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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

% SCOTT JOHNSON

Doing business as

Number and street (or P O box if mail is not delivered to street address)

232 SOUTH WOODS MILL ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CHESTERFIELD, MO 63017

F Name and address of principal officer

SCOTT JOHNSON

232 SOUTH WOODS MILL ROAD

CHESTERFIELD, MO 63017

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.STLUKES-STL.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1866

M State of legal domicile

MO

Part I Summary

Activities & Governance

1 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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

16

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

16

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

4,053

6 Total number of volunteers (estimate if necessary)

6

391

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

3,382,896

b Net unrelated business taxable income from Form 990-T, line 34

7b

-28,531

Revenue

8 Contributions and grants (Part VIII, line 1h)

3,386,204

18,519,923

9 Program service revenue (Part VIII, line 2g)

460,237,641

466,136,447

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

4,200,084

6,454,854

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-202,917

629,231

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

467,621,012

491,740,455

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

97,025

70,440

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

217,592,337

223,289,251

16a Professional fundraising fees (Part IX, column (A), line 11e)

30,000

30,000

b Total fundraising expenses (Part IX, column (D), line 25) ▶942,333

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

217,054,256

220,938,754

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

434,773,618

444,328,445

19 Revenue less expenses Subtract line 18 from line 12

32,847,394

47,412,010

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

597,698,657

656,293,534

21 Total liabilities (Part X, line 26)

174,932,208

163,517,591

22 Net assets or fund balances Subtract line 21 from line 20

422,766,449

492,775,943

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

2018-05-08

Date

SCOTT JOHNSON SR VP FINANCE/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

STEPHANIE L BAILEY

Preparer's signature

STEPHANIE L BAILEY

Date

2018-05-09

Check ☐ if self-employed

PTIN P01646944

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 210 Park Ave Suite 2650

Phone no (405) 239-6411

Oklahoma City, OK 73102

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 \$ 417,154,969	including grants of \$ 70,440	(Revenue \$ 466,136,447)
See Additional Data				






















4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	417,154,969
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Yes	
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	216
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,053
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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? Note. 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		
	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		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	Yes	
b	Other officers or key employees of the organization.	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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.

☐ Own website ☐ Another's website ☒ Upon request ☐ 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

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

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

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

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

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

[illegible]

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,667,073	2,828,467	554,117

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 ▶ 212

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
See Schedule O General Statement 9,		27,901,095
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 ▶ 55		

Part VIII Statement of RevenueCheck 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	77,297			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,442,626			
	g Noncash contributions included in lines 1a-1f \$ _____		838,878			
	h Total. Add lines 1a-1f ▶		18,519,923			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUE	622110	441,649,738	441,649,738		
	b PHYSICIAN OFFICES RENTAL INCOME	621111	9,945,207	9,945,207		
	c RETAIL PHARMACIES	446110	6,654,340	5,645,221	1,009,119	
	d CAFETERIA INCOME	622110	2,029,147	1,994,235	34,912	
	e NONPATIENT LAB SERVICES	621500	2,124,115		2,124,115	
	f All other program service revenue		3,733,900	3,519,150	214,750	
	g Total. Add lines 2a-2f ▶		466,136,447			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,113,549			5,113,549
	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				
		1,391,403 8,635				
	b Less cost or other basis and sales expenses					
		58,733				
	c Gain or (loss)	1,391,403 -50,098				
	d Net gain or (loss) ▶		1,341,305			1,341,305
	8a Gross income from fundraising events (not including \$ 77,297 of contributions reported on line 1c) See Part IV, line 18 a		359,956			
	b Less direct expenses b		264,300			
	c Net income or (loss) from fundraising events ▶		95,656			95,656
	9a Gross income from gaming activities See Part IV, line 19 a		0			
b Less direct expenses b		0				
c Net income or (loss) from gaming activities ▶		0				
10a Gross sales of inventory, less returns and allowances a		0				
b Less cost of goods sold b		0				
c Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue	Business Code					
11a MISC REVENUE	900099	242,736			242,736	
b GAIN ON EARLY EXTINGUISHMENT OF DEBT	621111	290,839			290,839	
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		533,575				
12 Total revenue. See Instructions ▶		491,740,455	462,753,551	3,382,896	7,084,085	

