES TO IMPROVE THE HEALTH OF THE COMMUNITY AND EDUCATE PATIENTS AND THE PUBLIC BY OFFERING 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 - 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 HEART CARING PROFESSIONAL THIS 45-MINUTE APPOINTMENT INCLUDES A FREE CHOLESTEROL/GLUCOSE SCREENING, A BLOOD PRESSURE CHECK AND PERSONAL CONSULTATION ON SCREENING RESULTS - OTHER HEALTH AWARE RISK ASSESSMENTS - THESE ONLINE ASSESSMENTS FOR STROKE, SPINE ISSUES AND SLEEP HEALTH, DIABETES AND LUNG HEALTH PROVIDE THE COMMUNITY WITH ESTIMATED RISK FOR VARIOUS CONDITIONS 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 916 PHYSICIANS ON THE MEDICAL STAFF GREATER THAN 95% ARE BOARD CERTIFIED GOVERNING BODY ST LUKE'S HOSPITAL HAS 17 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</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 N/A

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
--	--

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	

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.

[illegible]

**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
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, Q6 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)	562,939 0	103,500 0	0 0	23,500 0	36,880 0	726,819 0	0 0
SCOTT JOHNSON	(i) (ii)	107,775 0	0 0	0 0	0 0	14,510 0	122,285 0	0 0
BRIAN SPILLERS	(i) (ii)	426,222 0	70,000 0	0 0	0 0	39,380 0	535,602 0	0 0
DAVID KRAJCOVIC MD	(i) (ii)	340,253 0	0 0	0 0	0 0	22,180 0	362,433 0	0 0
PAUL MENNES MD	(i) (ii)	363,974 0	0 0	0 0	0 0	23,180 0	387,154 0	0 0
CARLTON PEARSE MD	(i) (ii)	145,765 0	0 0	0 0	0 0	15,065 0	160,830 0	0 0
GAIL WAGNER	(i) (ii)	252,364 0	35,144 0	0 0	0 0	27,953 0	315,461 0	0 0
SUE ADAMS	(i) (ii)	146,417 0	25,087 0	0 0	0 0	25,091 0	196,595 0	0 0
JAN HESS	(i) (ii)	190,416 0	30,220 0	0 0	0 0	34,590 0	255,226 0	0 0
BRENDA KELLY	(i) (ii)	190,028 0	26,699 0	0 0	0 0	34,866 0	251,593 0	0 0
WILLIAM MEYER	(i) (ii)	215,293 0	39,589 0	0 0	0 0	36,880 0	291,762 0	0 0
DON MILLER	(i) (ii)	219,285 0	37,380 0	0 0	0 0	26,154 0	282,819 0	0 0
JANETTE TAAFFE	(i) (ii)	182,009 0	32,043 0	0 0	0 0	29,911 0	243,963 0	0 0
HOPE CRANSTON D'AMATO MD	(i) (ii)	443,864 0	0 0	0 0	0 0	19,778 0	463,642 0	0 0
ABDUL MOHEET MD	(i) (ii)	405,122 0	0 0	0 0	0 0	30,072 0	435,194 0	0 0
SERGIO GARCIA MD	(i) (ii)	376,798 0	0 0	0 0	0 0	16,488 0	393,286 0	0 0
ERIC JENKINS MD	(i) (ii)	345,254 0	0 0	0 0	0 0	23,577 0	368,831 0	0 0
VIJAYAKUMARI REDDY MD	(i) (ii)	349,368 0	0 0	0 0	0 0	7,963 0	357,331 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Supplemental Information on Tax Exempt Bonds

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	60635RY68	01-09-2007	56,215,363	SEE PART VI		X		X		X
B HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	60637ABJ0	09-08-2011	45,299,701	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	57,062,584		45,299,701					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	549,996		551,581					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	31,129,830							
11	Other spent proceeds	25,311,196		44,748,120					
12	Other unspent proceeds								
13	Year of substantial completion	2008		2011		YesNoYesNo			
		YesNo	YesNo						
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		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		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		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		X				
6	Did the bond issue qualify for an exception to rebate?	X			X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART I, LINE A, COLUMN F		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
		PART I, LINE B, COLUMN F PROCEEDS USED TO REFUND SERIES 2001 BONDS ISSUED JUNE 14, 2001
		PART II, LINE 3, COLUMN A THE DIFFERENCE BETWEEN PROCEEDS AND ISSUE PRICE IS INTEREST EARNED ON THE PROJECT FUND
		PART II, LINE 11, COLUMN A & B PROCEEDS USED TO CURRENTLY REFUND PRIOR ISSUE

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Employer identification number  
43-0652680

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
(1) GARY OLSON										
RETENTION		X	600,000	600,000		No	Yes		Yes	
Total . . . . . ▶ \$ 600,000										

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
(1) JEROME G PIONTEK MD	ST LUKES ORTHO SVCS PARTNER	275,000	IND K'ER 1099		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	10	300,291	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 Acknowledgement . . . . .			29	
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? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				Yes
b If "Yes," describe in Part II				
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				

Part III

**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
THIRD PARTY USE	PART I, LINE 32B	SCHEDULE M, LINE 32B ST LUKE'S HOSPITAL USES AN OUTSIDE TRUST COMPANY TO SELL EQUITY SECURITIES CONTRIBUTED TO THE ORGANIZATION

2011

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Employer identification number

43-0652680

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	OUR MISSION FAITHFUL TO OUR EPISCOPAL-PRESBYTERIAN HERITAGE AND ITS MINISTRY OF HEALING, ST LUKE'S HOSPITAL 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. LIVING OUR MISSION MISSION OUTREACH IS A FOUNDING PRINCIPLE OF ST LUKE'S HOSPITAL, WHICH HAD ITS BEGINNINGS FEBRUARY 28, 1866. WE CELEBRATE FOUNDERS' DAY TO REMEMBER OUR HERITAGE AND TO HONOR OUR FOUNDERS, WHOSE VISION WE CONTINUE TO LIVE OUT EACH DAY. WE REMEMBER AND REAFFIRM OUR MISSION, WHICH IS THE FOUNDATION SUPPORTING OUR SERVICE IN AND TO THE COMMUNITY. 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 AND 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 LIFESTYLES, 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, INCLUDING THE UNDERSERVED. ST LUKE'S PROVIDES QUALITY MEDICAL CARE TO PATIENTS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. 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 WHO ARE LIVING WITH CHRONIC DISEASE IN THEIR HOMES, TO RELIEVE THEIR SUFFERING AND IMPROVE THEIR QUALITY OF LIFE. IN ADDITION TO THE REGULAR SERVICES WE PROVIDE, AS A NOT-FOR-PROFIT ORGANIZATION, ST LUKE'S CONTINUES TO PROVIDE MUCH NEEDED CHARITABLE CARE TO PEOPLE THROUGHOUT THE ST LOUIS AREA. WE SUPPORT A WIDE VARIETY OF COMMUNITY CAUSES AND OUTREACH EFFORTS, BOTH EXTERNALLY AND INTERNALLY, FROM SPONSORING FREE CLINICS AND SCREENINGS FOR THE UNDERSERVED, TO MAKING AVAILABLE AN EMPLOYEE CRISIS FUND WHICH SERVES THOSE IN NEED. THESE IMPORTANT ENDEAVORS EMBRACE A COMMON THREAD CONGRUENT WITH OUR MISSION STATEMENT BY PROVIDING SERVICES FOR THOSE WHO MAY OTHERWISE GO WITHOUT. AS WE RECEIVE INPUT, WE MEASURE AND EVALUATE OUR EFFORTS TO BE SURE THAT WHAT WE DO BRINGS BENEFIT TO THE PEOPLE IN OUR COMMUNITY. WE CONTINUALLY REFINE OUR APPROACHES TO MAINTAIN AND IMPROVE COMMUNITY HEALTH AND WELLNESS.

