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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS		<b>D</b> Employer identification number  43-0652680
	% SCOTT JOHNSON Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (314) 434-1500
	232 SOUTH WOODS MILL ROAD		
	City or town, state or province, country, and ZIP or foreign postal code CHESTERFIELD, MO 63017		<b>G</b> Gross receipts \$ 471,324,259
<b>F</b> Name and address of principal officer SCOTT JOHNSON 232 SOUTH WOODS MILL ROAD CHESTERFIELD,MO 63017			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: ▶ WWW.STLUKES-STL.COM		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1866	<b>M</b> State of legal domicile MO

Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities ST LUKE'S IS DEDICATED TO IMPROVE THE HEALTH OF THE COMMUNITY AND TO PROVIDE CARE FOR THE WHOLE PERSON WITH COMPASSION, PROFESSIONAL EXCELLENCE AND RESPECT		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	19
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	18
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	3,755
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	437
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	3,636,415
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-95,220
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) . . . . .	7,448,072	11,936,771
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	425,540,857	454,982,542
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,960,151	3,063,702
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,504,598	641,643
			437,453,678	470,624,658
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	200,293,322	209,729,526
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	45,968	50,394
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶945,216		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	201,042,776	211,124,957
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	401,382,066	420,904,877
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	36,071,612	49,719,781
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	545,728,909	576,354,380
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	156,668,448	157,279,808
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	389,060,461	419,074,572

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer		2016-05-06 Date		
	Scott Johnson VICE PRESIDENT AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KPMG LLP	Preparer's signature KPMG LLP	Date	Check <input type="checkbox"/> if self-employed	PTIN P01646944
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 210 Park Ave Suite 2850  Oklahoma City, OK 73102			Phone no (405) 239-6411	

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

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 \$ 395,890,449 including grants of \$ ) (Revenue \$ 454,982,542 )

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 ▶ 395,890,449

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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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	No
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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	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 "Yes," 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.	123	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	3,755	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b 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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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 . . . . .	19	
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 . . . . .	18	
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	a The governing body? . . . . .	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	No
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	b Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input 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, address, and telephone number of the person who possesses the organization's books and records ▶SCOTT JOHNSON 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017 (314) 434-1500

Part VII

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

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

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

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

- 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

(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			



## Part VII

(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			

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	4,997,167	1,794,546	519,855

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 198

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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,		11,007,609

**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 ▶46

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				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	133,933			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,802,838			
	g	Noncash contributions included in lines 1a-1f \$	2,169,742			
	h	Total. Add lines 1a-1f . . . . .	11,936,771			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code 621110	430,867,597	430,867,597	
	b	PHYSICIAN OFFICES RENTAL INCOME	621110	9,269,778	9,269,778	
	c	RETAIL PHARMACIES	621110	6,199,430	4,701,733	1,497,697
	d	CAFETERIA REVENUE	621110	2,126,429	2,102,602	23,827
	e	NONPATIENT LAB SERVICES	211110	1,861,149		1,861,149
	f	All other program service revenue		4,658,159	4,404,417	253,742
	g	Total. Add lines 2a-2f . . . . .		454,982,542		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,882,834			2,882,834
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)	0 0			
	d	Net rental income or (loss) . . . . .		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 556,000 24,652			
	b	Less cost or other basis and sales expenses		399,784		
	c	Gain or (loss)	556,000 -375,132			
	d	Net gain or (loss) . . . . .		180,868		180,868
	8a	Gross income from fundraising events (not including \$ 133,933 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 402,905			
	b	Less direct expenses . . . . . b	299,817			
	c	Net income or (loss) from fundraising events . . . . .		103,088		103,088
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .		0		
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .		0		
		Miscellaneous Revenue	Business Code			
	11a	MISC REVENUE	621110	538,555		538,555
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .		538,555		
	12	Total revenue. See Instructions . . . . .		470,624,658	451,346,127	3,705,345

