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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O, General Statement 1

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 377,070,461 including grants of \$) (Revenue \$ 425,540,857)

SEE SCHEDULE O, GENERAL STATEMENT 2

4b

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

4c

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

4d

Other program services (Describe in Schedule O)
























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

4e

Total program service expenses 377,070,461

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	130	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
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.	3,661	
2b 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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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 or note to any line 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	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
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	Yes
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
7b	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		
8a	The governing body?	8a	Yes
8b	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	No
10b	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	
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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SCOTT JOHNSON 232 SOUTH WOODS MILL ROAD CHESTERFIELD,MO 63017 (314) 434-1500

Check if Schedule O contains a response or note to any line in this Part VII ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,704,324	788,672	355,772

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 136

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 9,		10,443,331

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶49

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a 600,000	7,448,072			
	b	Membership dues 1b				
	c	Fundraising events 1c 55,975				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,792,097				
	g	Noncash contributions included in lines 1a-1f \$ 2,899,578				
	h	Total. Add lines 1a-1f				
Program Service Revenue	Business Code					
	2a	PROGRAM SERVICE REVENUE 621110	403,777,172	403,777,172		
	b	PHYSICIAN OFFICES RENTAL INCOME 621110	9,108,188	9,108,188		
	c	RETAIL PHARMACIES 621110	5,606,625	4,019,021	1,587,604	
	d	EHR PAYMENTS 621110	2,112,898	2,112,898		
	e	NONPATIENT LAB SERVICES 621110	2,051,884		2,051,884	
	f	All other program service revenue	2,884,090	2,582,214	301,876	
	g	Total. Add lines 2a-2f	425,540,857			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,536,673			1,536,673
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(i) Real	0			
		(ii) Personal				
		Gross rents				
		Less rental expenses				
	b					
	c	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	(i) Securities	423,478			
		(ii) Other				
		Gross amount from sales of assets other than inventory 442,771 156,516				
		Less cost or other basis and sales expenses				
	b					
	c	Gain or (loss) 442,771 -19,293				
	d	Net gain or (loss)	423,478			423,478
	8a	Gross income from fundraising events (not including \$ 55,975 of contributions reported on line 1c) See Part IV, line 18	21,922			21,922
		a 86,786				
	b	Less direct expenses b 64,864				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	0			
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	0			
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	CAFETERIA REVENUE 621110	1,994,887		25,186	1,969,701
	b	MISC REVENUE 621110	487,789			487,789
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	2,482,676			
	12	Total revenue. See Instructions	437,453,678	421,599,493	3,966,550	4,439,563

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).

Check if Schedule O contains a response or note to any line 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.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,783,210		2,616,217	166,993
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	92,000		92,000	
7	Other salaries and wages.	158,118,123	151,117,329	6,687,404	313,390
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,839,309	4,542,445	282,424	14,440
9	Other employee benefits.	23,477,493	22,037,285	1,370,154	70,054
10	Payroll taxes.	10,983,187	10,309,433	640,982	32,772
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	514,361		514,361	
c	Accounting.	150,200		150,200	
d	Lobbying.	40,873		40,873	
e	Professional fundraising services. See Part IV, line 17.	45,968			45,968
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,112,540	5,979,538	133,002	
12	Advertising and promotion.	1,132,692	17,862	1,114,830	
13	Office expenses.	6,212,732	5,116,603	1,038,035	58,094
14	Information technology.	3,924,255	3,906,833	17,422	
15	Royalties.	0			
16	Occupancy.	13,280,447	13,169,116	100,159	11,172
17	Travel.	494,277	463,950	28,329	1,998
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	122,905	107,335	6,567	9,003
20	Interest.	3,882,792	3,882,792		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	24,078,675	24,078,675		
23	Insurance.	5,365,826	12,300	5,353,526	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	85,723,311	85,454,494	255,755	13,062
b	CONTRACT SERVICES	10,500,277	9,692,838	794,161	13,278
c	REPAIR & MAINTENANCE	5,765,540	5,743,215	22,325	
d	MEDICAID FRA EXPENSE	21,326,000	21,326,000		
e	All other expenses	12,415,073	10,112,418	2,192,634	110,021
25	Total functional expenses. Add lines 1 through 24e.	401,382,066	377,070,461	23,451,360	860,245
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		165,137,086	2	104,187,000
	3	Pledges and grants receivable, net		4,231,959	3	3,726,593
	4	Accounts receivable, net		44,031,849	4	46,818,441
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,183,616	8	6,161,437
	9	Prepaid expenses and deferred charges		4,662,568	9	6,194,385
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a533,771,222	196,433,480	10c	198,289,445
	b	Less: accumulated depreciation	10b335,481,777			
	11	Investments—publicly traded securities		63,302,857	11	152,432,319
	12	Investments—other securities. See Part IV, line 11.		0	12	0
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		21,289,870	15	27,919,289
	16	Total assets. Add lines 1 through 15 (must equal line 34).		505,273,285	16	545,728,909
Liabilities	17	Accounts payable and accrued expenses		32,526,852	17	41,657,101
	18	Grants payable		408,469	18	498,238
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		93,810,534	20	90,430,474
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		391,426	21	421,135
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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.		31,418,203	25	23,661,500
	26	Total liabilities. Add lines 17 through 25.		158,555,484	26	156,668,448
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		335,868,300	27	371,659,973
	28	Temporarily restricted net assets		5,762,161	28	5,664,830
	29	Permanently restricted net assets		5,087,340	29	11,735,658
	Organizations that do not follow SFAS 117 (ASC 958), 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		346,717,801	33	389,060,461
	34	Total liabilities and net assets/fund balances		505,273,285	34	545,728,909

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	437,453,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	401,382,066
3	Revenue less expenses Subtract line 2 from line 1	3	36,071,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	346,717,801
5	Net unrealized gains (losses) on investments	5	7,097,515
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-826,467
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	389,060,461

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	50 0				X			227,261	0	0
Vice President	0 0				X					
Brenda Kelly	50 0				X			217,466	0	34,560
VP Surgical Services	0 0				X					
William Meyer	50 0				X			261,008	0	0
Chief Information Officer	0 0				X					
Don Miller	40 0				X			256,783	0	26,262
Vice President Operations	10 0				X					
Diane Ray	50 0				X			211,749	0	38,559
VP Patient Services	0 0				X					
Janette Taaffe	50 0				X			206,229	0	28,248
Vice President Human Resources	0 0				X					
Hope Cranston D'Amato MD	60 0					X		471,220	0	0
Medical Director ICU	0 0					X				
Abdul Moheet MD	55 0					X		407,464	0	32,816
Emergency Department	0 0					X				
Eric Jenkins MD	55 0					X		357,939	0	0
CVICU	0 0					X				
Talat M Nawas MD	60 0					X		335,530	0	32,316
Medical Director Hospitalist	0 0					X				
BARRY HENDRICKSON	55 0					X		321,080	0	0
CVICU	0 0					X				
John B Buettner Md	0 0						X	90,103	0	11,254
Former Director	0 0						X			
Mark Novack MD	0 0						X	0	129,287	11,552
Former Director	0 0						X			

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	Employer identification number 43-0652680
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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 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	<input type="checkbox"/>	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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶						

Part IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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 function 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		40,873
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?		No	
j	Total. Add lines 1c through 1i.			40,873
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1F	Approximately \$40,873 of the dues paid to various trade organizations for the year ended in June 30, 2014 is attributable to lobbying activities by the organizations.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	Employer identification number 43-0652680
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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 XIII
- 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 10,849,501 | 9,856,410 | 4,281,015 | 3,141,369 | 2,702,625 |
| b Contributions | 8,731,884 | 1,645,604 | 6,252 | 8,000 | 5,252 |
| c Net investment earnings, gains, and losses | 1,146,318 | 653,884 | 121,662 | 1,131,646 | 433,492 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,327,216 | 1,306,397 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 17,400,487 | 10,849,501 | 4,408,929 | 4,281,015 | 3,141,369 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 67 444 %

c Temporarily restricted endowment ▶ 32 556 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		15,769,085		15,769,085
b Buildings		289,634,948	159,249,390	130,385,558
c Leasehold improvements		20,654,803	10,282,585	10,372,218
d Equipment		200,381,537	165,949,802	34,431,735
e Other		7,330,849		7,330,849
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				198,289,445

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part IV, Line 2B Escrow and Custodial Arrangements	THE HOSPITAL OBTAINS ONE MONTH'S WORTH OF DEPOSITS IN ADVANCE FOR ROOM AND BOARD CHARGES FOR SKILLED NURSING FACILITY PRIVATE PAY RESIDENTS
Part V, Line 4 Intended use of endowment funds	ENDOWMENT FUNDS CONSIST OF APPROXIMATELY EIGHT INDIVIDUAL FUNDS, OF WHICH THREE WERE ESTABLISHED FOR INDIGENT CARE. ALL REALIZED INVESTMENT RETURNS ARE RELEASED TO OPERATIONS IN ACCORDANCE WITH THE DONOR RESTRICTIONS.
PART X, LINE 2 FOOTNOTE FOR UNCERTAIN TAX POSITIONS	ST. LUKE'S EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. THERE ARE NO UNCERTAIN TAX POSITIONS RECORDED IN 2014 OR 2013.