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.	70,440	70,440		
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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,351,491		3,150,402	201,089
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.	174,741,205	167,136,580	7,164,341	440,284
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,923,845	4,475,220	285,984	162,641
9 Other employee benefits.	28,176,282	26,539,761	1,636,521	
10 Payroll taxes.	12,096,428	11,393,849	702,579	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	791,987		791,987	
c Accounting.	130,104		130,104	
d Lobbying.	43,706		43,706	
e Professional fundraising services. See Part IV, line 17.	30,000			30,000
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).	6,818,975	5,656,703	1,162,272	
12 Advertising and promotion.	1,111,099	22,417	1,088,682	
13 Office expenses.	6,357,244	5,040,999	1,277,174	39,071
14 Information technology.	4,699,727	4,667,394	32,333	
15 Royalties.	0			
16 Occupancy.	12,406,005	12,315,800	90,205	
17 Travel.	517,887	473,281	44,356	250
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	53,849	48,376	5,473	
20 Interest.	2,813,445	2,813,445		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	24,037,624	24,037,624		
23 Insurance.	4,533,915		4,533,915	
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	102,050,037	101,773,297	271,463	5,277
b CONTRACT SERVICES	14,557,482	12,961,478	1,580,808	15,196
c REPAIR & MAINTENANCE	6,441,009	6,422,663	18,346	
d MEDICAID FRA EXPENSE	22,476,000	22,476,000		
e All other expenses	11,098,659	8,829,642	2,220,492	48,525
25 Total functional expenses. Add lines 1 through 24e.	444,328,445	417,154,969	26,231,143	942,333
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		78,592,359	2	74,265,232
	3	Pledges and grants receivable, net		3,454,341	3	7,247,021
	4	Accounts receivable, net		46,912,314	4	43,765,618
	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		6,730,703	8	6,700,216
	9	Prepaid expenses and deferred charges		5,396,706	9	5,523,116
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 623,702,814			
	b	Less: accumulated depreciation	10b 400,172,053	204,733,732	10c	223,530,761
	11	Investments—publicly traded securities		222,459,295	11	260,490,784
	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		29,419,207	15	34,770,786
16	Total assets. Add lines 1 through 15 (must equal line 34)		597,698,657	16	656,293,534	
Liabilities	17	Accounts payable and accrued expenses		42,403,719	17	39,829,620
	18	Grants payable		299,887	18	500,510
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		92,869,102	20	95,772,409
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		343,650	21	319,810
	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.		39,015,850	25	27,095,242
	26	Total liabilities. Add lines 17 through 25		174,932,208	26	163,517,591
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		399,136,313	27	463,442,366
	28	Temporarily restricted net assets		5,429,855	28	10,351,786
	29	Permanently restricted net assets		18,200,281	29	18,981,791
	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		422,766,449	33	492,775,943	
34	Total liabilities and net assets/fund balances		597,698,657	34	656,293,534	

Part XI Reconciliation of Net AssetsCheck 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	491,740,455
2	Total expenses (must equal Part IX, column (A), line 25)	2	444,328,445
3	Revenue less expenses Subtract line 2 from line 1	3	47,412,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	422,766,449
5	Net unrealized gains (losses) on investments	5	20,397,697
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	2,199,787
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	492,775,943

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 43-0652680

Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O, GENERAL STATEMENT 2

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Eugene M Toombs Chairman	3 0 1 0	X							0	0	0	
Daniel K Stegmann Vice Chairman	3 0 1 0	X							0	0	0	
Norman L Eaker Treasurer	1 0 1 0	X							0	0	0	
Ann M Sullins Secretary	1 0 1 0	X							0	0	0	
William W Benedict MD Director	1 0 1 0	X							0	0	0	
Oscar C Berryman Director	1 0 1 0	X							0	0	0	
Philip B Cady Jr Director	1 0 1 0	X							0	0	0	
The Rev Terry L Epling Director Thru 12/31/16	1 0 1 0	X							0	0	0	
Edward L Glotzbach Director	1 0 1 0	X							0	0	0	
Laurna C Godwin Director	1 0 1 0	X							0	0	0	

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ned O Lemkemeier Director	1 0 1 0	X						0	0	0
Cynthia A Maritz Director	1 0 1 0	X						0	0	0
John Mason MD Director	1 0 1 0	X						0	0	0
Caroline A Morgan MD Director Thru 12/31/16	1 0 1 0	X						0	0	0
David B Price Jr Director Thru 12/31/16	1 0 1 0	X						0	0	0
Robert W Reeg Director	1 0 1 0	X						0	0	0
Hugh Scott III Director	1 0 1 0	X						0	0	0
The Rt Rev G Wayne Smith Director	1 0 1 0	X						0	0	0
Daniel G Wagner MD Director	1 0 1 0	X						0	0	0
Christine Candio President and CEO	48 0 12 0			X				864,285	0	20,934

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			
Diane Ray VP Patient Services	50 0 0 0				X			247,488	0	40,440
Janette Taaffe VP Human Resources	50 0 0 0				X			230,069	0	32,070
Talat Nawas MD Hospitalist	60 0 0 0					X		1,702,160	0	34,939
Hope Cranston D'Amato MD Medical Director ICU	60 0 0 0					X		535,575	0	26,234
Eric Jenkins MD CVICU	55 0 0 0					X		467,480	0	28,636
Michael Klevens MD Emergency Department	55 0 0 0					X		433,591	0	31,285
Abdul Moheet MD Emergency Department	55 0 0 0					X		404,972	0	34,939
Jerome G Piontek MD Former Director	0 0 0 0						X	0	382,602	28,233

SCHEDULE A (Form 990 or 990-EZ)	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 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS		Employer identification number 43-0652680

Part I 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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)		

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	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.	2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

If the organization answered "Yes" on 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" on 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" on 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 Form 1120-POL for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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?