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 domestic organizations and domestic governments See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,827,252		3,597,617	229,635
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	164,936,710	158,262,676	6,357,828	316,206
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,503,721	4,104,997	266,330	132,394
9	Other employee benefits . . . . .	25,017,940	23,538,490	1,479,450	
10	Payroll taxes . . . . .	11,443,903	10,767,161	676,742	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	683,882		683,882	
c	Accounting . . . . .	140,000		140,000	
d	Lobbying . . . . .	59,725		59,725	
e	Professional fundraising services See Part IV, line 17	50,394			50,394
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) . . . . .	6,380,082	5,721,904	658,178	
12	Advertising and promotion . . . . .	911,738	14,958	896,780	
13	Office expenses . . . . .	6,493,943	5,356,910	1,095,135	41,898
14	Information technology . . . . .	4,347,374	4,317,924	29,450	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	13,411,312	13,326,913	84,399	
17	Travel . . . . .	490,613	457,655	31,794	1,164
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	92,866	78,290	14,164	412
20	Interest . . . . .	3,798,862	3,798,862		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	23,776,395	23,776,395		
23	Insurance . . . . .	4,589,837	1,663	4,588,174	
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	93,758,243	93,427,570	322,535	8,138
b	CONTRACT SERVICES	12,675,732	11,543,250	1,093,221	39,261
c	REPAIR & MAINTENANCE	6,469,817	6,456,301	13,389	127
d	MEDICAID FRA EXPENSE	21,313,000	21,313,000		
e	All other expenses	11,731,536	9,625,530	1,980,419	125,587
25	Total functional expenses. Add lines 1 through 24e	420,904,877	395,890,449	24,069,212	945,216
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		104,187,000	2	68,247,664
	3	Pledges and grants receivable, net		3,726,593	3	2,740,004
	4	Accounts receivable, net		46,818,441	4	46,291,871
	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		6,161,437	8	6,658,296
	9	Prepaid expenses and deferred charges		6,194,385	9	5,287,788
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a555,428,643			
	b	Less accumulated depreciation	10b357,960,277	198,289,445	10c	197,468,366
	11	Investments—publicly traded securities		152,432,319	11	221,903,280
	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		27,919,289	15	27,757,111
	16	Total assets. Add lines 1 through 15 (must equal line 34)		545,728,909	16	576,354,380
Liabilities	17	Accounts payable and accrued expenses		41,657,101	17	43,808,179
	18	Grants payable		498,238	18	350,951
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		90,430,474	20	86,890,414
	21	Escrow or custodial account liability Complete Part IV of Schedule D		421,135	21	383,100
	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		23,661,500	25	25,847,164
	26	Total liabilities. Add lines 17 through 25		156,668,448	26	157,279,808
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		371,659,973	27	396,155,262
	28	Temporarily restricted net assets		5,664,830	28	4,664,980
	29	Permanently restricted net assets		11,735,658	29	18,254,330
	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		389,060,461	33	419,074,572
	34	Total liabilities and net assets/fund balances		545,728,909	34	576,354,380

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	470,624,658
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	420,904,877
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	49,719,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	389,060,461
5	Net unrealized gains (losses) on investments . . . . .	5	1,231,166
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	-20,936,836
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	419,074,572

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		

Additional Data

Software ID:

Software Version:

EIN: 43-0652680

Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

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

(A) Name and Title	(B) Average hours per week (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			
(1) Eugene M Toombs ..... Chairman	3 0 ..... 1 0	X						0	0	0
(1) David B Price Jr ..... Vice Chairman	3 0 ..... 1 0	X						0	0	0
(2) John A O'Rourke ..... Treasurer	1 0 ..... 1 0	X						0	0	0
(3) Daniel K Stegmann ..... Secretary	1 0 ..... 1 0	X						0	0	0
(4) William W Benedict MD ..... Director	1 0 ..... 1 0	X						0	0	0
(5) Oscar C Berryman ..... Director	1 0 ..... 1 0	X						0	0	0
(6) Philip B Cady Jr ..... Director	1 0 ..... 1 0	X						0	0	0
(7) Norman L Eaker ..... Director	1 0 ..... 1 0	X						0	0	0
(8) The Rev Terry L Epling ..... Director	1 0 ..... 1 0	X						0	0	0
(9) Laurna C Godwin ..... Director	1 0 ..... 1 0	X						0	0	0
(10) The Rev Dr Anita E Hendrix ..... Director	1 0 ..... 1 0	X						0	0	0
(11) Ned O Lemkemeier ..... Director	1 0 ..... 1 0	X						0	0	0
(12) Joseph A Muccini MD ..... Director	1 0 ..... 1 0	X						0	0	0
(13) Jerome G Piontek MD ..... Director	1 0 ..... 1 0	X						0	389,662	8,450
(14) Robert W Reeg ..... Director	1 0 ..... 1 0	X						0	0	0
(15) Annie C Schlafly ..... Director	1 0 ..... 1 0	X						0	0	0
(16) Hugh Scott III ..... Director	1 0 ..... 1 0	X						0	0	0
(17) The Rt Rev G Wayne Smith ..... Director	1 0 ..... 1 0	X						0	0	0
(18) Ann M Sullins ..... Director	1 0 ..... 1 0	X						0	0	0
(19) Mari M Fahrmer MD ..... Director thru 1/15	1 0 ..... 1 0	X						0	0	0
(20) Joseph A Sheehan ..... Secretary thru 9/14	1 0 ..... 2 0	X						0	0	0
(21) William E Cornelius ..... Director thru 9/14	1 0 ..... 1 0	X						0	0	0
(22) John F Eilermann Jr ..... Director thru 9/14	1 0 ..... 2 0	X						0	0	0
(23) Chrstine M Candio ..... President and CEO	48 0 ..... 12 0			X				0	0	0
(24) Gary Olson ..... President and CEO thru 1/15	48 0 ..... 12 0			X				784,040	0	40,385