Identifier	Return Reference	Explanation
		FORM 990, PART IV, QUESTION 12 RECONCILIATION OF REVENUE REVENUE, PER AUDITED FINANCIALS 392,408,488 SPECIAL PURPOSE FUNDS RELEASED FOR CAPITAL 400,414 REVENUE, PER FORM 990 392,808,902

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 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 B, LINE 11	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, LINE 12C	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, LINE 15	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, LINE 19	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 334,068 RESTRICTED FUNDS RELEASED FOR CAPITAL INCLUDED IN PY INCOME 95,707 CHANGE IN PENSION OBLIGATION, NET -9,827,344 FUND BALANCE TRANSFER -9,530,396 CHANGE IN RESTRICTED ASSETS -1,004,302 TOTAL TO FORM 990, PART XI, LINE 5 -19,932,267

Identifier	Return Reference	Explanation
		FORM 990, PART XII 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

Identifier	Return Reference	Explanation
		FORM 990, PART XII 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
		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



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

2011

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ST LUKE'S HEALTH CORPORATION  232 S WOODS MILL RD  CHESTERFIELD, MO 63017 43-1246752	SOLE MEMBER	MO	501(C)(3)	11B	N/A		No
(2) 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		No

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?		(k) Percentage ownership
							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
(1) ST LUKE'S DEVELOPMENT CORP 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-1238961	OTHER MISC	MO	43-1246752	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) NA-ALL TRANSACTIONS WITH 501(C)(3) ENTITY			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Software ID:

Software Version:

EIN: 43-0652680

Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

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
PHYSICIAN SPECIALISTS OF ST LUKE'S LLC 232 S WOODS MILL RD CHESTERFIELD, MO 63017 20-5041902	MEDICAL PROFESSIONAL SERVICES	MO	10,705,720	1,244,733	N/A
STEPHEN YIM MD LLC 232 S WOODS MILL RD STE 350E CHESTERFIELD, MO 63017 86-1141722	MEDICAL PROFESSIONAL SERVICES	MO	38,212	54,289	43-1349332
ADVANCED REPRODUCTIVE SPECIALISTS LLC 226 S WOODS MILL RD STE 64W CHESTERFIELD, MO 63017 25-1920150	MEDICAL PROFESSIONAL SERVICES	MO	-66,181	93,543	43-1349332
CARDIAC SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 42-1672093	MEDICAL PROFESSIONAL SERVICES	MO	97,350	235,411	43-1349332
BREAST CARE CENTER LLC 232 S WOODS MILL RD STE 200E CHESTERFIELD, MO 63017 27-2760714	MEDICAL PROFESSIONAL SERVICES	MO	50,565	72,053	43-1349332
MIDWEST DIAGNOSTIC CARDIOLOGY LLC 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 42-1672094	MEDICAL PROFESSIONAL SERVICES	MO	-104,370	89,508	43-1349332
CARDIO THORACIC SURGERY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 86-1141715	MEDICAL PROFESSIONAL SERVICES	MO	-165,535	188,692	43-1349332
OPEN HEART ANESTHESIOLOGY LLC 222 S WOODS MILL RD STE 550N CHESTERFIELD, MO 63017 87-0748749	MEDICAL PROFESSIONAL SERVICES	MO	-244,116	99,787	43-1349332
VAN AMBURG & BUSIEK MD'S LLC 232 S WOODS MILL RD STE 330E CHESTERFIELD, MO 63017 84-1684660	MEDICAL PROFESSIONAL SERVICES	MO	-407,144	145,296	43-1349332
J DANIELS LAMPING LLC 226 S WOODS MILL RD STE 60W CHESTERFIELD, MO 63017 26-3168227	MEDICAL PROFESSIONAL SERVICES	MO	-23,974	0	43-1349332
WEST COUNTY ADULT MEDICINE LLC 224 S WOODS MILL RD STE 620S CHESTERFIELD, MO 63017 33-1180875	MEDICAL PROFESSIONAL SERVICES	MO	47,940	85,377	43-1349332
CHESTERFIELD REHAB PHYSICIANS LLC 226 S WOODS MILL RD STE 59W CHESTERFIELD, MO 63017 26-3907161	MEDICAL PROFESSIONAL SERVICES	MO	224,781	52,876	43-1349332
JAMES F LOOMIS LLC 222 S WOODS MILL RD STE 350N CHESTERFIELD, MO 63017 27-1427537	MEDICAL PROFESSIONAL SERVICES	MO	-23,775	51,028	43-1349332
WEST COUNTY WOMEN'S HEALTHCARE LLC 222 S WOODS MILL RD STE 360N CHESTERFIELD, MO 63017 27-2715682	MEDICAL PROFESSIONAL SERVICES	MO	153,408	94,521	43-1349332
DIAGNOSTICS INTERNISTS LLC 224 S WOODS MILL RD STE 410S CHESTERFIELD, MO 63017 27-3032603	MEDICAL PROFESSIONAL SERVICES	MO	-77,941	68,017	43-1349332
INTERNAL MEDICINE AT WINGHAVEN LLC 1049 WOLFRUM ROAD ST CHARLES, MO 63304 45-4213957	MEDICAL PROFESSIONAL SERVICES	MO	-169,657	55,625	43-1349332
CONWAY INTERNISTS LLC - BARAKE 121 ST LUKES CTR DR STE 402 CHESTERFIELD, MO 63017 87-0748750	MEDICAL PROFESSIONAL SERVICES	MO	26,427	56,990	43-1349332
PRACTICE OF ROSEMARY CANNISTRARO LLC 11550 OLIVE STREET ST LOUIS, MO 63141 86-1141728	MEDICAL PROFESSIONAL SERVICES	MO	9,087	31,383	43-1349332
WESTGLEN FAMILY PHYSICIANS LLC 225 CLARKSON ROAD ELLISVILLE, MO 63011 86-1141718	MEDICAL PROFESSIONAL SERVICES	MO	-37,170	163,059	43-1349332
ASSOCIATES IN INTERNAL MEDICINE LLC 226 S WOODS MILL RD STE 56W CHESTERFIELD, MO 63017 20-4554452	MEDICAL PROFESSIONAL SERVICES	MO	82,635	32,201	43-1349332