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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 on 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	43,706
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		43,706
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 1F Approximately \$43,706 of the dues paid to various trade organizations for the year ended in June 30, 2017 are attributable to lobbying activities by the organizations

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129019128	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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" on 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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 on 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 on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	23,630,136	22,919,310	17,400,487	10,849,501	9,856,410
b Contributions	7,590,253	2,244,191	7,290,848	8,731,884	1,645,604
c Net investment earnings, gains, and losses	781,010	-63,398	247,388	1,146,318	653,884
d Grants or scholarships					
e Other expenditures for facilities and programs	2,667,822	1,469,967	2,019,413	3,327,216	1,306,397
f Administrative expenses					
g End of year balance	29,333,577	23,630,136	22,919,310	17,400,487	10,849,501

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

64 710 %

b

Permanent endowment

35 290 %

c

Temporarily restricted endowment

The percentages on 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" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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		17,267,851		17,267,851
b Buildings		349,530,183	191,674,213	157,855,970
c Leasehold improvements		24,247,396	13,072,350	11,175,046
d Equipment		227,312,716	195,425,490	31,887,226
e Other		5,344,668		5,344,668
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				223,530,761

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	8,458,000
(2) ORGANIZATION COSTS	2,040
(3) SPECIAL PURPOSE FUND	3,104,765
(4) ESCROW DEPOSITS	10,253,567
(5) INVESTMENTS	8,054,042
(6) FINANCING COSTS	64,717
(7) INTERCOMPANY RECEIVABLE	815,655
(8) DUE TO MEDICARE	4,018,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	34,770,786

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
DEFERRED COMPENSATION	8,458,000	
INSURANCE RESERVES & OTHER	13,412,366	
PENSION LIABILITY	3,162,782	
MEDICARE REIMBURSEMENT/SETTLEMENT	1,947,633	
OTHER CURRENT LIABILITIES	114,461	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	27,095,242	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0652680
Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	8,458,000
(2) ORGANIZATION COSTS	2,040
(3) SPECIAL PURPOSE FUND	3,104,765
(4) ESCROW DEPOSITS	10,253,567
(5) INVESTMENTS	8,054,042
(6) FINANCING COSTS	64,717
(7) INTERCOMPANY RECEIVABLE	815,655
(8) DUE TO MEDICARE	4,018,000

Supplemental 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 F OR SKILLED NURSING FACILITY PRIVATE PAY RESIDENTS

Supplemental Information	
Return Reference	Explanation
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

Supplemental Information	
Return Reference	Explanation
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 2017 OR 2016

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" on 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.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					30,000	-30,000

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" on 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 <u>Bike Tour</u> (event type)	(b) Event #2 <u>Gala</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	49,443	335,538	52,272	437,253
	2 Less Contributions	2,763	54,930	19,604	77,297
	3 Gross income (line 1 minus line 2)	46,680	280,608	32,668	359,956
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,792	142,254	6,810	155,856
	7 Food and beverages	4,179			4,179
	8 Entertainment				
	9 Other direct expenses	16,891	85,327	2,047	104,265
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				264,300
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				95,656

Part III Gaming. Complete if the organization answered "Yes" on 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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary 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 activity 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 ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on 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

2016

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		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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 %		
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)		17,895	6,057,287		6,057,287	1 360 %
b Medicaid (from Worksheet 3, column a)		8,329	8,716,661	5,484,524	3,232,137	0 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		26,224	14,773,948	5,484,524	9,289,424	2 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,860,627	92,366	1,768,261	0 400 %
f Health professions education (from Worksheet 5)			6,727,757	3,392,478	3,335,279	0 750 %
g Subsidized health services (from Worksheet 6)		5,680	1,600,859	548,470	1,052,389	0 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			587,194		587,194	0 130 %
j Total. Other Benefits		5,680	10,776,437	4,033,314	6,743,123	1 520 %
k Total. Add lines 7d and 7j		31,904	25,550,385	9,517,838	16,032,547	3 610 %

Part II

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,006,561	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	133,915	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	127,713,024
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	136,212,935
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-8,499,911
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST LUKE'S CENTER	OUTPATIENT IMAGING MGMT SERV	31 %		18 %
2 FOR DIAGNOSTIC				
3 IMAGING LLC				
4 ST LUKE'S HOSPITAL	ORTHOPEDIC/MGMT SERVICES	37.5 %	12.5 %	50 %
5 ORTHOPEDIC SERVICES				
6 LLC				
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

Community Health Needs Assessment

	Yes	No
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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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
6 a 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) <u>SEE SUPPLEMENTAL INFORMATION 2</u>		
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 <u>15</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION 3</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

Financial Assistance Policy (FAP)

		ST LUKE'S HOSPITAL	
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
c <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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW STLUKES-STL COM/PAY			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW STLUKES-STL COM/PAY			
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <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)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
If "No," indicate why			
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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
6 a 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) <u>SEE SUPPLEMENTAL INFORMATION 2</u>		
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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION 3</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

Financial Assistance Policy (FAP)

ST LUKE'S REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 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	13 Yes	
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? 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)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW STLUKES-STL COM/PAY		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW STLUKES-STL COM/PAY		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <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)		
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