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			
(26) Scott Johnson ..... Vice President Finance and CFO	36 0 ..... 24 0			X				445,768	0	26,326
(1) David Krajcovic MD ..... Chief Department of Surgery	60 0 ..... 0 0				X			0	252,052	26,635
(2) Paul Mennes MD ..... Chief OF Med thru 09/14	40 0 ..... 25 0				X			0	256,727	10,608
(3) Maged Haikal MD ..... Chief OF Med	40 0 ..... 25 0				X			0	896,105	25,367
(4) Sue Adams ..... Executive Director Development	50 0 ..... 0 0				X			187,111	0	18,083
(5) Jan Hess ..... Vice President	50 0 ..... 0 0				X			240,315	0	38,283
(6) Brenda Kelly ..... VP Surgical Services	50 0 ..... 0 0				X			238,584	0	38,147
(7) William Meyer ..... Chief Information Officer	50 0 ..... 0 0				X			298,379	0	40,385
(8) Don Miller ..... VP Operations	40 0 ..... 10 0				X			285,409	0	29,330
(9) Diane Ray ..... VP Patient Service	50 0 ..... 0 0				X			249,649	0	45,152
(10) Janette Taaffe ..... VP Human Resources	40 0 ..... 10 0				X			226,546	0	29,958
(11) Hope Cranston D'Amato MD ..... Medical Director ICU	60 0 ..... 0 0					X		512,418	0	22,185
(12) Abdul Moheet MD ..... Emergency Department	55 0 ..... 0 0					X		440,970	0	32,826
(13) Enc Jenkins MD ..... CVICU	55 0 ..... 0 0					X		389,497	0	27,283
(14) Barry Hendrickson MD ..... CVICU	55 0 ..... 0 0					X		350,690	0	32,826
(15) Michael Klevens MD ..... Emergency Department	55 0 ..... 0 0					X		347,791	0	27,626

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 <b>Form 1120-POL</b> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		59,725
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.			59,725
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	Part II-B, Line IF Approximately \$59,725 of the dues paid to various trade organizations during the year ended June 30, 2015 is attributable to lobbying activities by the organizations

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ 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 . . . . .	17,400,487	10,849,501	9,856,410	4,281,015	3,141,369
b Contributions . . . . .	7,290,848	8,731,884	1,645,604	6,252	8,000
c Net investment earnings, gains, and losses	247,388	1,146,318	653,884	121,662	1,131,646
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,019,413	3,327,216	1,306,397		
f Administrative expenses . . . . .					
g End of year balance . . . . .	22,919,310	17,400,487	10,849,501	4,408,929	4,281,015

- 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

79 646 %

c

Temporarily restricted endowment

20 354 %

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 . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

**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 . . . . .		15,758,236		15,758,236
b Buildings . . . . .		302,925,045	170,233,507	132,691,538
c Leasehold improvements . . . . .		20,393,065	11,079,717	9,313,348
d Equipment . . . . .		209,896,370	176,647,053	33,249,317
e Other . . . . .		6,455,927		6,455,927
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				197,468,366

Schedule D (Form 990) 2014



**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.

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

**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.

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

**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 ELEVEN 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 2015 OR 2014.

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
43-0652680

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

1

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

a

☒

Mail solicitations

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 4516 Pershing Place  St Louis, MO 63108	CONSULTING		No		30,000	-30,000
2 Nila Paradowski 53 Kinsbury Place  St Louis, MO 63112	CONSULTING		No		20,394	-20,394
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					50,394	-50,394

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 (add col (a) through col (c))	
			<u>Gala</u> (event type)	<u>Bike Tour</u> (event type)	<u>2</u> (total number)		
	1	Gross receipts . . . .	426,852	58,121	51,865	536,838	
	2	Less Contributions . . .	96,580	18,421	18,932	133,933	
	3	Gross income (line 1 minus line 2) . . . .	330,272	39,700	32,933	402,905	
Direct Expenses	4	Cash prizes . . . .					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .					
	7	Food and beverages .	66,995	5,116	5,818	77,929	
	8	Entertainment . . . .	159,488			159,488	
	9	Other direct expenses .	27,006	27,696	7,698	62,400	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(299,817)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					103,088

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 conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

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

Schedule G (Form 990 or 990-EZ) 2014

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

OMB No 1545-0047

2014

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</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><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			
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>	3a	Yes	
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>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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			
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) . . . . .		16,120	5,731,442		5,731,442	1 360 %
b Medicaid (from Worksheet 3, column a) . . . . .		8,182	8,519,628	4,687,923	3,831,705	0 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		24,302	14,251,070	4,687,923	9,563,147	2 270 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,534,290	40,918	1,493,372	0 360 %
f Health professions education (from Worksheet 5) . . . . .			6,429,292	3,193,590	3,235,702	0 770 %
g Subsidized health services (from Worksheet 6) . . . . .		5,805	1,271,789	496,108	775,681	0 180 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			667,399		667,399	0 160 %
j <b>Total</b> Other Benefits . . . . .		5,805	9,902,770	3,730,616	6,172,154	1 470 %
k <b>Total</b> . Add lines 7d and 7j . . . . .		30,107	24,153,840	8,418,539	15,735,301	3 740 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

21,146,414

3Enter 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.