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
INTERNAL MEDICINE OF WEST COUNTY LLC 14897 CLAYTON RD STE 100 CHESTERFIELD, MO 63017 26-2985922	MEDICAL PROFESSIONAL SERVICES	MO	43,696	30,487	43-1349332
CARDIO-PULMONARY ASSOCIATES LLC 222 S WOODS MILL RD STE 310N CHESTERFIELD, MO 63017 25-1920167	MEDICAL PROFESSIONAL SERVICES	MO	448,864	339,245	43-1349332
MEDICAL SPECIALISTS OF ST LUKE'S LLC 222 S WOODS MILL RD STE 750N CHESTERFIELD, MO 63017 84-1682728	MEDICAL PROFESSIONAL SERVICES	MO	785,635	381,673	43-1349332
INTERNAL MEDICINE OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63017 26-3961790	MEDICAL PROFESSIONAL SERVICES	MO	243,505	104,728	43-1349332
CARDIAC CATH LAB LLC 222 S WOODS MILL RD STE 500N CHESTERFIELD, MO 63017 86-1141729	MEDICAL PROFESSIONAL SERVICES	MO	-362	41,333	43-1349332
CHESTERFIELD INTERNAL MEDICINERHEUM LLC 226 S WOODS MILL RD STE 43W CHESTERFIELD, MO 63017 86-1141726	MEDICAL PROFESSIONAL SERVICES	MO	77,952	142,939	43-1349332
THE OSTEOPOROSIS CTR OF ST LUKE'S LLC 121 ST LUKES CTR DR STE 504 CHESTERFIELD, MO 63117 26-3962089	MEDICAL PROFESSIONAL SERVICES	MO	-37,089	42,407	43-1349332
CONWAY INTERNISTS LLC - KRAUJALIS 121 ST LUKES CTR DR STE 402 CHESTERFIELD, MO 63017 87-0748750	MEDICAL PROFESSIONAL SERVICES	MO	20,042	29,976	43-1349332
TRI-COUNTY FAMILY PRACTICE LLC 5551 WINGHAVEN BLVD STE 142 OFALLON, MO 63368 25-1920176	MEDICAL PROFESSIONAL SERVICES	MO	54,416	106,357	43-1349332
DR GENOVA LLC 5551 WINGHAVEN BLVD STE 132 OFALLON, MO 63368 25-1920156	MEDICAL PROFESSIONAL SERVICES	MO	10,716	33,688	43-1349332
INTERNAL MEDICINE OF KIRKWOOD LLC 455 S KIRKWOOD ROAD KIRKWOOD, MO 63122 45-1960512	MEDICAL PROFESSIONAL SERVICES	MO	-75,204	34,946	43-1349332
CLINIC OF INTERNAL MEDICINE LLC 121 ST LUKES CTR DR STE 506 ST LOUIS, MO 63117 84-1682760	MEDICAL PROFESSIONAL SERVICES	MO	167,131	130,987	43-1349332
DAVID J TUCKER MD LLC 1034 S BRENTWOOD BD STE 716 ST LOUIS, MO 63117 84-1682729	MEDICAL PROFESSIONAL SERVICES	MO	17,047	44,942	43-1349332
WOODSMILL MEDICAL ASSOCIATES LLC 224 S WOODS MILL RD STE 435S CHESTERFIELD, MO 63017 45-4212930	MEDICAL PROFESSIONAL SERVICES	MO	-42,210	123,425	43-1349332
CLAYTON INTERNAL MEDICINE LLC 222 S WOODS MILL RD STE 520N CHESTERFIELD, MO 63017 84-1682754	MEDICAL PROFESSIONAL SERVICES	MO	24,116	8,108	43-1349332
DRS MERA BOESCH & KUMAR LLC 222 S WOODS MILL RD STE 630N CHESTERFIELD, MO 63017 86-1141713	MEDICAL PROFESSIONAL SERVICES	MO	322,392	135,472	43-1349332
NEUROSURGERY & NEUROLOGY LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 11-3750241	MEDICAL PROFESSIONAL SERVICES	MO	-1,684,881	811,280	43-1349332
ATC LLC 121 ST LUKES CTR DR STE 403 CHESTERFIELD, MO 63017 20-5152770	MEDICAL PROFESSIONAL SERVICES	MO	-260,063	114,447	43-1349332
PREMIER PAIN CONSULTANTS LLC 232 S WOODS MILL RD STE 400E CHESTERFIELD, MO 63017 45-4675813	MEDICAL PROFESSIONAL SERVICES	MO	39,839	133,620	43-1349332

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				
ANNIE C SCHLAFLY CHAIRMAN	4 00	X						0	0	0	
DAVID B PRICE JR VICE CHAIRMAN	4 00	X						0	0	0	
JOHN A O'ROURKE TREASURER	1 00	X						0	0	0	
DANIEL K STEGMANN SECRETARY	1 00	X						0	0	0	
WILLIAM W BENEDICT MD DIRECTOR	1 00	X						0	0	0	
WILLIAM E CORNELIUS DIRECTOR	1 00	X						0	0	0	
JOHN F EILERMANN JR DIRECTOR	1 00	X						0	0	0	
THE REV TERRY L EPLING DIRECTOR	1 00	X						0	0	0	
LAURNA C GODWIN DIRECTOR	1 00	X						0	0	0	
NED O LEMKEMEIER DIRECTOR	1 00	X						0	0	0	
JEFFERSON L MILLER JR DIRECTOR	1 00	X						0	0	0	
JEROME G PIONTEK MD DIRECTOR	1 00	X						0	0	0	
HUGH SCOTT III DIRECTOR	1 00	X						0	0	0	
JOSEPH A SHEEHAN DIRECTOR	1 00	X						0	0	0	
THE RT REV G WAYNE SMITH DIRECTOR	1 00	X						0	0	0	
EUGENE M TOOMBS DIRECTOR	1 00	X						0	0	0	
JEFFREY R ZOHNER MD DIRECTOR	1 00	X						0	0	0	
GARY OLSON PRESIDENT AND CEO	60 00			X	X			666,439	0	60,380	
SCOTT JOHNSON V P - FINANCE & CFO	60 00			X	X			107,775	0	14,510	
BRIAN SPILLERS VICE PRESIDENT	60 00			X	X			496,222	0	39,380	
DAVID KRAJCOVIC MD CHIEF DEPARTMENT OF SURGER	60 00				X			340,253	0	22,180	
PAUL MENNES MD CHIEF DEPARTMENT OF MEDICI	65 00				X			363,974	0	23,180	
CARLTON PEARSE MD CHIEF DEPARTMENT OF OB/GYN	25 00				X			145,765	0	15,065	
GAIL WAGNER SENIOR V P OF NURSING	50 00				X			287,508	0	27,953	
SUE ADAMS EXECUTIVE DIRECTOR DEVELOPMENT	50 00				X			171,504	0	25,091	



**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			
JAN HESS VICE PRESIDENT	50 00				X			220,636	0	34,590
BRENDA KELLY V P OF SURGICAL SERVICES	50 00				X			216,727	0	34,866
WILLIAM MEYER CHIEF INFORMATION OFFICER	50 00				X			254,882	0	36,880
DON MILLER VICE PRESIDENT OF OPERATIONS	50 00				X			256,665	0	26,154
JANETTE TAAFFE VICE PRESIDENT HUMAN RESOURCES	50 00				X			214,052	0	29,911
HOPE CRANSTON D'AMATO MD HOSPITALIST	60 00					X		443,864	0	19,778
ABDUL MOHEET MD EMERGENCY DEPARTMENT	55 00					X		405,122	0	30,072
SERGIO GARCIA MD EMERGENCY DEPARTMENT	55 00					X		376,798	0	16,488
ERIC JENKINS MD CVICU	55 00					X		345,254	0	23,577
VIJAYAKUMARI REDDY MD HOSPITALIST	40 00					X		349,368	0	7,963