[illegible]

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
(1) DEFERRED COMPENSATION	10,642,000
(2) ORGANIZATION COSTS	2,040
(3) SPECIAL PURPOSE FUND	1,939,221
(4) ESCROW DEPOSITS	29,795
(5) INVESTMENTS	8,384,221
(6) FINANCING COSTS	835,334
(7) INTERCOMPANY RECEIVABLE	1,087,678
(8) DUE TO MEDICARE	4,999,000

SCHEDULE G
(Form 990 or 990-EZ)

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
43-0652680

Part I

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

1

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

a

☒

Mail solicitations

b

☐

Internet and email solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☒

Special fundraising events

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.

(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			
1 WILKINSON GROUP	CONSULTING		No		30,000	-30,000
2 LETS BUILD HOPE	CONSULTING		No		15,968	-15,968
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					45,968	-45,968

3

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

MO

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>GOLF TOURNAMENT</u>	<u>BIKE TOUR</u>	<u>3</u>	(add col (a) through		
		(event type)	(event type)	(total number)	col (c))		
	1	Gross receipts	44,635	38,417	59,709	142,761	
	2	Less Contributions . . .	7,310	15,397	33,268	55,975	
	3	Gross income (line 1 minus line 2)	37,325	23,020	26,441	86,786	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .	1,822	14,231	2,277	18,330	
	6	Rent/facility costs . . .	8,646		1,128	9,774	
	7	Food and beverages .		5,430	6,884	12,314	
	8	Entertainment			1,250	1,250	
	9	Other direct expenses .	1,338	11,034	10,824	23,196	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(64,864)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					21,922

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.

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

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

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

Name 



Address 

15a

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


☐ 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 of the third party


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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
43-0652680

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities</div>		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year <div>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div></div> <div>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div></div> <div>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care</div>	3a Yes	
		3b Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance 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	
b	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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)		14,019	5,705,600		5,705,600	1 420 %
b Medicaid (from Worksheet 3, column a)		7,924	7,866,418	4,341,771	3,524,647	0 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total Financial Assistance and Means-Tested Government Programs . .		21,943	13,572,018	4,341,771	9,230,247	2 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,405,802	69,786	1,336,016	0 330 %
f Health professions education (from Worksheet 5)			6,392,982	3,138,781	3,254,201	0 810 %
g Subsidized health services (from Worksheet 6)		5,250	1,267,669	582,619	685,050	0 170 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			697,787		697,787	0 180 %
j Total Other Benefits		5,250	9,764,240	3,791,186	5,973,054	1 490 %
k Total . Add lines 7d and 7j . .		27,193	23,336,258	8,132,957	15,203,301	3 790 %

Part III

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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

1

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

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

1

Yes

No

2

956,160

3

132,949

5

128,171,017

6

132,476,853

7

-4,305,836

9a

Yes

9b

9a

Yes

9b

Yes

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

6

Enter Medicare allowable costs of care relating to payments on line 5.

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9b

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.

9a

Yes

9b

Yes

Part IV

Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—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 ST LUKE'S CENTER	OUTPATIENT IMAGING MGMT SERV	31 000 %		18 000 %
2 FOR DIAGNOSTIC				
3 IMAGING LLC				
4 ST LUKE'S HOSPITAL	ORTHOPEDIC/MGMT SERVICES	50 000 %	12 500 %	37 500 %
5 ORTHOPEDIC SERVICES				
6 LLC				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2013

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

ST LUKE'S HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url)		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
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"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 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)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to 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 on 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)					
Billing and Collections					
15 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?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual'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					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 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 individual's eligibility under the facility's FAP?				17	No
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 Section C)					

Part V

Facility Information (continued)

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	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)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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 checked="" type="checkbox"/> The hospital facility used the average of its 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)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual 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
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 3

Name and address		Type of Facility (describe)
1	ST LUKE'S HOSP SK NURS FAC-SURREY PLACE 14701 OLIVE BLVD CHESTERFIELD,MO 63017	SKILLED NURSING/RESIDENTIAL CARE FACILITY
2	ST LUKE'S HOSPITAL HOME HEALTH AGENCY 111 S WOODS MILL RD CHESTERFIELD,MO 63017	HOME HEALTH SERVICES
3	ST LUKE'S HOSPITAL HOSPICE 111 S WOODS MILL RD CHESTERFIELD,MO 63017	HOSPICE CARE
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

- 1** **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2** **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART I, LINE 3C N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 6A N/A-ISSUED THROUGH MISSOURI HOSPITAL ASSOCIATION

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART I, LINE 7G N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART I, LINE 7 COLUMN (F) TOTAL COMMUNITY BENEFIT EXPENSE COLUMN (C) AS A PERCENT OF TOTAL EXPENSE LINE 7A CHARITY CARE 1 42% LINE 7B UNREIMBURSED MEDICAID 1 96% LINE 7D TOTAL CHARITY CARE AND GOVT PROGRAMS 3 38% LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES 35% LINE 7F HEALTH PROFESSIONS EDUCATION 1 59% LINE 7G SUBSIDIZED HEALTH SERVICES 31% LINE 7I CASH AND IN-KIND CONTRIBUTIONS 18% LINE 7J TOTAL OTHER BENEFITS 2 43% LINE 7K TOTAL FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS 5 81% BAD DEBT EXPENSE SUBTRACTED FROM LINE 7, COLUMN (F) N/A-BAD DEBT IS A REDUCTION OF PATIENT REVENUE

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART II COMMUNITY BUILDING ACTIVITIES ST LUKE'S HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES WITH SEVERAL INITIATIVES - ST LUKE'S WORKS WITH ITS DENOMINATIONAL SPONSORS, THE EPISCOPAL AND PRESBYTERIAN USA CHURCHES (THE CHURCHES), TO IMPROVE THE HEALTH OF THE GREATER ST LOUIS COMMUNITY IN BODY, MIND AND SPIRIT 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 REPRESENTATION AT A MEETING OF THE PRESBYTERY OF GIDDINGS-LOVEJOY/EPISCOPAL DIOCESE OF MISSOURI BY THE PASTORAL CARE DIRECTOR TO PROVIDE AN OVERVIEW OF ANNUAL MISSION ACTIVITIES, 2) ANNUAL MISSION BROCHURE TO DESCRIBE HOSPITAL SERVICES, COMMUNITY OUTREACH, EDUCATION, PROVISION OF CHARITY CARE TO THE UNINSURED AND UNDERINSURED WITHIN THE COMMUNITY, AND INFORMATION ABOUT OTHER RESOURCES PROVIDED BY THE HOSPITAL, SUCH AS MEALS ON WHEELS AND THE PEDIATRIC CARE CENTER, 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 PROVIDED TO THE COMMUNITY, 4) RAISING AWARENESS ABOUT THE ST LUKE'S PASTORAL CARE DEPARTMENT AND CLINICAL PASTORAL EDUCATION PROGRAM, AND 5) IDENTIFYING OPPORTUNITIES TO PROVIDE HEALTH EDUCATION ARTICLES AND INFORMATION ABOUT UPCOMING HEALTHY LIVING EVENTS TO THE PRESBYTERY/DIOCESE

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	PART III, LINE 2 AND LINE 3 COSTING METHOLOGY COST TO CHARGE RATIO

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	PART III, LINE 4 NOTE 2-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-NET PATIENT SERVICE REVENUES (ST LUKE'S HEALTH CORPORATION NOTES TO CONSOLIDATED FINANCIAL STATEMENTS)- "ST LUKE'S RECORDS A PROVISION FOR UNCOLLECTIBLE RECEIVABLES RELATED TO UNINSURED PATIENTS, AND TO THE PATIENT RESPONSIBILITY PORTION OF THOSE PATIENTS COVERED BY THIRD-PARTY PAYORS, IN THE PERIOD THE SERVICES ARE PROVIDED AND BASED ON HISTORICAL EXPERIENCE "