3122,050

4Provide 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.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5127,674,738

6Enter Medicare allowable costs of care relating to payments on line 5.

6132,379,103

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-4,704,365

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement 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 %
1ST LUKE'S CENTER	OUTPATIENT IMAGING MGMT SERV	31.000 %		18.000 %
2FOR DIAGNOSTIC				
3IMAGING LLC				
4ST LUKE'S HOSPITAL	ORTHOPEDIC/MGMT SERVICES	25.000 %	12.500 %	62.500 %
5ORTHOPEDIC SERVICES				
6LLC				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

2  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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 letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SUPPLEMENTAL INFORMATION 2		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SUPPLEMENTAL INFORMATION 3		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

ST LUKE'S HOSPITAL

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.stlukes-stl.com/pay</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.stlukes-stl.com/pay</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		



Part V

Facility Information (continued)

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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	21	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 Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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 Section C	23		No
24	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 Section C	24		No

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 REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SUPPLEMENTAL INFORMATION 2		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SUPPLEMENTAL INFORMATION 3		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

ST LUKE'S REHABILITATION HOSPITAL

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of __% and FPG family income limit for eligibility for discounted care of __%		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.stlukes-stl.com/pay</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.stlukes-stl.com/pay</u>		
<b>d</b>	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST LUKE'S REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) <b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		<b>19</b>	No
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 <b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		<b>21</b>	No
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> 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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</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 <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input type="checkbox"/> Other (describe in Section C) <b>23</b> 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 Section C		<b>23</b>	No
<b>24</b> 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 Section C		<b>24</b>	No

Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

**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? 4

Name and address	Type of Facility (describe)
<b>1</b> ST LUKE'S HOSP SK NURS FAC-SURREY PLACE 14701 OLIVE BLVD CHESTERFIELD,MO 63017	SKILLED NURSING/RESIDENTIAL CARE FACILITY
<b>2</b> ST LUKE'S HOSPITAL HOME HEALTH AGENCY 111 S WOODS MILL RD CHESTERFIELD,MO 63017	HOME HEALTH SERVICES
<b>3</b> ST LUKE'S HOSPITAL HOSPICE 111 S WOODS MILL RD CHESTERFIELD,MO 63017	HOSPICE CARE
<b>4</b> GATEWAY ENDOSCOPY CTR (JV - 20 OWNED) 12855 N 40 DR SUITE 150 ST LOUIS,MO 63141	GASTROINTESTINAL ENDOSCOPY
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 36% LINE 7B UNREIMBURSED MEDICAID 2 03% LINE 7D TOTAL CHARITY CARE AND GOVT PROGRAMS 3 39% LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES 36% LINE 7F HEALTH PROFESSIONS EDUCATION 1 53% LINE 7G SUBSIDIZED HEALTH SERVICES 30% LINE 7I CASH AND IN-KIND CONTRIBUTIONS 16% LINE 7J TOTAL OTHER BENEFITS 2 35% LINE 7K TOTAL FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS 5 74% 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	<p>PART II COMMUNITY BUILDING ACTIVITIES 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</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	PART III, LINES 2 AND 3 COSTING METHODOLOGY COST TO CHARGE RATIO SUPPLEMENTAL INFORMATION 7 PART III, LINE 3 BAD DEBT EXPENSE ST LUKE'S CONSIDERS THIS PORTION OF BAD DEBT EXPENSE A COMMUNITY BENEFIT AS IT IS THE ADDITIONAL COST OF PROVIDIING FINANCIAL ASSISTANCE TO THE COMMUNITY