# CONSENT TO APPORTIONMENT PLAN FOR TAX YEAR INCLUDING 06/30/2012

## ST. LUKE'S HEALTH CORPORATION EIN # 43-1246752 CONTROLLED GROUP PLAN OF APPORTIONMENT FISCAL YEAR END 06/30/2012

St. Luke's Health Corporation hereby consents to the apportionment plan for its tax year ending 06/30/2012  
 The taxpayer submits the following information regarding the apportionment plan:

	EIN	Exempt Entity?	50,000 1st Tax Bracket 15%	25,000 2nd Tax Bracket 25%	25,000 3rd Tax Bracket 34%	100,000 to 335,000 4th Tax Bracket 39%	Up to 10M 5th Tax Bracket 34%	Section 179	AMT Exempt	Lrg. Corp Est. Pmt. Exempt	IRS Serv. Ctr.
St. Luke's Episcopal-Presbyterian Hospitals 625 Maryville Center St. Louis, MO 63141	43-0652680	yes	48,654	25,000	25,000	none	8,685,000	none	40,000	none	Ogden, UT 84201-0012
St. Luke's Development Corporation 625 Maryville Center St. Louis, MO 63141	43-1238961	no	1,346	0	0	235,000	1,165,000	none	none	none	Ogden, UT 84201-0012
St. Luke's Medical Group 625 Maryville Center St. Louis, MO 63141	43-1349332	yes	none	none	none	none	150,000	none	none	none	Ogden, UT 84201-0012
			50,000	25,000	25,000	235,000	10,000,000		40,000	all	

Corporate Officer for the Entities:

Signature  
 Title

Vice President, Finance & CFO



# **St. Luke's Health Corporation**

**Consolidated Financial Statements**

**June 30, 2012 and 2011**

**(With Independent Auditors' Report Thereon)**



KPMG LLP  
Suite 900  
10 South Broadway  
St. Louis, MO 63102-1761

## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
St. Luke's Health Corporation

We have audited the accompanying consolidated balance sheets of St. Luke's Health Corporation as of June 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of St. Luke's Health Corporation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of St. Luke's Health Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Luke's Health Corporation as of June 30, 2012 and 2011, and the results of its operations, changes in net assets, and cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

**KPMG LLP**

August 20, 2012

# St. Luke's Health Corporation

## CONSOLIDATED BALANCE SHEETS

June 30, 2012 and 2011

(In thousands)

### ASSETS

	<u>2012</u>	<u>2011</u>
Current assets		
Cash and cash equivalents	\$ 13,959	11,359
Short-term investments	157,807	154,266
Accounts receivable, net of allowance for uncollectible receivables of \$8.013 and \$8.048 in 2012 and 2011, respectively	48,363	43,330
Inventories	6,047	6,120
Other current assets	8,524	8,851
Total current assets	234,700	223,926
Assets limited as to use or restricted	39,406	50,888
Property and equipment, net	199,017	202,348
Other assets	17,019	18,931
Total assets	\$ <u>490,142</u>	<u>496,093</u>

### LIABILITIES AND NET ASSETS

Current liabilities		
Current maturities of long-term obligations	\$ 3,120	3,250
Accounts payable	8,789	8,444
Accrued liabilities	29,046	31,184
Total current liabilities	40,955	42,878
Insurance reserves and other liabilities	19,476	18,978
Pension liability	20,653	12,509
Long-term obligations, less current maturities	93,976	106,500
Total liabilities	175,060	180,865
Net assets		
Unrestricted	305,225	304,366
Temporarily restricted	5,448	6,580
Permanently restricted	4,409	4,282
Total net assets	315,082	315,228
Total liabilities and net assets	\$ <u>490,142</u>	<u>496,093</u>

See accompanying notes to consolidated financial statements

# St. Luke's Health Corporation

## CONSOLIDATED STATEMENTS OF OPERATIONS

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Operating revenues		
Net patient service revenues	\$ 419,135	414,943
Other operating revenues	21,039	24,290
Total operating revenues	<u>440,174</u>	<u>439,233</u>
Operating expenses		
Salaries and benefits	232,276	230,532
Supplies and other	163,238	155,482
Interest	4,374	5,429
Depreciation and amortization	25,178	23,127
Provision for uncollectible receivables	4,071	5,419
Total operating expenses	<u>429,137</u>	<u>419,989</u>
Operating income	<u>11,037</u>	<u>19,244</u>
Nonoperating gains and losses		
Investment return	1,195	1,706
Gain on sale of assets, net	10	76
Loss from early extinguishment of debt	(2,387)	-
Total nonoperating gains (losses), net	<u>(1,182)</u>	<u>1,782</u>
Excess of revenues over expenses	\$ <u>9,855</u>	<u>21,026</u>

See accompanying notes to consolidated financial statements

# St. Luke's Health Corporation

## CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Unrestricted net assets		
Excess of revenues over expenses	\$ 9,855	21,026
Net assets released from restrictions for property acquisitions	497	1,244
Change in pension obligation, net	(9,828)	12,107
Change in net unrealized gains and losses on investments	335	3,006
Increase in unrestricted net assets	<u>859</u>	<u>37,383</u>
Temporarily restricted net assets		
Pledges, bequests and gifts for specific purposes	713	3,192
Net assets released from restrictions for property acquisitions	(497)	(1,244)
Net assets released from restrictions for operations	(1,348)	(1,093)
Increase (decrease) in temporarily restricted net assets	<u>(1,132)</u>	<u>855</u>
Permanently restricted net assets		
Pledges, bequests and gifts	5	8
Investment return	122	1,133
Increase in permanently restricted net assets	<u>127</u>	<u>1,141</u>
Change in net assets	(146)	39,379
Net assets, beginning of year	<u>315,228</u>	<u>275,849</u>
Net assets, end of year	<u>\$ 315,082</u>	<u>315,228</u>