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	<p>PART VI, LINE 2 NEEDS ASSESSMENT ALSO, SEE ST LUKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2013 AT WWW.STLUKES-STL.COM ST LUKE'S HOSPITAL HAS A STRONG COMMITMENT TO THE HEALTH OF OUR COMMUNITY THROUGH THE HOSPITAL AND MORE THAN 25 AFFILIATED FACILITIES, WE IMPACT THE HEALTH OF PATIENTS EVERY DAY BEYOND DELIVERING INPATIENT AND OUTPATIENT CARE, WE HAVE AN ACTIVE COMMUNITY OUTREACH OFFERING THAT PROVIDES NEARLY 1,000 EDUCATIONAL AND PREVENTIVE HEALTH OPPORTUNITIES EACH YEAR TO OUR COMMUNITY IMPACTING NEARLY 40,000 PEOPLE ADDITIONALLY, WE WORK WITH EMPLOYERS ACROSS THE AREA TO BRING HEALTH EDUCATION AND SCREENINGS TO THEIR WORKSITES AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ALL NON-PROFIT HOSPITALS ARE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS TO EVALUATE THE COMMUNITY NEEDS AND ENSURE WE ARE OFFERING PROGRAMMING AND SERVICES TO MEET THESE NEEDS BASED ON OUR ANALYSIS FROM SURVEY DATA AND FEEDBACK FROM HEALTH EXPERTS AND THE COMMUNITY, THE PRIMARY AREAS OF FOCUS FOR OUR IMPLEMENTATION PLAN INCLUDE -OBESITY AND SEDENTARY LIFESTYLE -CANCER SCREENINGS AND SUPPORT SERVICES -MANAGEMENT OF CHRONIC CONDITIONS ST LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT AND REPORT IS THE PRODUCT OF AN 18-MONTH PROCESS TO IDENTIFY AND ASSESS THE FULL SCOPE OF NEEDS OF THE WEST ST LOUIS COUNTY POPULATION THROUGH INPUT SOLICITED FROM AREA HEALTH EXPERTS AND COMMUNITY LEADERS, AND SELECTED PRIMARY AND SECONDARY SURVEY SOURCES OF INPUT TO IDENTIFY TARGET AREAS FOR IMPROVEMENT THE NEEDS ASSESSMENT DOCUMENT PROVIDES DETAILS ABOUT THE DATA COLLECTION, COMMUNITY INPUT AND THE ANALYSIS OF EXISTING PROGRAMS AND RESOURCES TO MEET IDENTIFIED COMMUNITY NEEDS WE HAVE ALSO DEVELOPED AN IMPLEMENTATION PLAN WITH WAYS TO ENHANCE OUR EDUCATION AND PARTNER WITH COMMUNITY ORGANIZATIONS TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	<p>PART VI, LINE 4 COMMUNITY INFORMATION ST LUKE'S SERVES THE REGION FROM MORE THAN 25 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. PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH ADDITIONAL COMMUNITY SUPPORT INCLUDES - ST LUKE'S OFFERS A FREE MEMBERSHIP PROGRAM TO 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. 9,000 WOMEN JOINED THE PROGRAM TO DATE TO RECEIVE ONGOING HEALTH INFORMATION ABOUT 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 AND MEETING ROOMS FOR THIS GROUP. THIS PROGRAM IS STRUCTURED TO CHALLENGE BUSINESS PROFESSIONALS AND COMMUNITY MEMBERS BY ADDRESSING TOPICS SUCH AS GOVERNMENT AND PUBLIC SERVICE, HISTORY, ARTS AND CULTURE, EDUCATION AND TRAINING, HEALTH CARE AND QUALITY OF LIFE, AND COMMUNITY GROWTH AND DEVELOPMENT - ST LUKE'S PARTICIPATES ON THE CHESTERFIELD CHAMBER OF COMMERCE BOARD OF DIRECTORS AND IS AN ACTIVE PARTICIPANT IN VARIOUS AREA CHAMBERS OF COMMERCE WITHIN ITS SERVICE AREA - ST LUKE'S PARTICIPATES ON THE YMCA WEST COUNTY BOARD OF DIRECTORS, GIRL SCOUTS OF EASTERN MISSOURI BOARD OF DIRECTORS AND OTHER VARIOUS LOCAL BOARDS - A ST LUKE'S LEADERSHIP TEAM MEMBER PARTICIPATES IN AN ACTIVE ROLE ON THE HEALTH SUBCOMMITTEE FOR PARTNERS FOR PROGRESS OF ST CHARLES COUNTY, WHICH IS AFFILIATED WITH THE ECONOMIC DEVELOPMENT CENTER. THIS COMMITTEE MEETS TO DISCUSS ENVIRONMENT AND INFRASTRUCTURE, EDUCATION, HEALTH AND PUBLIC POLICY - A ST LUKE'S STAFF MEMBER PARTICIPATES ON THE EPISCOPAL-PRESBYTERIAN TRUST FUND BOARD WHICH DONATES SIGNIFICANT MONIES TO HELP THE POOR IN THE CITY OF ST LOUIS - A ST LUKE'S STAFF MEMBER PARTICIPATES ON THE CHESTERFIELD DEVELOPMENT ADVISORY BOARD. THIS GROUP PROVIDES A SOUNDING BOARD FOR THE MAYOR AND STAFF, AS WELL AS AN OPPORTUNITY TO SEEK THE OPINION OF LOCAL BUSINESS LEADERS - ST LUKE'S COMMUNITY OUTREACH DEPARTMENT STRONGLY SUPPORTS THE AREA'S SCHOOL NURSES, PROVIDING MEETING ROOMS AND MISSOURI NURSING ASSOCIATION (MONA) CREDIT HOURS FOR THEIR EDUCATIONAL MONTHLY MEETINGS AND AN ANNUAL "CONCEPTS IN SCHOOL NURSING" WORKSHOP. FOCUS IS ON THE KEY "HOT TOPICS" SCHOOL NURSES MUST ADDRESS TO KEEP STUDENTS HEALTHY AND SAFE IN THE SCHOOL ENVIRONMENT - ST LUKE'S HAS PARTICIPATED IN THE ST LOUIS INTERNSHIP PROGRAM FOR NEARLY 15 YEARS. THIS PROGRAM IS DESIGNED TO INVEST IN OUR COMMUNITY BY OFFERING SUPPORT IN LIFE SKILLS AND INSPIRATION TO UNDERSERVED HIGH SCHOOL STUDENTS. AS A CORPORATE PARTNER, ST LUKE'S HELPS THESE STUDENTS REALIZE THEIR POTENTIAL BY EXPOSING THEM TO HEALTHCARE JOB OPPORTUNITIES AND PROVIDING THEM WITH MEANINGFUL WORK DURING AN 8 WEEK SUMMER INTERNSHIP. EACH SUMMER, ST LUKE'S SPONSORS 4-8 HIGH SCHOOL INTERNS. ST LUKE'S HAS BEEN RECOGNIZED BY THE BOARD OF THE ST LOUIS INTERNSHIP PROGRAM FOR THE HOSPITAL'S CONSISTENT DEDICATION TO THESE YOUTH AND FOR THE HIGH MARKS THE INTERNS GIVE THE HOSPITAL FOR THEIR PROFESSIONAL WORK EXPERIENCE. APPROXIMATELY 95 PERCENT OF THE INTERNS GRADUATE FROM HIGH SCHOOL AND GO ON TO POST-SECONDARY EDUCATION OR TRAINING. ST LUKE'S IS A PROUD PARTICIPANT IN THE PROGRAM, BELIEVING THAT THE ENTIRE COMMUNITY BENEFITS BECAUSE THE PROGRAM INCREASES THE SKILLED TALENT IN THE WORKFORCE AND CULTIVATES FUTURE ST LOUIS LEADERS - ST LUKE'S ALSO PARTNERS WITH ACADEMIC FACILITIES THROUGHOUT THE REGION BY PROVIDING SUPERVISED INTERNSHIPS FOR COLLEGE AND GRADUATE STUDENTS IN VARIOUS HEALTHCARE FIELDS (NURSING, PHYSICAL THERAPY, HOSPITAL ADMINISTRATION, HEALTH INFORMATION SERVICES, SOCIAL SERVICES, ETC.) THESE INTERNSHIPS PROVIDE NEW GRADUATES WITH THE REAL LIFE PROFESSIONAL EXPERIENCES THEY NEED PRIOR TO ENTERING THE WORKFORCE AS A HEALTHCARE PROFESSIONAL - ST LUKE'S OFFERS USE OF ITS INSTITUTE FOR HEALTH EDUCATION AUDITORIUM AND MEETING SPACE FREE OF CHARGE TO AREA NON-PROFITS FOR HEALTH EDUCATION AND SUPPORT GROUPS - ST 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</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	<p>CAREERS OTHER 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 OFFE RS SERVICES FROM MORE THAN 25 LOCATIONS WITH SERVICES IN 60 SPECIALTY AREAS INCLUDING CARD IOVASCULAR CARE AND SURGERY, CANCER CARE, NEUROSURGERY AND NEUROLOGY, ORTHOPEDICS, MATERNI TY AND OTHER WOMEN'S HEALTH, GENERAL MEDICINE, OUTPATIENT SERVICES, PEDIATRICS AND COMPREH ENSIVE SURGICAL SERVICES GIVEN THE DRAMATIC GROWTH IN THE NUMBER OF PEOPLE USING THE INTE RNET TO OBTAIN INFORMATION ON HEALTHCARE, ST LUKE'S UTILIZES TECHNOLOGY RESOURCES TO IMPR OVE 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 O F CONDITIONS THAT AFFECT NEWBORNS, CHILDREN, AND ADOLESCENTS - SENIOR CENTER - PROVIDES I N-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT B ECOME MORE COMMON AS PEOPLE AGE - MEN'S CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PRE VENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT AFFECT MEN OF ALL AGES - MULTI MEDIA ENCYCLOPEDIA - TAKE CHARGE OF YOUR HEALTH AND GAIN KNOWLEDGE BY WATCHING INFORMATIVE MULTIMEDIA PRESENTATIONS - SYMPTOM NAVIGATOR - "WHERE DOES IT HURT?" - MY CHECKUPS - KNO W WHEN TO SCHEDULE IMPORTANT EXAMS - IN-DEPTH REPORTS - 100 TOPICS FOR ADVANCED STUDY - PREGNANCY HEALTH CENTER - IMPORTANT INFORMATION DESIGNED TO GUIDE YOU THROUGH YOUR PREGNAN CY - 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 - EDUCATI ONAL MATERIALS FOR SPECIFIC CONDITIONS INCLUDING HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, A LLERGIES AND TYPE I DIABETES - WELLNESS TOOLS - HEALTH CALCULATORS INCLUDING BODY MASS IN DEX CALCULATOR, CALORIE BURNER COUNTER, TARGET HEART RATE CALCULATOR, IDEAL BODY WEIGHT, N UTRITIONAL NEEDS AND WAIST TO HIP CALCULATOR - DRUG INTERACTION CENTER - MEDICATION INFOR MATION INCLUDING DESCRIPTION OF THE MEDICINES, POSSIBLE INTERACTIONS AND REASONS FOR TAKIN G 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 ID ENTIFY 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 CHOLEST EROL/GLUCOSE SCREENING, A BLOOD PRESSURE CHECK AND PERSONAL CONSULTATION ON SCREENING RESU LTS - OTHER HEALTH AWARE RISK ASSESSMENTS - THESE ONLINE ASSESSMENTS FOR STROKE, SPINE IS SUES 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 PRIVILEGE S TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR PRIMARY CARE SERVICES (I E INTERNAL ME DICINE AND PEDIATRICS) OF THE CURRENT 820 PHYSICIANS ON THE MEDICAL STAFF GREATER THAN 95 % ARE BOARD CERTIFIED GOVERNING BODY ST LUKE'S HOSPITAL HAS 18 VOTING MEMBERS ON ITS BO ARD OF DIRECTORS THEY INCLUDE COMMUNITY AND CORPORATE LEADERS AS WELL AS PHYSICIANS AND R EPRESENTATIVES 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 QUALIT</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT N/A - VOLUNTARY PARTICIPATION IN AN ANNUAL COMMUNITY INVESTMENT SURVEY THROUGH THE MISSOURI HOSPITAL ASSOCIATION