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	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 9	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 10	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 11	<p>PART VI, LINE 2 NEEDS ASSESSMENT ALSO, SEE ST LUKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2013 ATTACHED 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</p> <ul style="list-style-type: none"> <li>-Obesity and Sedentary Lifestyle</li> <li>-Cancer Screenings and Support Services</li> <li>-Management of Chronic Conditions</li> </ul> <p>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 are also developing an implementation plan with ways to enhance our educational programs and partner with community organizations to improve the quality of life in our community Implementation Plan Highlights are located on the Hospital website- <a href="http://www.stlukes-stl.com">www.stlukes-stl.com</a></p> <ul style="list-style-type: none"> <li>-Health Priority Obesity and Sedentary Lifestyle</li> <li>-Goal Increase number of adults reporting a healthy BMI range (&lt;25) and reporting engaging in regular exercise most days of the week (5 or more)</li> <li>-Strategies <ul style="list-style-type: none"> <li>o Partner with area employers to provide health assessment, risk identification and consultation</li> <li>o Sponsor free or low-cost community events which advocate an "active" lifestyle</li> <li>o Sponsor free Day of Dance event annually which includes BMI screenings</li> <li>o Implement Partnership for a Healthier America program to support healthy eating</li> <li>o Offer free or low-cost weight management classes to the community</li> <li>o Partner with community groups to sponsor walks/runs and healthy lifestyle events</li> </ul> </li> <li>-Health Priority Cancer Screenings and Support Services</li> <li>-Goal Increase number of people receiving age/risk appropriate colonoscopies and mammograms</li> <li>-Strategies <ul style="list-style-type: none"> <li>o Increase # of community sites for mobile mammography</li> <li>o Increase educational opportunities on women's health/breast health</li> <li>o Implement easy referral process for physicians to recommend appropriate screenings</li> </ul> </li> <li>-Goal Identify lung cancer in early stages to decrease morbidity</li> <li>-Strategies <ul style="list-style-type: none"> <li>o Offer free or low-cost CT Lung scans to risk-identified community members through Lung Cancer Screening Program and smoking cessation counseling if appropriate</li> </ul> </li> <li>-Health Priority Prevention of Chronic Conditions</li> <li>-Goal Increase the number of people reporting a normal blood pressure and normal blood glucose</li> <li>-Strategies <ul style="list-style-type: none"> <li>o Provide free blood pressure screenings and free or low-cost cholesterol/glucose screenings with consultation</li> <li>o Provide free community classes for those who have or are at risk for diabetes or heart disease</li> <li>o Utilize HeartCaring materials to educate and increase awareness of prevention of heart disease, especially in women</li> <li>o Educate community members on risk factors of a stroke and steps to take for immediate action if symptomatic</li> </ul> </li> </ul>



Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	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 13	<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</p> <p>SUPPLEMENTAL INFORMATION 14 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 13,000 women have 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 Sr staff member participates on the Episcopal-Presbyterian trust fund board which donates significant monies to help the poor in the city of St Louis - A St Luke's Sr staff member participates on the Chesterfield Development Advisory Board This group provides a sounding board for the Mayor and staff, as well as an opportunity to seek the opinion of local business leaders - St Luke's Community Outreach Department strongly supports the area's school nurses, providing meeting rooms and 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</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	<p>em in their choice of professional 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 offers services from more than 25 locations with services in 60 specialty areas including cardiovascular care and surgery, cancer care, neurosurgery and neurology, orthopedics, maternity and other women's health, general medicine, outpatient services, pediatrics and comprehensive surgical services Given the dramatic growth in the number of people using the internet to obtain information on healthcare, St Luke's utilizes technology resources to improve the health of the community and educate patients and the public by offering the following health information</p> <ul style="list-style-type: none"> <li>- Women's Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect women of all ages</li> <li>- Pediatric Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect newborns, children, and adolescents</li> <li>- Senior Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that become more common as people age</li> <li>- Men's Center - Provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect men of all ages</li> <li>- Multimedia Encyclopedia - Take charge of your health and gain knowledge by watching informative multimedia presentations</li> <li>- Symptom Navigator - "Where does it hurt?" - My Checkups - Know when to schedule important exams</li> <li>- In-Depth reports - 100 topics for advanced study</li> <li>- Pregnancy Health Center - Important information designed to guide you through your pregnancy - you will see how your baby develops each week, find helpful planning tips, and learn what to expect from labor and delivery</li> <li>- Surgery and Procedures - Includes descriptions, visual illustrations and indicators for specific surgeries</li> <li>- Health Care Guides - Educational materials for specific conditions including high blood pressure, high cholesterol, allergies and Type I diabetes</li> <li>- Wellness Tools - Health calculators including body mass index, calorie burner counter, target heart rate, ideal body weight, nutritional needs and waist to hip calculators</li> <li>- Drug Interaction Center - Medication information including description of the medicines, possible interactions and reasons for taking prescribed medications</li> <li>- Drug Notes - Medications in alphabetical order</li> <li>- Body Guide - Interactive guide to all 12 body systems</li> <li>- Animation Player - Visually-rich, multimedia presentation</li> <li>- Heart Aware Risk Assessment - This assessment helps patients assess and identify potential risk of heart disease and other health concerns</li> </ul> <p>St Luke's Hospital Early Detection Center contacts at risk patients to schedule a free follow-up evaluation with a registered heart caring professional This 45-minute appointment includes a free cholesterol/glucose screening, a blood pressure check and personal consultation on screening results</p> <ul style="list-style-type: none"> <li>- Other health aware risk assessments - These online assessments for stroke, spine issues and sleep health, diabetes and lung health provide the community with estimated risk for various conditions</li> </ul> <p>Medical Staff St Luke's Hospital extends medical staff privileges to all qualified physicians in the community for primary care services (i.e. Internal medicine and pediatrics) Of the current 809 physicians on the Medical staff, 94% are board certified</p> <p>Governing Body St Luke's Hospital has 19 voting members on its Board of Directors They include community and corporate leaders as well as physicians and representatives of both the Episcopal and Presbyterian churches</p> <p>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 qual</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 15	PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 16	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 (MHA)