See accompanying notes to consolidated financial statements

# St. Luke's Health Corporation

## CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ (146)	39,379
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in pension obligation, net	9,828	(12,107)
Loss from early extinguishment of debt	2,387	-
Investment return – restricted net assets	(122)	(1,133)
Investment return – unrestricted net assets	(1,787)	(5,236)
Pledges, bequests, and gifts for specific purposes	(718)	(3,200)
Equity in earnings of unconsolidated entities	(1,101)	(1,647)
Distributions received from unconsolidated entities	1,863	2,028
Depreciation and amortization	25,178	23,127
Provision for uncollectible receivables	4,071	5,419
Changes in assets and liabilities		
Accounts receivable	(9,104)	(7,370)
Inventories and other current assets	400	(950)
Accounts payable	345	312
Accrued liabilities	(3,822)	(822)
Insurance reserves and other liabilities	498	829
Net cash provided by operating activities	<u>27,770</u>	<u>38,629</u>
Cash flows from investing activities		
Net change in short-term investments	(3,541)	(21,160)
Additions to property and equipment, net	(21,639)	(30,142)
Net change in assets limited as to use or restricted	12,980	6,983
Additions to investment in unconsolidated entities	(210)	(177)
Net change in other assets	(294)	(1,982)
Net cash used in investing activities	<u>(12,704)</u>	<u>(46,478)</u>
Cash flows from financing activities		
Cash receipts on pledges, bequests, and gifts for specific purposes	1,129	1,625
Proceeds from issuance of long-term debt	45,300	-
Payments for deferred financing costs	(552)	-
Principal payments on long-term obligations	(57,805)	(3,100)
Redemption premium paid on issuance of long-term debt	(538)	-
Net cash used in financing activities	<u>(12,466)</u>	<u>(1,475)</u>
Net increase (decrease) in cash and cash equivalents	2,600	(9,324)
Cash and cash equivalents, beginning of year	11,359	20,683
Cash and cash equivalents, end of year	<u>\$ 13,959</u>	<u>11,359</u>
Supplemental disclosures of cash flow information		
Cash paid for interest, net of amounts capitalized	\$ 4,521	5,321
Write off of unamortized issue costs on early extinguishment of debt	1,848	-

See accompanying notes to consolidated financial statements



# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

### NOTE 1 — ORGANIZATION

St Luke's Health Corporation is the sole corporate member of St Luke's Episcopal-Presbyterian Hospitals (St Luke's), a regional healthcare provider. St Luke's services are provided throughout its primary service area including the hospital, skilled nursing and residential care facility, six urgent care facilities, five centers for diagnostic imaging, a vascular access center and home health and hospice services. The consolidated financial statements include the accounts of St Luke's Health Corporation, St Luke's, and all of their controlled subsidiaries, including St Luke's Medical Group and St Luke's Development Corporation, a for-profit corporation. St Luke's Health Corporation, St Luke's and St Luke's Medical Group are all Missouri nonprofit entities and are recognized as tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code.

### NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Cash and Cash Equivalents

Cash and cash equivalents approximate fair value and primarily include investments in highly liquid debt instruments with original maturities of three months or less.

#### Short-Term Investments

Short-term investments are measured at fair value, based on quoted market prices, and include liquid investments with original maturities of greater than three months and less than one year.

#### Inventories

Inventories, which consist principally of medical supplies, are stated at the lower of cost or market. Cost is determined principally using the first-in, first-out method.

#### Assets Limited as to Use or Restricted

Assets limited as to use or restricted are measured at fair value, based on quoted market prices or market based inputs, and primarily include assets held by trustees under indenture agreements and designated assets set aside by the Board of Directors (Board), over which the Board retains control and may at its discretion subsequently use for other purposes and assets received with donor imposed restrictions.

Assets restricted as to use are classified in the appropriate net asset category as specified by the donor.

#### Investments in Unconsolidated Entities

Investments in unconsolidated entities represent investments in which St Luke's does not have a controlling interest; accordingly, these investments are accounted for using the equity method of accounting. St Luke's equity income or loss on these investments is recorded as other operating revenue.

St Luke's has an equity investment in a rehabilitation hospital and outpatient therapy services provider and in two outpatient imaging management services companies.

The total assets, total liabilities, total revenues, and net income of the rehab hospital and outpatient imaging management services were \$21,338, \$3,869, \$19,221, and \$1,898, respectively, at and for the year ended June 30, 2012, and were \$24,614, \$4,433, \$22,245, and \$3,935, respectively, at and for the

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

year ended June 30, 2011 Total equity investment in unconsolidated entities at June 30, 2012 and 2011 was \$5,109 and \$5,808, respectively

### **Property and Equipment**

Property and equipment are stated at cost or, if donated, at fair value at the date of receipt

Depreciation is determined using the straight-line method over the estimated useful lives of the assets 3 – 30 years for land improvements, 10 – 40 years for buildings, and 2 – 30 years for equipment

Net interest costs related to borrowed funds for construction purposes are capitalized as a cost of the project Net interest cost of \$282 and \$274 was capitalized during 2012 and 2011, respectively

### **Other Assets**

Other assets consist primarily of securities held under deferred compensation arrangements, investments in unconsolidated affiliates, intangible assets and unamortized bond issuance costs

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by St. Luke's has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by St. Luke's in perpetuity

### **Accounts Payable and Accrued Liabilities**

Accounts payable and accrued liabilities approximate fair value

### **Net Patient Service Revenues**

St. Luke's has agreements with third-party payors that provide payments at amounts different from established charges The basis for payment under these agreements includes prospectively determined rates, cost reimbursement, and negotiated discounts from established charges

Net patient service revenues are reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations Estimated third-party payor settlements are measured at fair value and are included in accrued liabilities on the consolidated balance sheet

### **Services to the Community**

In support of its mission, St. Luke's provides care to patients who lack financial resources and are deemed to be medically indigent Because St. Luke's does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as patient service revenues In addition, St. Luke's provides services to other medically indigent patients under various state Medicaid programs Such programs pay St. Luke's amounts that are less than the costs for the services provided to the recipients Further, St. Luke's provides services where it does not receive full payment for the care provided to patients who do not meet the criteria for financial assistance

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

The following is a summary of estimated uncompensated costs related to these services for the years ended June 30, 2012 and 2011. Costs are estimated using the ratio of patient care expenses to charges.

	<b>2012</b>	<b>2011</b>
Medicaid	\$ 1,382	1,105
Charity services	5,255	4,949
	<u>\$ 6,637</u>	<u>6,054</u>
Other uninsured and underinsured	<u>\$ 2,197</u>	<u>2,932</u>

In addition to the services above, St. Luke's, a regional healthcare provider, is committed to improving the health of the community it serves. St. Luke's, through its Institute for Health Education, is a leader in providing health education, prevention techniques, and screening programs to area schools, corporations, and the community. St. Luke's assists and instructs students of medicine, surgery, nursing, and chaplaincy. A graduate medical education training program is offered to instruct physician interns and residents in Internal Medicine. A fully accredited chaplaincy program is also offered at St. Luke's. In furtherance of its mission, St. Luke's operates a mission-based pediatric care center which provides healthcare to children in St. Louis City and County in a private practice setting.

### Investment Return

Investment income and realized gains or losses on short-term investments and assets limited as to use are reported as nonoperating gains and losses in the accompanying consolidated statements of operations, except for investment income on funds held in trust for self-insurance purposes, which are included in other operating revenue. Unrealized gains and losses on funds held in trust for self-insurance purposes are included in nonoperating gains and losses.

Investment income and realized gains or losses on investments of donor-restricted funds are included in nonoperating gains and losses unless the income or loss is restricted by donors, in which case the realized gain or loss is recorded directly to temporarily restricted net assets. Unrealized gains or losses on investments are added directly to unrestricted net assets, as the investments are considered other than trading securities, unless the gains or losses are restricted by donors, in which case the unrealized gains or losses are recorded directly to permanently restricted net assets.