Additional Data

Software ID:

Software Version:

EIN: 43-0652680

Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	
SUPPLEMENTAL INFORMATION 2	<p>PART V, SECTION B, LINE 7 ST LUKE'S HOSPITAL COMMUNITY HEALTH REPORT CAN BE FOUND ONLINE AT WWW.STLUKES-STL.COM IN THE "OTHER IDENTIFIED NEEDS" SECTION OF THE CHNA REPORT THE FOLLOWING HEALTH ISSUES WERE ALSO IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND EXISTING RESOURCES TO MEET THESE NEEDS IN THE COMMUNITY ARE ADDRESSED - ACCESS FOR THE UNDER AND UNINSURED IN THE ST LOUIS COUNTY AREA- FINANCIAL ASSISTANCE IS PROVIDED TO ALL PATIENTS WITH AN IDENTIFIED NEED ST LUKE'S HOSPITAL REACHES OUT TO SELF-PAY AND UNDERINSURED PATIENTS IN A NUMBER OF WAYS, INCLUDING RAISING AWARENESS OF MEDICAID HEALTH INSURANCE AND THE HOSPITAL'S SELF-PAY PLAN FOR PATIENTS FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR PATIENTS, DEPENDING ON INCOME, ASSETS, FAMILY SIZE AND MEDICAL NEEDS ELIGIBILITY IS BASED ON FEDERAL POVERTY GUIDELINES ASSISTANCE MAY BE AVAILABLE IN THE FORM OF FREE SERVICES OR REDUCED RATES TRANSPORTATION IS MADE ACCESSIBLE TO PATIENTS THROUGH ST LUKE'S HOSPITAL'S ARRANGEMENT WITH OLDER ADULTS TRANSPORTATION SERVICES (OATS) TRANSIT ST LUKE'S PEDIATRIC CARE CENTER IS A MISSION-BASED AGENCY OF ST LUKE'S HOSPITAL THAT HAS BEEN PROVIDING PRIMARY AND PREVENTATIVE CARE TO MEDICALLY UNDERSERVED AND UNDERINSURED CHILDREN FROM BIRTH TO AGE 18 IN NORTH ST LOUIS CITY AND COUNTY FOR MORE THAN 60 YEARS ST LUKE'S FUNDS THIS COMMUNITY PROJECT WITH OPERATING COSTS EXCEEDING \$1 MILLION DOLLARS HEALING GRACE WAS FORMED IN 2007 BY A ST LUKE'S MEDICAL GROUP PHYSICIAN, WITH THE GOAL OF PROVIDING A CLINIC FOR THE UNINSURED IN WEST ST LOUIS COUNTY BY USING PRIMARILY VOLUNTEER HELP AND LOW COST GENERIC MEDICATIONS ST LUKE'S HOSPITAL HAS PROVIDED MEDICAL SUPPLIES AND USED EQUIPMENT FOR THE CLINIC VOLUNTEERS IN MEDICINE IS A NATIONAL NONPROFIT DEDICATED TO BUILDING A NETWORK OF SUSTAINABLE FREE PRIMARY HEALTH CARE CLINICS FOR THE UNINSURED IN LOCAL COMMUNITIES OUR LOCAL WEST COUNTY CHAPTER SERVES ADULTS BETWEEN THE AGES OF 18-24 IN SEVERAL WEST COUNTY MUNICIPALITIES SEVERAL OTHER ST LOUIS COUNTY RESOURCES ARE ALSO LISTED IN THE CHNA REPORT TO ADDRESS ACCESS -SENIOR CITIZENS- SEVERAL CONCERNS LISTED WITH REGARD TO THE ELDERLY IN THE COMMUNITY INCLUDE ACCESS TO CARE AND ABILITY TO PAY FOR NECESSARY SERVICES, SAFETY IN THE HOME, MANAGING MEDICATIONS, ETC ST LUKE'S HOSPITAL PROVIDES A SCOPE OF SERVICES WHICH ADDRESS THESE, AND OTHER ISSUES AFFECTING THE ELDERLY THESE SERVICES INCLUDE HOME HEALTH SERVICES- ST LUKE'S HOME HEALTH TEAM WORKS CLOSELY WITH THE PATIENT'S PHYSICIAN TO DEVELOP A PLAN TO PROVIDE CARE FOR THE PATIENT AT HOME -SENIOR SOLUTIONS- IS A PARTNERSHIP BETWEEN ST LUKE'S HOSPITAL AND ST ANDREW'S RESOURCES FOR SENIORS SYSTEM, PROVIDING CUSTOMIZED SUPPORT FOR SENIORS LIVING IN THEIR OWN HOMES, RETIREMENT LIVING COMMUNITIES, ASSISTED LIVING FACILITIES AND SKILLED NURSING FACILITIES ST LUKE'S ALSO REFERS PATIENTS AND COMMUNITY MEMBERS SEEKING ADDITIONAL RESOURCES OR CARE TO THE FOLLOWING ORGANIZATIONS -ALZHEIMER'S ASSOCIATION -EXTRA HELP PROGRAM -MISSOURI AGING INFORMATION NETWORK -MISSOURI RX -SHOW ME FALLS FREE MISSOURI -SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM -SUBSTANCE ABUSE- FOUR MAJOR CONCERNS REGARDING DRUG AND ALCOHOL ABUSE WERE IDENTIFIED BY FOCUS GROUP RESPONDENTS (1) PRESCRIPTION MEDICATION ABUSE, (2) ILLEGAL DRUGS, (3) BINGE DRINKING IN FEMALES OVER THE AGE OF 65, AND (4) THE USE OF MULTIPLE MEDICATIONS AT THE SAME TIME SEVERAL RESOURCES IN ST LOUIS COUNTY EXIST WITH A FOCUS ON PROVIDING INTERVENTION AND TREATMENT FOR THESE ISSUES -ALCOHOLICS ANONYMOUS ST LOUIS CHAPTER -BARNES-JEWISH HOSPITAL CHEMICAL DEPENDENCY PROGRAM -CENTERPOINTE OUTPATIENT CENTER -HYLAND BEHAVIORAL HEALTH -MERCY BEHAVIORAL HEALTH -NATIONAL COUNCIL ON ALCOHOLISM AND DRUG ABUSE (NCADA) - ST LOUIS AREA -PROVIDENCE COUNSELING -MENTAL HEALTH- THE STAKEHOLDER FOCUS GROUPS IDENTIFIED TWO MAJOR NEEDS FOR MENTAL HEALTH WITHIN THE WEST COUNTY AREA 1) A NEED FOR OUTPATIENT MENTAL HEALTH FOR ADULTS AND 2) A NEED FOR ADOLESCENT DAY CARE FOR CHILDREN DISCHARGED FROM HOSPITALS NEEDING EXTRA SUPPORT ST LOUIS COUNTY HAS A VERY ROBUST OFFERING OF BEHAVIORAL HEALTH SERVICES TO ADEQUATELY ADDRESS THIS HEALTH ISSUE -BARNES-JEWISH HOSPITAL -MERCY HOSPITAL -SSM DEPAUL HEALTH CENTER -SSM ST MARY'S HEALTH CENTER -ST ANTHONY'S MEDICAL CENTER -ST LOUIS CHILDREN'S HOSPITAL -GRACE HILL CLINIC -KIDS FIRST IN ST LOUIS COUNTY THE ST LOUIS COUNTY HEALTH AND WELLNESS PROGRAM OFFERS A FAMILY MENTAL HEALTH COLLABORATIVE WHICH FOCUSES ON MEETING THE MENTAL HEALTH NEEDS OF ST LOUIS COUNTY THE SERVICES ARE PROVIDED ON A SLIDING SCALE BASED ON THE FAMILY'S INCOME AND INSURANCE PLAN -CULTURAL COMPETENCE & HEALTH LITERACY-BEING "HEALTH LITERATE", OR HAVING SOMEONE ACT AS AN ADVOCATE ON YOUR BEHALF, IS A NECESSARY REQUIREMENT IN TODAY'S COMPLEX HEALTH SYSTEM FOR A PERSON TO RECEIVE TIMELY AND EFFECTIVE HEALTHCARE SERVICES ST LUKE'S HOSPITAL SUPPORTS THE PATIENT CARE NEEDS AND EDUCATIONAL NEEDS OF PATIENTS AND FAMILIES THROUGH A LIBRARY OF PRINT AND ONLINE RESOURCES, AS WELL AS ONE-ON-ONE PATIENT EDUCATION ADDITIONALLY, WE MAINTAIN THE COMPETENCY OF OUR PROFESSIONAL STAFF BY PROVIDING EDUCATIONAL COURSES AVAILABLE THROUGHOUT THE YEAR</p>
SUPPLEMENTAL INFORMATION 3	<p>PART V, SECTION B LINE 20B THE HOSPITAL FACILITY USED THE THREE LOWEST REIMBURSEMENT COMMERCIAL PLANS TO DETERMINE THE MAXIMUM AMOUNTS THAT WILL BE CHARGED FOR EMERGENCY OR MEDICALLY NECESSARY CARE FOR UNINSURED PATIENTS THE FACILITY LOOKED AT THE OVERALL REALIZATION OF THOSE PLANS AND CHARGES THAT AN INDIVIDUAL WILL PERSONALLY PAY, WHICH IS SET TO BE EQUAL TO OR LESS THAN AGB</p>