**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
ASIDE FROM SUPPLEMENTAL INFORMATIONS 5, 6, 7 AND 8, THE SUPPLEMENTAL	<p>INFORMATION PROVIDED IN SCHEDULE H, PART V, SECTION C APPLIES TO BOTH ST LUKE'S EPISCOPAL - PRESBYTERIAN HOSPITALS (ST LUKE'S HOSPITAL) AND ST LUKE'S REHABILITATION HOSPITAL (REHA B HOSPITAL) ADDITIONALLY, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COVERS ST LUKE'S HOSPITAL AND THE REHAB HOSPITAL AS IT IS INCLUDED IN ST LUKE'S PROCESS AND STEERING COMMITTEE SUPPLEMENTAL INFORMATION 1 PART V, SECTION B, LINES 5, 6A, and 6B ST LUKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2013 REPORT IS ATTACHED The hospital facility solicited input from area health experts and community leaders, and selected primary and secondary survey sources of input to identify target areas for improvement when conducting the 2013 Community Health Needs Assessment (CHNA) As outlined in the Data Collection section of the St Luke's Hospital Community Health Needs Assessment 2013, the Primary Research Methodology included collaboration with Barnes-Jewish West County Hospital, Missouri Baptist Medical Center, and St Anthony's Medical Center in soliciting input from health experts and individuals with special interest in populations served by these hospitals, specifically in the West and South St Louis county areas Eighteen individuals representing various St Louis County organizations participated in a two-step focus group process The Community Stakeholder Focus Group members (as outlined in Appendix A of the CHNA report) represented the following organizations -American Cancer Society -American Heart Association -Catholic Representative/Catholic Family Services -Chesterfield YMCA -City of Glendale -Jewish Community Center -Manchester United Methodist Church -EMS, Fire Protection District -Mid East Area on Aging -National Council on Alcohol and Drug Abuse -South County Health Center - St Louis County Health Dept -St Louis Suburban School Nurses -St Louis County Council 3rd Dist - Town &amp; Country -United Way -Volunteers in Medicine (FQHC) An initial focus group was conducted to solicit feedback from these individuals on the needs of the St Louis county population Each individual was sent a worksheet to complete prior to the meeting, to identify their perceptions of the greatest healthcare needs in St Louis County, their knowledge of available resources to address those needs, and the greatest gap that exists between need and available resources (see worksheet in Appendix B of CHNA report) Based on feedback from the focus group worksheet, the most frequently mentioned needs in St Louis County were ranked and compared to the biggest concerns identified by St Louis County residents in the 2011 consumer needs assessment The same group of community leaders was invited to a second meeting, where the healthcare needs compiled from the previous meeting were presented, along with available secondary data that aimed to quantify the size of the need At the conclusion of the meeting, community leaders were asked to re-evaluate the identified health care needs in terms of their priority in the community, as well as the ability for community resources to collaborate around them The final results of the perceived priority health needs of St Louis County were ranked based on level of need and ability to collaborate (see Appendix C of CHNA report) To further validate the prioritized needs determined by the focus group, St Luke's Hospital surveyed 1) more than 9,000 women currently enrolled in the St Luke's Spirit of Women program, asking them to rank the top eight health care needs previously identified in order of perceived importance (See these results in Appendix D of CHNA report), 2) Day of Dance participants (free wellness event) completed a health status survey, and results and key findings from the 689 completed surveys were compiled into a group health profile (see Appendix E of CHNA report) In addition, St Luke's Hospital utilized the health profile of the St Luke's employees participating in the Passport to Wellness program This program is available to all St Luke's employees and is designed to encourage all employees to improve their health and quality of life through access to free biometric screenings, as well as health-related educational and activity-based events (see Appendix F of CHNA report) Externally, St Luke's partners with over 195 employer groups representing over 127,000 employees to be proactive in identifying, addressing and reducing employee health risks The community health profile of this group is found in Appendix G of the CHNA report In addition to the Primary Research, St Luke's utilized the following major Secondary Data Sources -2011 St Louis County community Health Needs Assessment -Health Communities Institute -Health People 2020 St Luke's CHNA Advisory Task Force (Appendix H of CHNA report) reviewed and evaluated all primary and secondary data sources and three major healthcare needs emerged obesity and sedentary lifestyles , cancer screening and support services, and manage</p>

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
ASIDE FROM SUPPLEMENTAL INFORMATION 5, 6, 7 AND 8, THE SUPPLEMENTAL	ement of chronic conditions screening and support services, and management of chronic conditions