Securities with unrealized losses that are deemed to be other than temporary, if any, result in an impairment to reduce the carrying amount to fair value. The impairment is charged to earnings and a new cost basis for the security is established. To determine whether an impairment is other than temporary, St. Luke's considers whether it has the ability and intent to hold the investment until a market price recovery occurs and considers whether evidence indicating the cost of the investment is recoverable outweighs evidence to the contrary. Evidence considered in this assessment includes consultation with its investment advisor, who relies on industry analyst reports, credit ratings, current market conditions, and other information they deem relevant to the assessment.

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

### Gifts, Bequests, and Grants

Unconditional promises to give cash and other assets to St Luke's that are expected to be collected within one year are reported at net realizable value. Promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the pledges are expected to be received. Amortization of the discounts is included in other operating revenues or restricted net assets, as appropriate.

Gifts are recorded as an increase in restricted net assets if they are received with donor stipulations that limit the use of the assets. Upon expenditure in accordance with a donor's restrictions, net assets restricted for capital acquisitions are recorded as direct additions to unrestricted net assets, and assets restricted for operating purposes are reported within other operating revenues. Donor-restricted contributions whose restrictions are met within the same year as received, and contributions received by donors without restrictions are recorded as other operating revenues in the accompanying consolidated statements of operations.

### Functional Classification of Expenses

St. Luke's provides healthcare services, including acute inpatient, outpatient, ambulatory, and long-term, as well as related general and administrative services, as follows:

	2012	2011
Healthcare services	\$ 403,932	398,557
General and administrative	24,400	20,618
Fundraising	805	814
Total expenses	\$ 429,137	419,989

### Operating Income

St. Luke's operating income represents the excess of operating revenues over operating expenses and includes all unrestricted revenue, gains, and other support and expenses from St. Luke's operations for the reporting period. Operating income excludes investment returns, gains on sale of assets and earnings and losses on St. Luke's activities deemed by management not to be directly related to patient care, which are reported as nonoperating gains and losses.

### Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purpose of acquiring such assets), and changes in defined benefit pension obligations.

### Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### New Accounting Pronouncement

In August 2010, The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-24, *Health Care Entities (Topic 954) – Presentation of Insurance Claims and related Insurance Recoveries (ASU 2010-24)*, which addresses the diversity in practice related to the accounting by healthcare entities for medical malpractice claims and similar liabilities and their related anticipated insurance recoveries. The provisions clarify that a healthcare entity should not net insurance recoveries against the related claim liability and the amount of the claim liability should be determined without consideration of insurance recoveries. St. Luke's adopted ASU 2010-24 as of July 1, 2011. The adoption did not have an impact on St. Luke's consolidated financial statements.

### NOTE 3 — CONCENTRATION OF CREDIT AND PAYOR RISK

St. Luke's grants credit to its patients and routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, managed care payors, and commercial insurance policies). At June 30, 2012 and 2011, approximately 36% and 34% of net accounts receivable were collectible from governmental payors (including Medicare and Medicaid), respectively, with approximately 64% and 66% collectible from commercial insurance, managed care and self pay payors, respectively.

### NOTE 4 — SHORT-TERM INVESTMENTS AND ASSETS LIMITED AS TO USE OR RESTRICTED

The following is a summary of short-term investments and assets limited as to use or restricted as of June 30, 2012 and 2011:

	2012	2011
Short-term investments	\$ 157,807	154,266
Board designated	24,734	24,348
Professional liability trust fund	4,815	6,691
Held by bond trustee	-	8,987
Restricted by donor or grantor	9,857	10,862
Total assets limited as to use or restricted	39,406	50,888
Total short-term investments and assets limited as to use or restricted	\$ 197,213	205,154

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

The following is a summary of short-term investments and assets limited as to use or restricted by investment classification as of June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Investments at fair value		
Certificates of deposit, repurchase agreements, and money market funds	\$ 13,478	32,091
U S government securities	146,264	133,487
Corporate bonds – domestic	14,650	14,799
Equity securities – domestic	18,829	20,017
Total investments at fair value	193,221	200,394
Unconditional promises to give, net	3,992	4,760
Total short-term investments and assets limited as to use or restricted	<u>\$ 197,213</u>	<u>205,154</u>

The following is a summary of the investment returns for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Short-term investments and assets limited as to use		
Interest and dividends	\$ 1,164	1,402
Realized gains and losses, net	185	202
Change in unrealized gains and losses, net	438	3,632
Total unrestricted investment return	1,787	5,236
Less unrealized gains and losses, net, included in other changes in unrestricted net assets	335	3,006
Less interest and dividends and realized gains, net, included in other revenue	257	524
Investment return	<u>\$ 1,195</u>	<u>1,706</u>
Permanently restricted investments		
Change in unrealized gains and losses, net	\$ 122	1,133
Total permanently restricted investment return	<u>\$ 122</u>	<u>1,133</u>

Other operating revenue includes interest and dividends and realized gains related to the self-insurance trust of \$110 and \$147, respectively, at June 30, 2012 and \$340 and \$184, respectively, at June 30, 2011

At June 30, 2012 and 2011, unrealized losses on equity securities held for greater than 12 months were \$598 and \$94, respectively. There were no unrealized losses on corporate bonds at June 30, 2012 and 2011

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

Management reviewed securities with unrealized losses and determined that these securities were not other than temporarily impaired

### NOTE 5 — FAIR VALUE

St. Luke's defines fair value as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date. The fair value of all assets and liabilities recognized or disclosed at fair value are classified based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to measurements involving significant unobservable inputs. The three levels of the fair value hierarchy are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that St. Luke's has the ability to access at the measurement date

Level 2 – Inputs (financial matrices, models, valuation techniques) other than quoted market prices included in Level 1, that are observable for the asset or liability, either directly or indirectly

Level 3 – Inputs that are unobservable for the asset or liability

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The following table presents assets and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at June 30, 2012.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets</b>				
Cash and cash equivalents	\$ 13,959	-	-	13,959
Short-term investments				
Certificates of deposit, repurchase agreements and money market funds	11,543	-	-	11,543
U.S. government securities	32,137	114,127	-	146,264
Assets limited as to use or restricted				
Certificates of deposit, repurchase agreements and money market funds	1,935	-	-	1,935
Equity securities — domestic	5,338	13,491	-	18,829
Corporate bonds — domestic	11,218	3,432	-	14,650
Deferred compensation assets — primarily domestic equity securities	9,594	388	-	9,982
<b>Total Assets</b>	<u><u>\$ 85,724</u></u>	<u><u>131,438</u></u>	<u><u>-</u></u>	<u><u>217,162</u></u>
<b>Liabilities</b>				
Deferred compensation liability	\$ 9,594	388	-	9,982
<b>Total Liabilities</b>	<u><u>\$ 9,594</u></u>	<u><u>388</u></u>	<u><u>-</u></u>	<u><u>9,982</u></u>

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The following table presents assets and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at June 30, 2011.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets</b>				
Cash and cash equivalents	\$ 11,359	-	-	11,359
Short-term investments				
Certificates of deposit, repurchase agreements and money market funds	20,779	-	-	20,779
U S government securities	32,193	101,294	-	133,487
Assets limited as to use or restricted				
Certificates of deposit, repurchase agreements and money market funds	11,312	-	-	11,312
Equity securities — domestic	6,072	13,945	-	20,017
Corporate bonds — domestic	10,173	4,626	-	14,799
Deferred compensation assets— primarily domestic equity securities	9,590	379	-	9,969
Total Assets	<u>\$ 101,478</u>	<u>120,244</u>	<u>-</u>	<u>221,722</u>
<b>Liabilities</b>				
Deferred compensation liability	\$ 9,590	379	-	9,969
Total Liabilities	<u>\$ 9,590</u>	<u>379</u>	<u>-</u>	<u>9,969</u>

The amounts in Level 2 domestic equity securities and corporate bonds for each year are index funds that are not traded in an active market, however, they have redemption clauses of one to three days and are expected to sell at net asset value. The net asset value per share has been elected to estimate fair value.