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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			
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 4b	Certain employees participate in a supplemental nonqualified deferred compensation arrangement. No persons listed in Part VII received a distribution under this plan in calendar 2013.
PART I, LINE 7	The filing organization is a member of a regional healthcare system controlled by St. Luke's Health Corporation. THE EXECUTIVE INCENTIVE COMPENSATION PLAN RECOGNIZES AND REINFORCES THE HOSPITAL'S STRATEGIC BALANCE SCORECARD OBJECTIVES. The incentive compensation plan is determined by a fixed formula based on achieving certain goals and objectives each year. The objectives 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.

Additional Data

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 President and CEO Thru 1/2015	(i)	613,766	100,000	0	0	0	713,766	0
	(ii)	0	0	0	0	0	0	0
Scott Johnson Vice President Finance and CFO	(i)	370,413	46,000	0	0	0	416,413	0
	(ii)	0	0	0	0	0	0	0
Jerome G Piontek MD Director	(i)	0	0	0	0	0	0	0
	(ii)	287,299	0	0	0	0	287,299	0
Paul Mennes MD Chief Department of Medicine	(i)	0	0	0	0	0	0	0
	(ii)	372,086	0	0	0	0	372,086	0
Sue Adams Executive Director Development	(i)	156,382	9,431	0	0	0	165,813	0
	(ii)	0	0	0	0	0	0	0
Jan Hess Vice President	(i)	211,999	15,262	0	0	0	227,261	0
	(ii)	0	0	0	0	0	0	0
Brenda Kelly VP Surgical Services	(i)	204,478	12,988	0	0	0	217,466	0
	(ii)	0	0	0	0	0	0	0
William Meyer Chief Information Officer	(i)	240,758	20,250	0	0	0	261,008	0
	(ii)	0	0	0	0	0	0	0
Don Miller Vice President Operations	(i)	238,589	18,194	0	0	0	256,783	0
	(ii)	0	0	0	0	0	0	0
Diane Ray VP Patient Services	(i)	196,730	15,019	0	0	0	211,749	0
	(ii)	0	0	0	0	0	0	0
Janette Taafe Vice President Human Resources	(i)	189,863	16,366	0	0	0	206,229	0
	(ii)	0	0	0	0	0	0	0
Hope Cranston D'Amato MD Medical Director ICU	(i)	471,220	0	0	0	0	471,220	0
	(ii)	0	0	0	0	0	0	0
Abdul Moheet MD Emergency Department	(i)	407,464	0	0	0	0	407,464	0
	(ii)	0	0	0	0	0	0	0
Eric Jenkins MD CVICU	(i)	357,939	0	0	0	0	357,939	0
	(ii)	0	0	0	0	0	0	0
Talat M Nawas MD Medical Director Hospitalist	(i)	335,530	0	0	0	0	335,530	0
	(ii)	0	0	0	0	0	0	0
BARRY HENDRICKSON CVICU	(i)	321,080	0	0	0	0	321,080	0
	(ii)	0	0	0	0	0	0	0
John B Buettner Md Former Director	(i)	90,103	0	0	0	0	90,103	0
	(ii)	0	0	0	0	0	0	0
Mark Novack MD Former Director	(i)	0	0	0	0	0	0	0
	(ii)	117,735	0	11,552	0	0	129,287	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
43-0652680

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(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 IV		X		X		X
B REFUND SERIES 2001 BONDS - 61401	43-1178966	60637ABJO	09-08-2011	45,299,701	REFUND SERIES 2011 BONDS - 6/14/01		X		X		X

Part II

Proceeds

	A		B		C		D	
	1	2	3	4	5	6	7	8
Amount of bonds retired	0	10,305,000						
Amount of bonds legally defeased	0	0						
Total proceeds of issue	57,062,584	45,299,701						
Gross proceeds in reserve funds	0	0						
Capitalized interest from proceeds	0	0						
Proceeds in refunding escrows	0	0						
Issuance costs from proceeds	549,996	551,581						
Credit enhancement from proceeds	0	0						
Working capital expenditures from proceeds	0	0						
Capital expenditures from proceeds	31,129,830	0						
Other spent proceeds	25,311,196	44,748,120						
Other unspent proceeds	0	0						
13 Year of substantial completion	2008		2011					
	Yes	No	Yes	No	Yes	No	Yes	No
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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?	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?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		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	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X						
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, SECTION A, COLUMN F	2006 BONDS 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

Return Reference	Explanation
PART II, LINE 3, COLUMN A	The difference between proceeds and issue price is interest earned on the project fund

Return Reference	Explanation
PART II, LINE 11, COLUMN A & B	PROCEEDS USED TO CURRENTLY REFUND PRIOR ISSUE

Return Reference	Explanation
PART IV, LINE 2C	REBATE CALCULATION PERFORMED JANUARY, 2012 WITH NO REBATE PAYMENT OR YIELD REDUCTION PAYMENT REQUIRED

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IVBusiness 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) ST LUKE'S ORTHO SERV LLC	SEE PART V BELOW	281,212	SEE PART V BELOW		No

Part VSupplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Part IV, Line 1	The interested person is more than 5% owned by Dr Jerome Piontek, current director BREAK OUT OF TRANSACTIONS 447,250 MANAGEMENT SERVICES (20,000) GUARANTEED PAYMENTS (176,038) PARTNERSHIP DISTRIBUTIONS _____ \$281,212 TRANSACTION TOTAL - NET

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	7	2,899,578	FMV
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 through 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 noncash contributions?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, LINE 32B	ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS USES AN OUTSIDE TRUST COMPANY TO SELL EQUITY Securities CONTRIBUTED TO THE ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)**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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS**Employer identification number**

43-0652680

**Return
Reference****Explanation**GENERAL
STATEMENT
1

Part III, Line 1 Description of Mission 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 St Luke's Home Health and Hospice services are integral to this effort 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

Return Reference	Explanation
GENERAL STATEMENT 2	<p>Part III, Line 4A Program Services 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, seven urgent care centers, convenient care center, a rehabilitation hospital, diagnostic imaging centers, a vascular access center, senior solution, home health services and hospice services Nationally-recognized for clinical excellence, St Luke's offers care in more than 60 specialty areas including 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 in a private practice setting and education and social support services to their families St Luke's is the only St Louis hospital recognized as one of America's 50 Best Hospitals by HealthGrades (2007-2014) 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 St Luke's Hospital is among the top 10 percent of hospitals in the nation for cardiology services (2012-2015), pulmonary services (2003-2015), neurosurgery (2012-2015) and gastrointestinal medical treatment (2010-2015), according to a hospital quality study published by Healthgrades, an independent healthcare ratings organization St Luke's Hospital is a recipient of the 2014 Healthgrades Outstanding Patient Experience Award This distinction places St Luke's among the top five percent of hospitals nationwide based on analysis of patient satisfaction data This is the fourth year in a row (2011-2014) that St Luke's has received this award St Luke's Hospital has received the 2014 Healthgrades Women's Health Excellence Award for the sixth year in a row St Luke's is the only Missouri hospital to achieve the Healthgrades honor this many consecutive years (2009-2014) The recognition distinguishes St Luke's as a top-performing hospital in women's health services, including cardiac care, vascular surgery, stroke care, respiratory services, orthopedic surgery and spine surgery In addition to clinical honors, St Luke's has received honors based on employee feedback including Best Places to Work, from the St Louis Business Journal, 2010-2014 and Top Workplaces, from the St Louis Post-Dispatch, 2014 The hospital was also named to the Healthiest Employer list from the St Louis Business Journal from 2012 to 2014</p>