ST LUKE'S REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 19 (check all that apply)			
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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?	21		No
If "No," indicate why			
a <input checked="" 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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST LUKE'S REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART I, LINE 7G N/A

990 Schedule H, Supplemental Information

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 1 96% LINE 7D TOTAL CHARITY CARE AND GOVT PROGRAMS 3 32% LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES 42% LINE 7F HEALTH PROFESSIONS EDUCATION 1 51% LINE 7G SUBSIDIZED HEALTH SERVICES 36% LINE 7I CASH AND IN-KIND CONTRIBUTIONS 13% LINE 7J TOTAL OTHER BENEFITS 2 42% LINE 7K TOTAL FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS 5 75% BAD DEBT EXPENSE SUBTRACTED FROM LINE 7, COLUMN (F) N/A-BAD DEBT IS A REDUCTION OF PATIENT REVENUE

990 Schedule H, Supplemental Information

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>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 PROVIDING FINANCIAL ASSISTANCE TO THE COMMUNITY

990 Schedule H, Supplemental Information

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 "

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	<p>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</p>

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 2016 ATTACHED ST LUKE'S HOSPITAL HAS A STRONG COMMITMENT TO THE HEALTH OF OUR COMMUNITY THROUGH THE HOSPITAL AND MORE THAN 26 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 AND BUILDING ON THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT, THE PRIMARY AREAS OF FOCUS FOR OUR IMPLEMENTATION PLAN INCLUDE -OBESITY AND SEDENTARY LIFESTYLE -CANCER SCREENINGS AND SUPPORT SERVICES -MANAGEMENT OF CHRONIC CONDITIONS ST LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT AND REPORT IS THE PRODUCT OF A 12-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 ALSO PREPARED AN UPDATED IMPLEMENTATION PLAN (NOVEMBER OF 2016) 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 - HTTPS://WWW.STLUKES-STL.COM -HEALTH PRIORITY OBESITY AND SEDENTARY LIFESTYLE- GOAL OFFER TOOLS TO HELP COMBAT RISING RATES OF ADULTS WHO ARE OBESE OR OVERWEIGHT, ENCOURAGE ACTIVE LIFESTYLES -HEALTH PRIORITY CANCER SCREENINGS AND SUPPORT SERVICES- GOAL PROVIDE EDUCATION AND SCREENINGS TO HELP IDENTIFY CANCERS EARLIER OFFER COMPREHENSIVE EDUCATION AND SUPPORT SERVICES TO CANCER PATIENTS -HEALTH PRIORITY MANAGEMENT OF CHRONIC CONDITIONS- GOAL DECREASE RISK OF HEART DISEASE BY TARGETING HYPERTENSION AND TYPE 2 DIABETES AFTER EVALUATING THESE HEALTH PRIORITIES, WE ESTABLISHED AN IMPLEMENTATION PLAN THAT INCORPORATED THESE INTO TWO HEALTH ISSUE GOALS 1) AWARENESS OF LIFESTYLE RISK FACTORS TO PREVENT HEART DISEASE THREE YEAR GOAL FOR IMPROVEMENT BY 2019, INCREASE BY 2% THE NUMBER OF ADULTS IN OUR DEFINED COMMUNITY SCREENED AND COUNSELED FOR BMI, BLOOD PRESSURE, CHOLESTEROL OR GLUCOSE LEVELS THROUGH