There were no transfers between Level 1 and Level 2 during the year ended June 30, 2012.



# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

### NOTE 6 — UNCONDITIONAL PROMISES TO GIVE

Included in temporarily restricted net assets are unconditional promises to give at June 30, 2012 and 2011 as follows

	<u>2012</u>	<u>2011</u>
Unconditional promises to give before unamortized discount restricted to future periods	\$ 5,152	6,111
Less unamortized discount	<u>(1,160)</u>	<u>(1,351)</u>
Net unconditional promises to give	<u>\$ 3,992</u>	<u>4,760</u>
Amounts due in		
Less than one year	\$ 1,316	1,558
One to five years	2,836	3,057
More than five years	<u>1,000</u>	<u>1,496</u>
Total	<u>\$ 5,152</u>	<u>6,111</u>

The discount rate of 4% was used to determine present value of estimated future cash flows for pledges received during 2012 and 2011

### NOTE 7 — PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Land and improvements	\$ 26,151	25,122
Buildings	146,716	146,297
Equipment	318,563	298,230
Construction in progress	<u>1,676</u>	<u>7,752</u>
	493,106	477,401
Less accumulated depreciation	<u>(294,089)</u>	<u>(275,053)</u>
Property and equipment, net	<u>\$ 199,017</u>	<u>202,348</u>

### NOTE 8 — SELF-ADMINISTERED LIABILITY PROGRAM

St Luke's has elected to be self-insured for professional liability, general patient liability, and general liability obligations and is using a trust fund for the purpose of funding certain of these risks. The self-insurance program includes varying levels of self-insured retention on an occurrence basis. Excess malpractice and general patient liability insurance coverage is purchased from commercial carriers on either an occurrence or claims made basis.

Provisions for self-insured professional liability, general patient liability, and general liability obligations and funding of the trust fund are based upon independent actuarial estimates of the ultimate costs of the potential liability claims based on historical claim experience and other relevant industry and hospital-specific factors and trends. The estimated combined professional liability, general patient

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

liability, and general liability obligation of \$7.958 and \$7.418 at June 30, 2012 and 2011, respectively, is recorded as a long-term obligation with a discount rate of 3% and 4% in the consolidated balance sheets at June 30, 2012 and 2011, respectively, based on the estimated ultimate cost of liabilities related to asserted and currently identifiable unasserted claims and a provision for incurred but not reported incidents

### NOTE 9 — EMPLOYEE RETIREMENT PLANS

St Luke's has a defined benefit pension plan (Plan). The retirement benefits under the Plan are calculated using a personal pension account formula, which is based on employee compensation and number of years of service. All participants' accounts are credited with a guaranteed annual rate of interest based on the equivalent of the 30-year U.S. Treasury bill rate, or 2.25%, whichever is greater. Pension cost is determined in accordance with the projected unit credit method. The Plan is funded quarterly.

The following tables summarize the fair value of Plan assets, the benefit obligations, and the funded status at the measurement dates of June 30, 2012 and 2011.

#### Changes in Plan assets:

	2012	2011
Fair value of Plan assets at beginning of period	\$ 80.896	62.933
Actual return on Plan assets	2.461	11.207
Employer contributions	7.440	8.880
Benefits paid	(3.008)	(2.124)
Fair value of Plan assets at end of period	\$ 87.789	80.896

#### Changes in projected benefit obligation:

	2012	2011
Projected benefit obligation at beginning of period	\$ 93.405	89.623
Service cost, benefits earned during the period	5.310	5.293
Interest costs on projected benefit obligation	4.743	4.296
Actuarial (gain) loss	7.992	(3.683)
Benefits paid	(3.008)	(2.124)
Projected benefit obligation at end of period	108.442	93.405
Funded status of the Plan	\$ (20.653)	(12.509)

Accumulated benefit obligation at end of period	\$ 91.429	79.304
---	-----------	--------

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

The following is a summary of the amounts recognized in the consolidated balance sheets for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Noncurrent liability	\$ (20,653)	(12,509)
Accumulated charge to unrestricted net assets	<u>27,310</u>	<u>17,482</u>
Net amount recognized	<u>\$ 6,657</u>	<u>4,973</u>

The following is a summary of the amounts recognized in the accumulated charge to unrestricted net assets

	<u>2012</u>	<u>2011</u>
Net actuarial loss	\$ 29,641	20,114
Prior service cost	<u>(2,331)</u>	<u>(2,632)</u>
Accumulated charge to unrestricted net assets	<u>\$ 27,310</u>	<u>17,482</u>

The estimated net actuarial loss and prior service cost for the Plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$1,800 and \$(300), respectively

The following is a summary of the components of net periodic pension cost for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Service cost, benefits earned during the period	\$ 5,310	5,293
Interest costs on projected benefit obligation	4,743	4,296
Expected return on Plan assets	(5,561)	(4,727)
Amortization of unrecognized		
Prior service costs	(301)	(301)
Net loss	<u>1,566</u>	<u>2,245</u>
Net periodic pension cost	<u>\$ 5,757</u>	<u>6,806</u>

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

Other changes in Plan assets and projected benefit obligation recognized in unrestricted net assets

	<u>2012</u>	<u>2011</u>
Net actuarial (gain) loss	\$ 11,093	(10,163)
Reversal of amortization item		
Net actuarial loss	(1,566)	(2,245)
Prior service cost	301	301
Net amount recognized	<u>\$ 9,828</u>	<u>(12,107)</u>
	<u>2012</u>	<u>2011</u>
Total recognized in net periodic pension cost and unrestricted net assets	<u>\$ 15,584</u>	<u>(5,301)</u>

The following are the actuarial assumptions used by the Plan to develop the components of pension expense for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Discount rates	5 13%	4 88%
Rates of salary increase	Graded from 2 5% - 5 5%	Graded from 3% - 8%
Return on plan assets	7 25%	7 25%

The following are the actuarial assumptions used by the Plan to develop the components of the Plan's projected benefit obligation for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Discount rates	4 14%	5 13%
Rates of salary increase	Graded from 2 5% - 5 5%	Graded from 2 5% - 5 5%
Measurement date	June 30, 2012	June 30, 2011

The discount rates were determined using the Hewitt Top Quartile yield curve at the June 30, 2012 and 2011 measurement dates

St. Luke's expects to contribute \$7,040 to the Plan in 2013

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

Based on past trends and future expectations, the following benefit payments are expected to be paid from the Plan

2013	\$	6.800
2014		7.400
2015		8.200
2016		8.600
2017		9.000
2018 – 2022		51.100

St Luke's investment objective for the Plan is to produce sufficient current income and future growth through a portfolio of equity and fixed income investments which, together with employer contributions, is sufficient to provide for the pension benefit obligations. Pension assets are invested in indexed funds in accordance with the investment policies established by St Luke's and are diversified by asset category and issuer. Pension assets are rebalanced each quarter to the St Luke's asset allocation guidelines. These investment policies are expected to yield a return on Plan assets of 7% and 7.25% at June 30, 2012 and 2011, respectively.