Return Reference	Explanation	
	GENERAL STATEMENT 2 (CONTINUED)	<p>PART III, LINE 4A PROGRAM SERVICES 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 (ACCM E), 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 - St Luke's Hospital provides pastoral care services around the clock seven days a week, as well as a fully accredited ACPE Clinical Pastoral Education (CPE) Program Both of these services are provided through St Luke's Pastoral Care Department St Luke's Pastoral Care Department provides pastoral care to patients, their families and loved ones, visitors, staff, and physicians 24/7 in the Hospital and Surrey Place (St Luke's skilled nursing facility) We also do so at St Luke's Rehabilitation Hospital upon request 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 Mission Outreach Committee, comprised of employees across the organization, coordinates efforts throughout the year which employees, patients and physicians generously support initiatives such as winter clothing drives, health screenings, food drives and school supply drives to support the families of the St Luke's Pediatric Care Center, Isaiah 58 Ministries and Operation Food Search - 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 H</p>

Return Reference	Explanation	
GENERAL STATEMENT 2 (CONTINUED)		<p>health - St Luke's helps educate women about important health topics that impact their health and the health of their families. More than 12,000 area women have joined this free membership program to receive health information from St Luke's via emails and mailed class calendars and women's health magazine. Through a website, women can access monthly health topics as well as 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 more than 1,200 women each year who dance for their health and take advantage of free health screenings. - St Luke's Passport to Wellness program partners with almost 200 local employers with worksite wellness programs, working with them 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 low-cost health screenings (cholesterol, glucose, blood pressure, waist measurement), flu clinics, bone density screenings, lunchtime seminars, health coaching and ask the expert tabling events. Educational materials are provided at each offering for the employee and/or family members. 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. - St Luke's Medical Group provides a nurse practitioner and medical assistant each Saturday morning to support the Healing Grace Clinic, housed on the grounds of the Central Baptist Church in Eureka, Missouri. This clinic provides medical care including office visits, testing and medications for people who are uninsured. St Luke's Hospital has also provided equipment and supplies to the clinic at no cost. Additional services, such as imaging, are provided at no cost through arrangements with St Luke's health care partners such as Centers for Diagnostic Imaging (CDI). - The Albert Pujols Wellness Center for Adults with Down Syndrome at St Luke's offers caregiver classes on a variety of topics. Classes and programs are also offered for adults with Down syndrome, covering topics focused on life skills including nutrition, exercise, safety and social/emotional well-being plus those just for fun such as dancing and various arts and crafts. - St Luke's was the first hospital in Missouri to join the National Hospital Health Food Initiative, part of the Partnership for a Healthy America. With a goal to end childhood obesity epidemic within a generation, St Luke's is committed to enhancing on-site food offerings. The multi-phases</p>

Return Reference	Explanation
GENERAL STATEMENT 4	Part VI, Section A, Line 6 Organization Members or Stockholders 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

Return Reference	Explanation
GENERAL STATEMENT 5	Part VI, Section B, Line 11 Review of the 990 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

Return Reference	Explanation
GENERAL STATEMENT 6	Part VI, Section B, Line12c Conflict of Interest Policy 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

Return Reference	Explanation
GENERAL STATEMENT 7	Part VI, Section B, Line 15 Compensation 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.

Return Reference	Explanation
GENERAL STATEMENT 8	Part VI, Section C, Line 19 Public Access Annual Financial Statements including form 990 are available upon request in the administrative office Any proprietary internal policies or governing documents are available upon request in the administrative office

Return Reference	Explanation
GENERAL STATEMENT 9	Part VII, Section B, Line 1 Independent Contractors McCarthy Brothers Construction Construction Services \$4,189,853 1341 North Rock Hill Road St Louis, Mo 63124 ICS Construction Services LTD Construction Services \$2,328,809 2930 Market Street St Louis, Mo 63103 Nuance Communications Transcription Services \$1,435,872 PO Box 2561 Carol Stream, IL 60132 Quest Diagnostics Lab services \$1,297,393 3 Giralda Farms Madison, NJ 07940 Faultless Linen Co Linen services \$1,191,404 2030 S Broadway St Louis, Mo 63104

Return Reference	Explanation
GENERAL STATEMENT 10	Part VIII, Line (C) Gains and Losses from Investments The organization participates in a system-wide pooled investment program The investments are reported only as realized gains or losses to each organization and does not report the allocation portion of proceeds and cost basis related to those realized gains/losses

Return Reference	Explanation
GENERAL STATEMENT 11	PART XI, LINE 9 OTHER CHANGES IN NET ASSETS Change in pension obligation 5,383,663 Transfer to Medical Group (8,452,695) Change in restricted assets 2,242,565 ----- (826,467)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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

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 entity?	
						Yes	No
(1) ST LUKE'S HEALTH CORPORATION 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1246752	SOLE MEMBER	MO	501(C)(3)	11B	SL HOSPITALS	Yes	
(2) ST LUKE'S MEDICAL GROUP 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1349332	MEDICAL SERV	MO	501(C)(3)	11A	SL HLTH CORP	Yes	

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) Dispropportionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ST LUKE'S DEVELOPMENT CORPORATION 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1238961	OTHER MISC	MO	SL HEALTH CORP	C Corp					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST LUKE'S MEDICAL GROUP	b	8,452,695	FMV
(2) ST LUKE'S MEDICAL GROUP	P	3,999,996	FMV

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment
Sequence No **179**

Name(s) shown on return
ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Business or activity to which this form relates
GENERAL DEPRECIATION

Identifying number

43-0652680

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,600,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	3,457
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,457
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	



St. Luke's Health Corporation

Consolidated Financial Statements

June 30, 2014 and 2013

(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 financial statements of St. Luke's Health Corporation, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2014 and 2013, and the results of its operations and cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

St. Louis, Missouri
August 18, 2014

KPMG LLP is a Delaware limited liability partnership
the U.S. member firm of KPMG International Cooperative
(KPMG International) a Swiss entity

St. Luke's Health Corporation

CONSOLIDATED BALANCE SHEETS

June 30, 2014 and 2013

(In thousands)

ASSETS

	<u>2014</u>	<u>2013</u>
Current assets:		
Cash and cash equivalents	\$ 69,032	61,949
Short-term investments	37,718	105,734
Accounts receivable, net of allowance for uncollectible receivables of \$8,630 and \$8,573 in 2014 and 2013, respectively	49,845	47,229
Inventories	6,161	6,184
Other current assets	13,396	6,849
Total current assets	<u>176,152</u>	<u>227,945</u>
Assets limited as to use or restricted	55,293	44,184
Long-term investments	102,804	24,880
Property and equipment, net	198,981	197,179
Other assets	19,890	19,002
Total assets	<u>\$ 553,120</u>	<u>513,190</u>

LIABILITIES AND NET ASSETS

Current liabilities:		
Current maturities of long-term obligations	\$ 3,375	3,215
Accounts payable	10,141	8,610
Accrued liabilities	41,190	35,047
Total current liabilities	<u>54,706</u>	<u>46,872</u>
Insurance reserves and other liabilities	21,243	19,670
Pension liability	1,403	7,921
Long-term obligations, less current maturities	87,056	90,596
Total liabilities	<u>164,408</u>	<u>165,059</u>
Net assets:		
Unrestricted	371,311	337,282
Temporarily restricted	5,665	5,762
Permanently restricted	11,736	5,087
Total net assets	<u>388,712</u>	<u>348,131</u>
Total liabilities and net assets	<u>\$ 553,120</u>	<u>513,190</u>

See accompanying notes to consolidated financial statements.

St. Luke's Health Corporation

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Operating revenues:		
Net patient service revenues, before provision for uncollectible receivables	\$ 455,325	435,821
Less provision for uncollectible receivables	(6,008)	(3,908)
Net patient service revenues	<u>449,317</u>	<u>431,913</u>
Other operating revenues	<u>28,706</u>	<u>25,973</u>
Total operating revenues	<u>478,023</u>	<u>457,886</u>
Operating expenses:		
Salaries and benefits	252,701	242,151
Supplies and other	176,834	169,841
Interest	3,882	4,055
Depreciation and amortization	<u>24,242</u>	<u>24,891</u>
Total operating expenses	<u>457,659</u>	<u>440,938</u>
Operating income	<u>20,364</u>	<u>16,948</u>
Nonoperating gains and losses:		
Investment return	2,551	1,388
Gain (Loss) on sale of assets, net	<u>(20)</u>	<u>26</u>
Total nonoperating gains, net	<u>2,531</u>	<u>1,414</u>
Excess of revenues over expenses	\$ <u>22,895</u>	<u>18,362</u>
Other changes in unrestricted net assets:		
Net assets released from restrictions for property acquisitions	\$ 416	431
Change in pension obligation, net	5,384	11,668
Change in net unrealized gains and losses on investments	<u>5,334</u>	<u>1,596</u>
Increase in unrestricted net assets	\$ <u><u>34,029</u></u>	<u><u>32,057</u></u>

See accompanying notes to consolidated financial statements.

St. Luke's Health Corporation

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (CONTINUED)

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Increase in unrestricted net assets	\$ 34,029	32,057
Temporarily restricted net assets:		
Pledges, bequests and gifts for specific purposes	3,230	1,621
Net assets released from restrictions for property acquisitions	(416)	(431)
Net assets released from restrictions for operations	<u>(2,911)</u>	<u>(876)</u>
Increase (decrease) in temporarily restricted net assets	<u>(97)</u>	<u>314</u>
Permanently restricted net assets:		
Pledges, bequests and gifts	5,502	24
Change in unrealized gains and losses on investments	<u>1,147</u>	<u>654</u>
Increase in permanently restricted net assets	<u>6,649</u>	<u>678</u>
Change in net assets	40,581	33,049
Net assets, beginning of year	<u>348,131</u>	<u>315,082</u>
Net assets, end of year	\$ <u>388,712</u>	<u>348,131</u>

See accompanying notes to consolidated financial statements.