COMMUNITY EDUCATION PROGRAMS AND SCREENINGS TO PREVENT RISK OF HEART DISEASE o STRATEGIES -EDUCATE ADULTS IN OUR COMMUNITY ON THE RISK FACTORS OF PRE-DIABETES, HYPERTENSION, ETC -OFFER FREE OR LOW-COST WEIGHT MANAGEMENT RESOURCES -PROVIDE SCREENINGS FOR ADULTS IN OUR COMMUNITY TO IDENTIFY THOSE WITH ABNORMAL GLUCOSE, BLOOD PRESSURE OR CHOLESTEROL LEVELS o ACTIONS -PROVIDE EDUCATION/FREE OR LOW-COST SCREENINGS FOR BLOOD PRESSURE, CHOLESTEROL OR GLUCOSE AT COMMUNITY EVENTS -UTILIZE ST LUKE'S WEBSITE TO PROVIDE EDUCATION AND RESOURCE MATERIALS RELATED TO PREVENTION OF HEART DISEASE -EVALUATE OPPORTUNITIES TO PARTICIPATE IN COMMUNITY PARTNERSHIPS (SEE PARTNERS IN IMPLEMENTATION PLAN ON ST LUKES WEBSITE) o PROCESS AND OUTCOME MEASURES -INCREASE BY 2% THE NUMBER OF ADULTS ATTENDING PRE-DIABETES AND/OR MANAGEMENT OF DIABETES EDUCATION CLASSES -THROUGH A POST-CLASS EVALUATION, >95% OF ATTENDEES AT DIABETES PROGRAMS REPORT A GREATER UNDERSTANDING OF RISK PREVENTION AND/OR DIABETES MANAGEMENT -INCREASE BY 2% THE NUMBER OF ADULTS SCREENED FOR BLOOD PRESSURE, CHOLESTEROL OR GLUCOSE -100% OF THOSE SCREENED FOR BLOOD PRESSURE, CHOLESTEROL OR GLUCOSE RECEIVE CONSULTATION BY A HEALTH PROFESSIONAL ON HOW TO REDUCE THEIR LIFESTYLE RISK FACTORS THIS WILL EVENTUALLY LEAD TO BETTER HEALTH OUTCOMES RELATED TO MORBIDITY, MORTALITY, LIFE EXPECTANCY, HEALTHCARE EXPENDITURES, HEALTH STATUS AND FUNCTIONAL LIMITATIONS 2) AWARENESS OF PREVENTIVE CANCER SCREENINGS AND RESOURCES THREE YEAR GOAL FOR IMPROVEMENT BY 2019, INCREASE BY 2% THE NUMBER OF ADULTS IN WEST ST LOUIS COUNTY REPORTED HAVING HAD A SCREENING FOR BREAST CANCER (WOMEN 40+), COLON CANCER (50+) OR LUNG CANCER (THOSE AT HIGH RISK) o STRATEGIES -EDUCATE THE ADULTS IN OUR COMMUNITY ON THE RECOMMENDED SCREENINGS FOR BREAST, COLON AND LUNG CANCER AND RESOURCES AVAILABLE IN THE COMMUNITY -OFFER ACCESS TO MAMMOGRAPHY, COLONOSCOPY AND LUNG CANCER SCREENINGS -PROVIDE A LUNG CANCER COORDINATOR TO IDENTIFY THOSE AT RISK FOR LUNG CANCER o ACTIONS -DISTRIBUTE EDUCATION MATERIALS TO INCREASE AWARENESS OF SCREENING GUIDE</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	<p> LINES FOR BREAST, COLON AND LUNG CANCER -UTILIZE MOBILE MAMMOGRAPHY VAN TO PROVIDE EASIER ACCESS TO SCREENING MAMMMOGRAMS -EDUCATE THE COMMUNITY AND RECOMMEND TO PATIENTS AGE/RISK APPROPRIATE CANCER SCREENINGS -PROVIDE EDUCATION AND RESOURCES AT COMMUNITY AND WORKSITE W ELLNESS PROGRAMS -CONDUCT REGULAR EMAIL DATABASE CAMPAIGNS TO INCREASE AWARENESS OF RISK A ND WHEN TO GET APPROPRIATE SCREENINGS SEE PARTNERS IN IMPLEMENTATION PLAN OVERVIEW ON ST LUKES WEBSITE o PROCESS AND OUTCOME MEASURES -INCREASE BY 2% THE NUMBER OF SPIRIT OF WOMEN MEMBERS RECEIVING PANEL CARD ON PREVENTIVE/RISK APPROPRIATE SCREENINGS FOR BREAST, COLON AND LUNG CANCER -ST LUKES MEDICAL GROUP PHYSICIANS WILL INCREASE QUALITY PERFORMANCE SCOR ES RELATED TO RECOMMENDED AGE/RISK APPROPRIATE COLON CANCER SCREENINGS BY 15% -INCREASE BY 2% THE NUMBER OF HIGH-RISK ADULTS SCREENED FOR LUNG CANCER -INCREASE MOBILE MAMMOGRAPHY V AN SITES BY FIVE SITES </p>