Plan asset allocations are comprised of the following investment classifications at June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>	<u>Target</u>
Cash, cash equivalents and short-term investments	3%	1%	0%
Equity securities	58	59	60
Fixed income securities	39	40	40
	<u>100%</u>	<u>100%</u>	<u>100%</u>

### Fair Value Measurement of Plan Assets

The combined fair value measurement (see note 5 for a description of levels used for valuation) of Plan assets at June 30, 2012 and 2011 by asset category are as follows

		2012			
		Level 1	Level 2	Level 3	Total
Asset categories					
Short-term investments	\$	2,586	-	-	2,586
Equity securities—domestic		20,107	30,615	-	50,722
Corporate bonds—domestic		-	34,481	-	34,481
Total	\$	22,693	65,096	-	87,789

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

		2011			
		Level 1	Level 2	Level 3	Total
Asset categories					
Short-term investments	\$	416	-	-	416
Equity securities—domestic		20,064	27,662	-	47,726
Corporate bonds—domestic		-	32,754	-	32,754
Total	\$	20,480	60,416	-	80,896

The amounts in Level 2 domestic equity securities and corporate bonds for each year are index funds that are not traded in an active market, however, they have redemption clauses of one to three days and are expected to sell at net asset value. The net asset value per share has been elected to estimate fair value.

St. Luke's has a defined contribution plan (Contribution Plan). Contributions to the Contribution Plan consist of employee contributions, subject to Internal Revenue Service limitations, and a St. Luke's matching contribution in an amount equal to 50% up to the first 1% of the participant's compensation, and 25% of the next 3% of the participant's compensation. St. Luke's expense related to the Contribution Plan was \$1,402 and \$1,488 for the years ended June 30, 2012 and 2011, respectively. The Contribution Plan is funded annually.

### NOTE 10 — LONG-TERM OBLIGATIONS

The following is a summary of long-term obligations as of June 30, 2012 and 2011:

	2012	2011
Series 2011 Bonds, 2.5% to 5.25%, due serially through 2025, plus unamortized premium of \$1,318 at June 30, 2012	\$ 41,248	-
Series 2006 Bonds, 4.5% to 5.0%, due serially 2017 through 2021 and 2027 through 2036, plus unamortized premium of \$1,638 and \$1,705 at June 30, 2012 and 2011, respectively	55,848	55,915
Series 2001 Bonds, 4.25% to 5.50%, due serially through 2016 and 2022 through 2026	-	53,835
Total long-term obligations	97,096	109,750
Less current maturities	(3,120)	(3,250)
Total long-term obligations, less current maturities	\$ 93,976	106,500

Tax-exempt revenue bonds (Series 2011 Bonds) in the principal amount of \$43,900 were issued by the Health and Education Facilities Authority of the State of Missouri (the Authority) on behalf of St. Luke's on August 23, 2011. The proceeds were used to refund all of the outstanding Series 2001 Bonds and costs of issuance.

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

Tax-exempt revenue bonds (Series 2006 Bonds) in the principal amount of \$54,210 were issued by the Health and Education Facilities Authority of the State of Missouri (the Authority) on behalf of St. Luke's on December 20, 2006. The proceeds were used to refund \$24,585 principal amount of the Series 2001 Bonds and to finance the expansion of St. Luke's campus, including a new Outpatient Care Center, expansion of the Cardiovascular/Neurosurgical Intensive Care Unit and costs of issuance.

The premium and the deferred financing costs on the Series 2011 and Series 2006 Bonds are amortized on the straight-line method over the life of the respective bonds. The Series 2011 and 2006 Bonds are secured by a gross revenue pledge.

Tax-exempt insured revenue bonds (Series 2001 Bonds) in the amount of \$100,000 were issued by the Authority on behalf of St. Luke's on June 14, 2001. The proceeds were used to refund the prior outstanding obligations, to finance the expansion of facilities on St. Luke's campus, to fund a debt service reserve fund for the Bonds, and to pay expenses incurred in connection with the issuance of the Bonds. The Series 2001 Bonds were secured by a gross revenue pledge and a mortgage on the hospital facility.

Aggregate maturities of long-term obligations at June 30, 2012 are as follows:

2013	\$	3,120
2014		3,215
2015		3,375
2016		3,525
2017		3,700
Thereafter		77,205
	\$	<u>94,140</u>

As of June 30, 2012 and 2011, the fair value of St. Luke's long-term obligations approximated \$99,907 and \$107,530, respectively, based upon borrowing rates currently available for debt instruments with similar remaining terms and maturities.

### NOTE 11 — OPERATING LEASES

Rent expense for the years ended June 30, 2012 and 2011 totaled \$2,594 and \$2,568, respectively.

Future minimum rental payments under noncancelable operating leases as of June 30, 2012 that have initial or remaining terms in excess of one year are as follows:

2013	\$	2,447
2014		2,021
2015		1,676
2016		1,517
2017		1,448
Thereafter		1,861

# St. Luke's Health Corporation

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2012 and 2011

(Dollars in thousands)

### NOTE 12 — TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unconditional promises to give, net	\$ 3,992	4,760
Healthcare services, education and research	422	756
Indigent care	569	548
Purchase of equipment	301	316
Other	164	200
Total temporarily restricted net assets	<u>\$ 5,448</u>	<u>6,580</u>

Permanently restricted funds consist of approximately eight individual funds, of which three were established for indigent care. There are no permanently restricted funds with deficiencies as of June 30, 2012 or 2011. St. Luke's has interpreted state law related to the Uniform Prudent Management of Institutional Funds Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted fund absent explicit donor stipulation to the contrary. The investment objective is to produce sufficient current income and future growth through a portfolio of equity and fixed income investments. St. Luke's spending policy is that all realized investment returns are released to operations in accordance with donor restrictions.

### NOTE 13 — COMMITMENTS AND CONTINGENCIES

#### Regulatory Compliance

The U.S. Department of Justice and other federal agencies are increasing resources dedicated to regulatory investigations and compliance audits of healthcare providers. St. Luke's is not exempt from these regulatory efforts. In consultation with legal counsel, management estimates potential matters, if any, will be resolved without a material adverse effect on St. Luke's consolidated financial position or results of operations. St. Luke's has established a formal corporate compliance function designed to monitor St. Luke's compliance with applicable laws and regulations.

#### Litigation

St. Luke's is involved in litigation arising in the normal course of business. After consultation with legal counsel, it is management's opinion that these matters will be resolved without a material adverse effect on St. Luke's consolidated financial position or consolidated results of operations.

### NOTE 14 — SUBSEQUENT EVENTS

In connection with the preparation of the consolidated financial statements, St. Luke's evaluated subsequent events after the consolidated balance sheet date of June 30, 2012 through August 20, 2012, which was the date the consolidated financial statements were issued.