St. Luke's Health Corporation

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Change in net assets	\$ 40,581	33,049
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in pension obligation, net	(5,384)	(11,668)
Investment return – restricted net assets	(1,147)	(654)
Investment return – unrestricted net assets	(7,977)	(3,015)
Pledges, bequests, and gifts for specific purposes	(8,732)	(1,645)
Equity in earnings of unconsolidated entities	(2,178)	(1,444)
Distributions received from unconsolidated entities	2,074	1,885
Depreciation and amortization	24,242	24,891
Provision for uncollectible receivables	6,008	3,908
Changes in assets and liabilities		
Accounts receivable	(8,624)	(2,774)
Inventories and other current assets	(6,524)	1,538
Accounts payable	1,531	(179)
Accrued liabilities	5,009	4,937
Insurance reserves and other liabilities	1,573	194
Net cash provided by operating activities	<u>40,452</u>	<u>49,023</u>
Cash flows from investing activities		
Net change in short-term investments	68,016	52,073
Net change in long-term investments	(74,912)	(24,880)
Additions to property and equipment, net	(25,836)	(22,845)
Net change in assets limited as to use or restricted	(62)	(513)
Additions to investment in unconsolidated entities	(469)	(2,203)
Net change in other assets	(688)	(594)
Net cash provided by (used in) investing activities	<u>(33,951)</u>	<u>1,038</u>
Cash flows from financing activities		
Cash receipts on pledges, bequests, and gifts for specific purposes	3,797	1,049
Principal payments on long-term obligations	(3,215)	(3,120)
Net cash provided by (used in) financing activities	<u>582</u>	<u>(2,071)</u>
Net increase in cash and cash equivalents	7,083	47,990
Cash and cash equivalents, beginning of year	61,949	13,959
Cash and cash equivalents, end of year	<u>\$ 69,032</u>	<u>61,949</u>
Supplemental disclosures of cash flow information		
Cash paid for interest, net of amounts capitalized	\$ 3,991	4,169

See accompanying notes to consolidated financial statements

St. Luke's Health Corporation

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2014 and 2013

(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, seven 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 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, with the average maturity of the portfolio not exceeding one year.

Inventories

Inventories, which consist principally of medical supplies, are stated at the lower of cost or market. Cost is determined 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 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.

Long-Term Investments

Long-term investments are measured at fair value, based on quoted market prices, and include equity indexed funds and fixed income bonds with a duration of more than one year.

St. Luke's Health Corporation

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2014 and 2013

(Dollars in thousands)

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 in two outpatient imaging management services companies. During fiscal year 2013, St. Luke's acquired an interest in an endoscopy center. The total assets, total liabilities, total revenues, and net income of these unconsolidated entities were \$22,815, \$3,221, \$23,825, and \$6,749, respectively, at and for the year ended June 30, 2014, and were \$21,091, \$2,971, \$22,444, and \$5,539, respectively, at and for the year ended June 30, 2013. Total equity investment in unconsolidated entities at June 30, 2014 and 2013 was \$7,534 and \$7,022, 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 \$186 and \$134 was capitalized during 2014 and 2013, 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.

Income Taxes

St. Luke's evaluates its uncertain tax positions on an annual basis. There are no uncertain tax positions recorded in 2014 or 2013.

St. Luke's Health Corporation

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2014 and 2013

(Dollars in thousands)

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. For uninsured patients that do not qualify for charity care, St. Luke's recognizes revenue on the basis of its established charges for services provided (or on the basis of discounted rates, if negotiated or provided by policy). A portion of St. Luke's uninsured patients will be unable or unwilling to pay for the services provided. St. Luke's records a provision for uncollectible receivables related to uninsured patients, and to the patient responsibility portion of those patients covered by third-party payors, in the period the services are provided and based on historical experience. Patient service revenues, net of contractual allowances and discounts (but before the provision for uncollectible receivables), by payor is as follows:

	2014	2013
Medicare/Medicaid	\$ 175,967	172,872
Managed Care	257,626	240,520
Self Pay and Other	21,732	22,429
Net patient service revenues before provision for uncollectible receivables	\$ 455,325	435,821

In 2014 and 2013, gross patient service revenues from governmental payors (including Medicare and Medicaid) approximated 42% of total gross patient service revenues, with approximately 58% from managed care and self pay and other payors.

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, 2014 and 2013

(Dollars in thousands)

The following is a summary of estimated uncompensated costs related to these services for the years ended June 30, 2014 and 2013. Costs are estimated using the ratio of patient care expenses to charges:

	2014	2013
Medicaid	\$ 2,822	3,384
Charity services	5,706	5,825
	\$ 8,528	9,209
Other uninsured and underinsured	\$ 3,270	2,483

In addition to the services above, St. Luke's is committed to improving the health of the community it serves. Through its Institute for Health Education, St. Luke's 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 that provides healthcare to children in St. Louis City and County in a private practice setting.

Investment Return

Investment income and realized gains and losses on short-term investments, assets limited as to use, and long-term investments are reported as nonoperating gains and losses in the accompanying consolidated statements of operations and changes in net assets, 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. Unrealized gains and losses on long-term investments are added directly to unrestricted net assets, as the investments are considered other than trading securities.

Investment income and realized gains and 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 and 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

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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.

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 and changes in net assets.

Functional Classification of Expenses

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

	<u>2014</u>	<u>2013</u>
Healthcare services	\$ 430,571	416,544
General and administrative	26,228	23,562
Fundraising	860	832
Total expenses	<u>\$ 457,659</u>	<u>440,938</u>

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 and changes in net assets 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

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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 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.

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, 2014 and 2013, approximately 34% of net accounts receivable were collectible from governmental payors (including Medicare and Medicaid), with approximately 66% collectible from commercial insurance, managed care and self pay payors.

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

The following is a summary of short-term investments, assets limited as to use or restricted, and long-term investments as of June 30, 2014 and 2013:

	2014	2013
Short-term investments	\$ 37,718	105,734
Board designated	30,457	26,808
Professional liability trust fund	7,435	6,527
Restricted by donor or grantor	17,401	10,849
Total assets limited as to use or restricted	55,293	44,184
Long-term investments	102,804	24,880
Total short-term investments, assets limited as to use or restricted, and long-term investments	\$ 195,815	174,798

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The following is a summary of short-term investments and assets limited as to use or restricted, and long-term investments by investment classification as of June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Investments at fair value:		
Certificates of deposit, repurchase agreements, and money market funds	\$ 14,332	15,654
U.S. government securities	108,913	112,058
Corporate bonds – domestic	18,464	16,429
Equity securities – domestic	<u>47,379</u>	<u>26,425</u>
Total investments at fair value	189,088	170,566
Unconditional promises to give, net	<u>6,727</u>	<u>4,232</u>
Total short-term investments, assets limited as to use or restricted, and long-term investments	<u><u>\$ 195,815</u></u>	<u><u>174,798</u></u>

The following is a summary of investment returns for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Short-term investments, assets limited as to use and long-term investments:		
Interest and dividends	\$ 1,537	960
Realized gains and losses, net	489	247
Change in unrealized gains and losses, net	<u>5,951</u>	<u>1,808</u>
Total unrestricted investment return	7,977	3,015
Less unrealized gains and losses, net, included in other changes in unrestricted net assets	5,334	1,596
Less interest and dividends and realized gains, net, included in other revenue	<u>92</u>	<u>31</u>
Investment return	<u><u>\$ 2,551</u></u>	<u><u>1,388</u></u>
Change in unrealized gains and losses, net, on permanently restricted investments	<u><u>\$ 1,147</u></u>	<u><u>654</u></u>

Other operating revenue includes interest and dividends and realized gains related to the self-insurance trust of \$47 and \$45, respectively, at June 30, 2014, and \$31 and \$0, respectively, at June 30, 2013.

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At June 30, 2014 and 2013, unrealized losses on equity securities held for greater than 12 months were \$0 and \$219, respectively. There were no unrealized losses on corporate bonds at June 30, 2014 and 2013.

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.

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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, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Cash and cash equivalents	\$ 69,032	-	-	69,032
Short-term investments				
Certificates of deposit, repurchase agreements and money market funds	3,636	-	-	3,636
U S government securities	26,033	8,049	-	34,082
Assets limited as to use or restricted				
Certificates of deposit, repurchase agreements and money market funds	5,333	-	-	5,333
Equity securities — domestic	8,300	16,469	-	24,769
Corporate bonds — domestic	13,918	4,546	-	18,464
Long-term investments				
Certificates of deposit, repurchase agreements and money market funds	5,363	-	-	5,363
Equity securities — domestic	22,610	-	-	22,610
U S government securities	74,831	-	-	74,831
Deferred compensation assets — primarily domestic equity securities	10,223	419	-	10,642
Total Assets	<u>\$ 239,279</u>	<u>29,483</u>	<u>-</u>	<u>268,762</u>
Liabilities				
Deferred compensation liability	\$ 10,223	419	-	10,642
Total Liabilities	<u>\$ 10,223</u>	<u>419</u>	<u>-</u>	<u>10,642</u>

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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, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Cash and cash equivalents	\$ 61,949	-	-	61,949
Short-term investments				
Certificates of deposit, repurchase agreements and money market funds	13,590	-	-	13,590
U S government securities	54,128	38,016	-	92,144
Assets limited as to use or restricted				
Certificates of deposit, repurchase agreements and money market funds	2,012	-	-	2,012
Equity securities — domestic	6,785	14,726	-	21,511
Corporate bonds — domestic	12,069	4,360	-	16,429
Long-term investments				
Certificates of deposit, repurchase agreements and money market funds	52	-	-	52
Equity securities — domestic	4,914	-	-	4,914
U S government securities	19,914	-	-	19,914
Deferred compensation assets — primarily domestic equity securities	9,803	405	-	10,208
Total Assets	<u>\$ 185,216</u>	<u>57,507</u>	<u>-</u>	<u>242,723</u>
Liabilities				
Deferred compensation liability	\$ 9,803	405	-	10,208
Total Liabilities	<u>\$ 9,803</u>	<u>405</u>	<u>-</u>	<u>10,208</u>

All other assets and liabilities approximate fair value.