**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 2	<p>PART V, SECTION B, LINE 7A WEBSITE URL <a href="https://stlukes-stl.com/healthy-communities-institute/index.html">HTTPS //STLUKES-STL COM/HEALTHY-COMMUNITIES-INSTITUTE/INDEX HTML SUPPLEMENTAL INFORMATION 3</a> PART V, SECTION B, LINE 10A WEBSITE URL <a href="https://stlukes-stl.com/healthy-communities-institute/index.html">HTTPS / /STLUKES-STL COM/HEALTHY-COMMUNITIES-INSTITUTE/INDEX HTML SUPPLEMENTAL INFORMATION 4</a> PART V, SECTION B, LINE 11 ST LUKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2013 REPORT IS ATTACHED In the "Other Identified Needs" section of the CHNA report (attached), 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 CHN A 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 -S M 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 &amp; HEALTH LITERACY- Being "health literate", or having s</p>

**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 2	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 that are available throughout the year. In 2015, the hospital group met again to develop a collaborative focus group for community input, which was conducted on July 23, 2015. The hospital group included the previous hospital participants and Mercy Hospital also joined. The research objective was to determine if the needs identified in the 2013 CHNA are still the right focus areas, and assess where there are gaps in the plans to address prioritized needs. The discussion was also intended to identify any emerging needs and anticipated needs to plan for. The organizations represented at the focus group included American Heart Association, St. Louis Suburban School Nurses, Missouri House of Representatives, Catholic Family Services, National Council on Alcoholism & Drug Abuse, Manchester United Methodist Church, South County Health Center, ALIVE, Lemay Fire Protection District, Office of the County Executive, St. Louis Crisis Nursery, Behavioral Health Network, Mid-East area on Aging, St. Louis County Department of Health, Regional Health Commission, Feed My People, American Cancer Society, Jewish Community Center, United Way and People's Health Centers. There was general consensus from participants that the priority issues from the 2013 CHNA should still be the areas of focus. Several issues were identified as areas of concern for consideration for collaboration within the community: Alcohol/Substance Abuse. Incidence has risen substantially, especially for heroin and prescription drug abuse. Fewer treatment services are available for those with addiction, particularly for inpatient treatment. Senior Services/Social Support. The senior population is increasing. It is often difficult for seniors to get transportation to the hospital or physician appointments. Maternal/Child Health. St. Louis County has a high infant mortality rate.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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 5	part v, section b, line 13h St Luke's rehabilitation Hospital MEDICAID PENDING supplemental information 6 PART V, SECTION B, LINE 16 St Luke's rehabilitation Hospital ST LUKE'S REHABILITATION HOSPITAL (THE REHAB HOSPITAL) RECEIVES PATIENTS ON A REFERRAL-ONLY BASIS, MANY OF WHOM ARE REFERRED BY ST LUKE'S HOSPITAL THE REHAB HOSPITAL HONORS THE FINANCIAL ASSISTANCE DETERMINATIONS MADE BY ST LUKE'S HOSPITAL UNDER ITS FINANCIAL ASSISTANCE POLICY, WHICH IS PUBLICIZED WITHIN THE COMMUNITY SERVED BY BOTH FACILITIES supplemental information 7 PART V, SECTION B, LINE 22B St Luke's Hospital 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 were set to be equal to or less than AGB supplemental information 8 PART V, SECTION B, LINE 22B St Luke's Rehabilitation Hospital THE REHAB HOSPITAL RECEIVES PATIENTS ON A REFERRAL-ONLY BASIS, MANY OF WHOM ARE REFERRED BY ST LUKE'S HOSPITAL IN ACCORDANCE WITH ST LUKE'S HOSPITAL'S FAP, THE REHAB HOSPITAL USED THE THREE LOWEST REIMBURSEMENT COMMERCIAL PLANS TO DETERMINE THE MAXIMUM AMOUNTS 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 WERE SET TO BE EQUAL TO OR LESS THAN AGB

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.

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

OMB No 1545-0047

2014

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
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