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	<p>PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE PATIENTS ARE INFORMED ABOUT ST LUKE'S FINANCIAL ASSISTANCE AND THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL PROGRAMS 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 OPTIONS AND FINANCIAL ASSISTANCE - DISCUSSIONS ABOUT FINANCIAL ASSISTANCE OCCUR WHEN SPEAKING WITH ANY PATIENTS ON THE PHONE PRIOR TO AND/OR AFTER THEIR SERVICE - INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY IS LOCATED VIA THE WEBSITE - BILLING STATEMENTS - REGISTRATION BOOKLETS/BROCHURES - CASHIER'S OFFICE - REGISTRATION AREAS - BILLING OFFICE - SOCIAL SERVICES/CARE MANAGEMENT - FINANCIAL COUNSELORS SCREEN PATIENTS FOR MEDICAID ELIGIBILITY TO ASSIST WITH ENROLLMENT IN THE STATE MEDICAID PROGRAM - CERTIFIED APPLICATION COUNSELORS ARE AVAILABLE TO PATIENTS AND MEMBERS OF THE COMMUNITY TO ASSIST THEM WITH ENROLLING IN AN INSURANCE PLAN ON THE MARKETPLACE</p>

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	PART VI, LINE 4 COMMUNITY INFORMATION ST LUKE'S SERVES THE REGION FROM MORE THAN 26 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.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	<p>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 STAFF MEMBER PARTICIPATES ON THE EPISCOPAL-PRESBYTERIAN TRUST FUND BOARD WHICH DONATES SIGNIFICANT MONIES TO HELP THE POOR IN THE CITY OF ST LOUIS - A ST LUKE'S STAFF MEMBER PARTICIPATES ON THE CHESTERFIELD DEVELOPMENT ADVISORY BOARD THIS GROUP PROVIDES A SOUNDING BOARD FOR THE MAYOR AND STAFF, AS WELL AS AN OPPORTUNITY TO SEEK THE OPINION OF LOCAL BUSINESS LEADERS - ST LUKE'S COMMUNITY OUTREACH DEPARTMENT STRONGLY SUPPORTS THE AREA'S SCHOOL NURSES, PROVIDING MEETING ROOMS AND MISSOURI NURSING ASSOCIATION (MONA) CREDIT HOURS FOR THEIR EDUCATIONAL MONTHLY MEETINGS AND AN ANNUAL "CONCEPTS IN SCHOOL NURSING" WORKSHOP FOCUS IS ON THE KEY "HOT TOPICS" SCHOOL NURSES MUST ADDRESS TO KEEP STUDENTS HEALTHY AND SAFE IN THE SCHOOL ENVIRONMENT - ST LUKE'S HAS PARTICIPATED IN THE ST LOUIS INTERNSHIP PROGRAM FOR NEARLY 15 YEARS THIS PROGRAM IS DESIGNED TO INVEST IN OUR COMMUNITY BY OFFERING SUPPORT IN LIFE SKILLS AND INSPIRATION TO UNDERSERVED HIGH SCHOOL STUDENTS AS A CORPORATE PARTNER, ST LUKE'S HELPS THESE STUDENTS REALIZE THEIR POTENTIAL BY EXPOSING THEM TO HEALTHCARE JOB OPPORTUNITIES AND PROVIDING THEM WITH MEANINGFUL WORK DURING AN 8 WEEK SUMMER INTERNSHIP EACH SUMMER, ST LUKE'S SPONSORS 4-8 HIGH SCHOOL INTERNS ST LUKE'S HAS BEEN RECOGNIZED BY THE BOARD OF THE ST LOUIS INTERNSHIP PROGRAM FOR THE HOSPITAL'S CONSISTENT DEDICATION TO THESE YOUTH AND FOR THE HIGH MARKS THE INTERNS GIVE THE HOSPITAL FOR THEIR PROFESSIONAL WORK EXPERIENCE APPROXIMATELY 95 PERCENT OF THE INTERNS GRADUATE FROM HIGH SCHOOL AND GO ON TO POST-SECONDARY EDUCATION OR TRAINING ST LUKE'S IS A PROUD PARTICIPANT IN THE PROGRAM, BELIEVING THAT THE ENTIRE COMMUNITY BENEFITS BECAUSE THE PROGRAM INCREASES THE SKILLED TALENT IN THE WORKFORCE AND CULTIVATES FUTURE ST LOUIS LEADERS - ST LUKE'S ALSO PARTNERS WITH ACADEMIC FACILITIES THROUGHOUT THE REGION BY PROVIDING SUPERVISED INTERNSHIPS FOR COLLEGE AND GRADUATE STUDENTS IN VARIOUS HEALTHCARE FIELDS (NURSING, PHYSICAL THERAPY, HOSPITAL ADMINISTRATION, HEALTH INFORMATION SERVICES, SOCIAL SERVICES, ETC) THESE INTERNSHIPS PROVIDE NEW GRADUATES WITH THE REAL LIFE PROFESSIONAL EXPERIENCES THEY NEED PRIOR TO ENTERING THE WORKFORCE AS A HEALTHCARE PROFESSIONAL - ST LUKE'S OFFERS USE OF ITS INSTITUTE FOR HEALTH EDUCATION AUDITORIUM AND MEETING SPACE FREE OF CHARGE TO AREA NON-PROFITS FOR HEALTH EDUCATION AND SUPPORT GROUPS - ST LUKE'S PHYSICIANS AND HEALTH EDUCATORS AUTHOR TWO HEALTH COLUMNS IN THE ST LOUIS POST-DISPATCH NEWSPAPER EACH MONTH TO RAISE AWARENESS ABOUT KEY