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.

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There were no transfers between Level 1 and Level 2 during the years ended June 30, 2014 and 2013.

NOTE 6 — UNCONDITIONAL PROMISES TO GIVE

Included in temporarily restricted net assets are unconditional promises to give at June 30, 2014 and 2013 as follows:

	<u>2014</u>	<u>2013</u>
Unconditional promises to give before unamortized discount restricted to future periods	\$ 4,214	5,289
Less unamortized discount	(487)	(1,057)
Net unconditional promises to give	<u>\$ 3,727</u>	<u>4,232</u>
Amounts due in:		
Less than one year	\$ 1,218	1,471
One to five years	2,496	3,318
More than five years	500	500
Total	<u>\$ 4,214</u>	<u>5,289</u>

A discount rate of 3% was used to determine present value of estimated future cash flows for pledges received during 2014 and 2013.

Included in permanently restricted net assets is a \$3,000 unconditional promise to give. All proceeds were received in July 2014.

NOTE 7 — PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Land and improvements	\$ 26,942	26,822
Buildings	147,042	147,042
Equipment	355,672	334,673
Construction in progress	7,341	4,470
	536,997	513,007
Less accumulated depreciation	(338,016)	(315,828)
Property and equipment, net	<u>\$ 198,981</u>	<u>197,179</u>

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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 liability, and general liability obligation of \$9,398 and \$8,218 at June 30, 2014 and 2013, respectively, is recorded as a long-term obligation with a discount rate of 3% in the consolidated balance sheets at June 30, 2014 and 2013, 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, 2014 and 2013:

Changes in Plan assets:	2014	2013
Fair value of Plan assets at beginning of period	\$ 100,783	87,789
Actual return on Plan assets	15,823	9,460
Employer contributions	5,480	6,720
Benefits paid	(5,071)	(3,186)
Fair value of Plan assets at end of period	\$ 117,015	100,783

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	<u>2014</u>	<u>2013</u>
Changes in projected benefit obligation:		
Projected benefit obligation at beginning of period	\$ 108,704	108,442
Service cost, benefits earned during the period	5,766	5,959
Interest costs on projected benefit obligation	4,831	4,406
Actuarial (gain) loss	4,188	(6,917)
Benefits paid	(5,071)	(3,186)
Projected benefit obligation at end of period	<u>118,418</u>	<u>108,704</u>
Funded status of the Plan	<u>\$ (1,403)</u>	<u>(7,921)</u>
Accumulated benefit obligation at end of period	<u>\$ 100,739</u>	<u>92,426</u>

The following is a summary of the amounts recognized in the consolidated balance sheets for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Noncurrent liability	\$ (1,403)	(7,921)
Accumulated charge to unrestricted net assets	<u>10,258</u>	<u>15,642</u>
Net amount recognized	<u>\$ 8,855</u>	<u>7,721</u>

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

	<u>2014</u>	<u>2013</u>
Net actuarial loss	\$ 11,987	17,672
Prior service cost	<u>(1,729)</u>	<u>(2,030)</u>
Accumulated charge to unrestricted net assets	<u>\$ 10,258</u>	<u>15,642</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 \$700 and \$(300), respectively.

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The following is a summary of the components of net periodic pension cost for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Service cost, benefits earned during the period	\$ 5,766	5,959
Interest costs on projected benefit obligation	4,831	4,406
Expected return on Plan assets	(6,738)	(6,190)
Amortization of unrecognized:		
Prior service costs	(301)	(301)
Net loss	788	1,782
Net periodic pension cost	<u>\$ 4,346</u>	<u>5,656</u>

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

	<u>2014</u>	<u>2013</u>
Net actuarial (gain)	\$ (4,897)	(10,187)
Reversal of amortization item:		
Net actuarial loss	(788)	(1,782)
Prior service cost	301	301
Net amount recognized	<u>\$ (5,384)</u>	<u>(11,668)</u>

	<u>2014</u>	<u>2013</u>
Total recognized in net periodic pension cost and unrestricted net assets	<u>\$ (1,038)</u>	<u>(6,012)</u>

The following are the actuarial assumptions used by the Plan to develop the components of pension expense for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Discount rates	4.51%	4.14%
Rates of salary increase	Graded from 2.5% – 5.5%	Graded from 2.5% – 5.5%
Return on plan assets	6.75%	7.00%

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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, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Discount rates	3.95%	4.51%
Rates of salary increase	Graded from 2.5% – 5.5%	Graded from 2.5% – 5.5%
Measurement date	June 30, 2014	June 30, 2013

The discount rates were determined using the Hewitt Top Quartile yield curve at the June 30, 2014 and 2013 measurement dates.

St. Luke's expects to contribute \$5,000 to the Plan in 2015.

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

2015	\$ 8,500
2016	9,200
2017	9,700
2018	10,200
2019	10,500
2020 – 2024	53,900

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 accordance with the investment policy established by St. Luke's and are diversified by asset category and issuer. Pension assets are rebalanced each quarter to St. Luke's asset allocation guidelines. These investment policies are expected to yield a return on Plan assets of 6.75% at June 30, 2014 and 2013.

Plan asset allocations are comprised of the following investment classifications at June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Cash, cash equivalents and short-term investments	1%	1%
Equity securities — domestic	61	61
Fixed income securities — domestic	38	38
	<u>100%</u>	<u>100%</u>

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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, 2014 and 2013 by asset category are as follows:

		2014			
		Level 1	Level 2	Level 3	Total
Asset categories:					
Short-term investments	\$	694	-	-	694
Equity securities — domestic		28,854	42,434	-	71,288
Corporate bonds — domestic		-	45,033	-	45,033
Total	\$	29,548	87,467	-	117,015

		2013			
		Level 1	Level 2	Level 3	Total
Asset categories:					
Short-term investments	\$	1,050	-	-	1,050
Equity securities — domestic		23,767	37,902	-	61,669
Corporate bonds — domestic		-	38,064	-	38,064
Total	\$	24,817	75,966	-	100,783

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 years ended June 30, 2014 and 2013.

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 \$1,544 and \$1,450 for the years ended June 30, 2014 and 2013, respectively. The Contribution Plan is funded annually.

St. Luke's Health Corporation

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NOTE 10 — LONG-TERM OBLIGATIONS

The following is a summary of long-term obligations as of June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Series 2011 Bonds, 2.5% to 5.25%, due serially through 2025, plus unamortized premium of \$1,122 and \$1,220 at June 30, 2014 and 2013, respectively	\$ 34,717	38,030
Series 2006 Bonds, 4.5% to 5.0%, due serially 2017 through 2021 and 2027 through 2036, plus unamortized premium of \$1,504 and \$1,571 at June 30, 2014 and 2013, respectively	<u>55,714</u>	<u>55,781</u>
Total long-term obligations	90,431	93,811
Less current maturities	<u>(3,375)</u>	<u>(3,215)</u>
Total long-term obligations, less current maturities	<u>\$ 87,056</u>	<u>90,596</u>

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.

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.

Aggregate maturities of long-term obligations at June 30, 2014 are as follows:

2015	\$ 3,375
2016	3,525
2017	3,700
2018	4,635
2019	4,850
Thereafter	<u>67,720</u>
	<u>\$ 87,805</u>

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As of June 30, 2014 and 2013, the fair value of St. Luke's long-term obligations approximated \$92,320 and \$94,118, respectively, based upon borrowing rates currently available for debt instruments with similar remaining terms and maturities. As of June 30, 2014, St. Luke's was in compliance with all financial covenants on its long term obligations.

NOTE 11 — OPERATING LEASES

Rent expense for the years ended June 30, 2014 and 2013 totaled \$3,408 and \$2,644, respectively.

Future minimum rental payments under noncancelable operating leases as of June 30, 2014 that have initial or remaining terms in excess of one year are as follows:

2015	\$	3,421
2016		3,322
2017		3,217
2018		2,971
2019		2,179
Thereafter		6,197

NOTE 12 — TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30, 2014 and 2013:

	2014	2013
Unconditional promises to give, net	\$ 3,727	4,232
Healthcare services, education and research	648	497
Indigent care	764	596
Purchase of equipment	303	301
Other	223	136
Total temporarily restricted net assets	\$ 5,665	5,762

Permanently restricted funds consist of approximately ten individual funds, of which three were established for indigent care. There are no permanently restricted funds with deficiencies as of June 30, 2014 or 2013. 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.

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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, 2014 through August 18, 2014, which was the date the consolidated financial statements were issued.