**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 in column(B) 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 2014.
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 BALANCED 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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jerome G Plontek MD, Director	(i)	0	0	0	0	0	0
	(ii)	389,662	0	0	8,450	398,112	0
Gary Olson, President and CEO thru 1/15	(i)	634,040	150,000	0	29,250	824,425	0
	(ii)	0	0	0	0	0	0
Scott Johnson, Vice President Finance and CFO	(i)	387,718	58,050	0	9,750	472,094	0
	(ii)	0	0	0	0	0	0
David Krajcovic MD, Chief Department of Surgery	(i)	0	0	0	0	0	0
	(ii)	252,052	0	0	15,500	278,687	0
Paul Mennes MD, Chief OF Med thru 09/14	(i)	0	0	0	0	0	0
	(ii)	256,727	0	0	3,185	267,335	0
Maged Haikal MD, Chief OF Med	(i)	0	0	0	0	0	0
	(ii)	896,105	0	0	16,250	921,472	0
Sue Adams, Executive Director Development	(i)	162,093	25,018	0	8,966	205,194	0
	(ii)	0	0	0	0	0	0
Jan Hess, Vice President	(i)	212,722	27,593	0	27,148	278,598	0
	(ii)	0	0	0	0	0	0
Brenda Kelly, VP Surgical Services	(i)	209,377	29,207	0	27,012	276,731	0
	(ii)	0	0	0	0	0	0
William Meyer, Chief Information Officer	(i)	261,125	37,254	0	29,250	338,764	0
	(ii)	0	0	0	0	0	0
Don Miller, VP Operations	(i)	249,055	36,354	0	13,650	314,739	0
	(ii)	0	0	0	0	0	0
Diane Ray, VP Patient Service	(i)	218,041	31,608	0	28,576	294,801	0
	(ii)	0	0	0	0	0	0
Janette Taaffe, VP Human Resources	(i)	198,444	28,102	0	14,439	256,504	0
	(ii)	0	0	0	0	0	0
Hope Cranston D'Amato MD, Medical Director ICU	(i)	512,418	0	0	11,050	534,603	0
	(ii)	0	0	0	0	0	0
Abdul Moheet MD, Emergency Department	(i)	440,970	0	0	16,250	473,796	0
	(ii)	0	0	0	0	0	0
Enc Jenkins MD, CVICU	(i)	389,497	0	0	11,050	416,780	0
	(ii)	0	0	0	0	0	0
Barry Hendrickson MD, CVICU	(i)	350,690	0	0	16,250	383,516	0
	(ii)	0	0	0	0	0	0
Michael Klevens MD, Emergency Department	(i)	347,791	0	0	11,050	375,417	0
	(ii)	0	0	0	0	0	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.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 VI		X		X		X
B	HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	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	Amount of bonds retired	0		13,680,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	57,062,584		45,299,701					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	549,996		551,581					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	31,129,830		0					
11	Other spent proceeds	25,311,196		44,748,120					
12	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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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, COLUMNS 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.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2014**  
Open to Public Inspection

Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	Employer identification number 43-0652680
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting 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 IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ST LUKE'S ORTHO SERV LLC	SEE PART V BELOW	363,141	SEE PART V BELOW		No

**Part V Supplemental Information**  
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Supplemental Information 1	PART IV, LINE 1 The interested person is more than 5% owned by Dr Jerome Piontek, current director BREAK OUT OF TRANSACTIONS \$ 519,999 MANAGEMENT SERVICES (20,000) GUARANTEED PAYMENTS (136,858) PARTNERSHIP DISTRIBUTIONS ----- \$ 363,141 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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	21	2,169,742	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? . . . . .

30a

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

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, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF INDIVIDUAL CONTRIBUTIONS RECEIVED
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 990-EZ 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](http://www.irs.gov/form990).**

**2014****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

**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 25 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, 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 (2007-2015) 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 2015 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 fifth year in a row (2011-2015) that St Luke's has received this award St Luke's Hospital has received the 2015 Healthgrades Women's Health Excellence Award for the seventh year in a row St Luke's is the only Missouri hospital to achieve the Healthgrades honor this many consecutive years (2009-2015) 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, 2010-2015 and Top Workplaces, from the St Louis Post-Dispatch, 2014 and 2015 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, bladder 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 -</p>

Return Reference	Explanation	
GENERAL STATEMENT 2 (CONTINUED)		<p>Women's Health - St Luke's helps educate women about important health topics that impact their health and the health of their families. More than 13,000 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.</p> <p>- St Luke's Passport to Wellness program partners with more than 100 local employers for 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 much healthcare dollars will be spent and identify potential savings through the attainment of a healthier workforce.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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).</p> <p>- 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.</p> <p>- 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 the childhood obesity epidemic within a generation, St Luke's is committed to enhancing on-site food offering.</p>

Return Reference	Explanation
GENERAL STATEMENT 3	Part VI, Section A, Line 2 The follow ing persons have a business relationship Joseph A Sheehan Scott Johnson John F Elermann, Jr Don Miller

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, Line 12c 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 \$5,830,686 1341 NORTH ROCK HILL ROAD ST LOUIS, MO 63124 ICS Construction Services LTD Construction Services \$1,357,956 2930 MARKET STREET St LOUIS, MO 63103 Armstrong Teasdale Legal Services \$1,330,519 7700 Forsyth Blvd St Louis, Mo 63105 Nuance Communications Transcription Services \$1,255,465 P O Box 2561 Carol Stream, IL 60132 Quest Diagnostics Lab Services \$1,232,983 3 giralda farms madison, nj 07940

Return Reference	Explanation
GENERAL STATEMENT 10	Part VIII, Line 10C 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 (3,796,015) Transfer to Medical Group (13,453,395) Change in Restricted Assets (3,687,426) ----- (20,936,836)

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.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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) Disproporionate 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

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

1s

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	13,453,395	FMV
(2) ST LUKE'S MEDICAL GROUP	p	3,999,996	FMV

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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