HEALTH TOPICS THE PHYSICIANS AND HEALTH EDUCATORS ALSO CONDUCT MEDIA INTERVIEWS FOR PRINT AND TELEVISION ON KEY HEALTH TOPICS TO HELP EDUCATE THE PUBLIC ON DIAGNOSIS AND TREATMENTS FOR VARIOUS MEDICAL CONDITIONS - ST LUKE'S WORKS WITH AREA PUBLIC AND PRIVATE HIGH SCHOOLS AND COLLEGES TO PROVIDE "SHADOWING" EXPERIENCES FOR STUDENTS INTERESTED IN THE MEDICAL PROFESSION THIS ENABLES STUDENTS TO GAIN ADDITIONAL KNOWLEDGE TO HELP GUIDE THEM IN THEIR CHOICE OF PROFESSIONAL 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 26 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</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	<p>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 - WOMEN'S CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT AFFECT WOMEN OF ALL AGES - PEDIATRIC CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT AFFECT NEWBORNS, CHILDREN, AND ADOLESCENTS - SENIOR CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT BECOME MORE COMMON AS PEOPLE AGE - MEN'S CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT AFFECT MEN OF ALL AGES - MULTIMEDIA ENCYCLOPEDIA - TAKE CHARGE OF YOUR HEALTH AND GAIN KNOWLEDGE BY WATCHING INFORMATIVE MULTIMEDIA PRESENTATIONS - SYMPTOM NAVIGATOR - "WHERE DOES IT HURT?" - MY CHECKUPS - KNOW WHEN TO SCHEDULE IMPORTANT EXAMS - IN-DEPTH REPORTS - 100 TOPICS FOR ADVANCED STUDY - PREGNANCY HEALTH CENTER - IMPORTANT INFORMATION DESIGNED TO GUIDE YOU THROUGH YOUR PREGNANCY - YOU WILL SEE HOW YOUR BABY DEVELOPS EACH WEEK, FIND HELPFUL PLANNING TIPS, AND LEARN WHAT TO EXPECT FROM LABOR AND DELIVERY - SURGERY AND PROCEDURES - INCLUDES DESCRIPTIONS, VISUAL ILLUSTRATIONS AND INDICATORS FOR SPECIFIC SURGERIES - HEALTH CARE GUIDE S - EDUCATIONAL MATERIALS FOR SPECIFIC CONDITIONS INCLUDING HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, ALLERGIES AND TYPE I DIABETES - WELLNESS TOOLS - HEALTH CALCULATORS INCLUDING BODY MASS INDEX, CALORIE BURNER COUNTER, TARGET HEART RATE, IDEAL BODY WEIGHT, NUTRITIONAL NEEDS AND WAIST TO HIP CALCULATORS - DRUG INTERACTION CENTER - MEDICATION INFORMATION INCLUDING DESCRIPTION OF THE MEDICINES, POSSIBLE INTERACTIONS AND REASONS FOR TAKING PRESCRIBED MEDICATIONS - DRUG NOTES - MEDICATIONS IN ALPHABETICAL ORDER - BODY GUIDE - INTERACTIVE GUIDE TO ALL 12 BODY SYSTEMS - ANIMATION PLAYER - VISUALLY-RICH, MULTIMEDIA PRESENTATION - HEART AWARE RISK ASSESSMENT - THIS ASSESSMENT HELPS PATIENTS ASSESS AND IDENTIFY POTENTIAL RISK OF HEART DISEASE AND OTHER HEALTH CONCERNS - ST. LUKE'S HOSPITAL EARLY DETECTION CENTER CONTACTS AT-RISK PATIENTS TO SCHEDULE A FREE FOLLOW-UP EVALUATION WITH A REGISTERED HEART-CARING PROFESSIONAL - THIS 45-MINUTE APPOINTMENT INCLUDES A FREE CHOLESTEROL/GLUCOSE SCREENING, A BLOOD PRESSURE CHECK AND PERSONAL CONSULTATION ON SCREENING RESULTS - OTHER HEALTH AWARE RISK ASSESSMENTS - THESE ONLINE ASSESSMENTS FOR STROKE, SPINE ISSUES AND SLEEP HEALTH, DIABETES AND LUNG HEALTH PROVIDE THE COMMUNITY WITH ESTIMATED RISK FOR VARIOUS CONDITIONS - MEDICAL STAFF - ST. LUKE'S HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR PRIMARY CARE SERVICES (I.E. INTERNAL MEDICINE AND PEDIATRICS) - OF THE CURRENT 737 PHYSICIANS ON THE MEDICAL STAFF, 94% ARE BOARD-CERTIFIED - GOVERNING BODY - ST. LUKE'S HOSPITAL HAS 16 VOTING MEMBERS ON ITS BOARD OF DIRECTORS - THEY INCLUDE COMMUNITY AND CORPORATE LEADERS AS WELL AS PHYSICIANS AND REPRESENTATIVES OF BOTH THE EPISCOPAL AND PRESBYTERIAN CHURCHES - ALLOCATION OF SURPLUS FUNDS - POSITIVE FINANCIAL RESULTS SUPPORT 1) INVESTMENT IN STRATEGIC CAPITAL EXPENDITURES AND NEW TECHNOLOGY, 2) GROWTH AND EXPANSION OF SERVICES TO MEET IDENTIFIED COMMUNITY NEEDS, AND 3) RECRUITMENT AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS THROUGH A COMPREHENSIVE MARKET-BASED COMPENSATION AND BENEFITS PROGRAM</p>

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

990 Schedule H, Supplemental Information

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)

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 17	<p>ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS PERFORMED AN INTERNAL COMPLIANCE ASSESSMENT OF THE SYSTEMS ADHERENCE TO THE FINAL SECTION 501(R) REGULATIONS, APPLICABLE TO ALL ST LUKES HOSPITAL FACILITIES BEGINNING WITH THE FISCAL YEAR ENDED JUNE 30, 2017. THE OBJECTIVE OF THIS ASSESSMENT WAS TO EVALUATE ST LUKES COMPLIANCE WITH THE FINAL REGULATIONS ISSUED ON DECEMBER 30, 2014, IDENTIFY ANY COMPLIANCE GAPS, AND IMMEDIATELY FACILITATE THE CORRECTION OF ANY IDENTIFIED DEFICIENCIES. FINANCIAL ASSISTANCE POLICY AS OF JUNE 30, 2017, ST LUKES DISCOVERED GAPS IN ITS COMPLIANCE WITH THE SECTION 501(R) REGULATIONS. NECESSARY REVISIONS INCLUDED MAKING THE FAP AVAILABLE ON THE WEBSITE IN ENGLISH AND SPANISH, PROVIDING CONTACT INFORMATION TO OBTAIN INFORMATION ABOUT THE POLICY AND/OR ASSISTANCE WITH THE APPLICATION PROCESS, ADDING LANGUAGE TO INFORM PATIENTS THAT THE FAP IS AVAILABLE FREE OF CHARGE, DESCRIBING THE METHOD FOR DETERMINING AGB, OUTLINING THE PERCENTAGE FOR AGB, AND DESCRIBING ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. TO ADDRESS THESE IDENTIFIED GAPS, ST LUKES PATIENT FINANCIAL SERVICES DEPT. REVISED AND REVIEWED THE FAP DURING ITS YEAR ENDING JUNE 30, 2018 TO ENSURE ALL CRITERIA WERE MET WITH RESPECT TO THE FINAL 501(R) REGULATIONS. ALL REQUIRED DOCUMENTATION RELATED TO THE FAP HAS BEEN MADE AVAILABLE IN ALL REQUIRED LANGUAGES ON THE ST LUKES PUBLIC WEBSITE. ST LUKES ALSO EXPANDED THE TRANSLATIONS AVAILABLE TO KOREAN, BOSNIAN, AND CHINESE (EVEN THOUGH NOT REQUIRED BY THE REGULATIONS). PLAIN LANGUAGE SUMMARY AS OF JUNE 30, 2017, ST LUKES DISCOVERED GAPS IN ITS PLAIN LANGUAGE SUMMARY (PLS). NECESSARY REVISIONS INCLUDED MAKING THE PLS AVAILABLE IN ENGLISH AND SPANISH, ADDING LANGUAGE TO OUTLINE THE PERCENTAGES FOR AGB FOR PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP, AND MAKING THE PLS WIDELY AVAILABLE ON THE WEBSITE. TO ADDRESS THESE IDENTIFIED GAPS, ST LUKES PATIENT FINANCIAL SERVICES DEPT. REVIEWED AND REVISED THE PLS DURING ITS YEAR ENDING JUNE 30, 2018 TO ENSURE ALL CRITERIA WERE MET WITH RESPECT TO THE FINAL 501(R) REGULATIONS. THE PLAIN LANGUAGE SUMMARY WAS MADE AVAILABLE IN LANGUAGES WITH SIGNIFICANT POPULATIONS (ENGLISH AND SPANISH), BOTH INSIDE THE ST LUKES HOSPITALS FACILITY AND ON THE PUBLIC WEBSITE. IN ADDITION, ST LUKES EXPANDED THE TRANSLATIONS AVAILABLE TO ADDITIONAL POPULATION GROUPS EVEN THOUGH NOT REQUIRED BY THE REGULATIONS. TO MINIMIZE THE LIKELIHOOD OF RECURRING ERRORS AND TO FACILITATE THE PROMPT IDENTIFICATION AND CORRECTION OF ANY SUCH FUTURE FAILURES THAT DO OCCUR, THE FAP WILL BE REVIEWED ANNUALLY BY THE PATIENT FINANCIAL SERVICES DEPT. IN CONCORDANCE WITH 501(R) GUIDELINE POLICIES, APPLICATIONS, AND PLAIN LANGUAGE SUMMARIES. LIMITATIONS ON CHARGES DURING FISCAL YEAR ENDED JUNE 30, 2017, ST LUKES IMPLEMENTATION OF AMOUNTS GENERALLY BILLED ("AGB") DID NOT COMPORT WITH THE SPECIFIC REQUIREMENTS OF THE LOOK-BACK METHOD AS SET FORTH UNDER TREAS. REG. SECTION 1.501(R)-5. INSTEAD, ST LUKES CONTINUED TO USE THE THREE LOWEST COMMERCIAL PLANS TO DETERMINE AGB, AS PREVIOUSLY PERMITTED AND DESCRIBED IN THE TECHNICAL EXPLANATION OF THE AFFORDABLE CARE ACT. TO ADDRESS THE INCORRECT AGB PERCENTAGE, ST LUKES RECOMPUTED ITS AGB USING THE LOOK-BACK METHOD AND IMMEDIATELY IMPLEMENTED THE NEW AGB PERCENTAGE. ST LUKES IS CURRENTLY IN THE PROCESS OF REVIEWING PATIENT ACCOUNTS TO DETERMINE WHETHER ANY PATIENT WAS OVERBILLED AS A RESULT OF THIS UPDATE TO THE AGB AND WILL ENSURE THAT ANY AMOUNTS OWED TO PATIENTS ARE REMITTED. TO FACILITATE IDENTIFICATION AND CORRECTION OF ANY SUCH FUTURE GAPS, ST LUKES WILL ANNUALLY COMPUTE THE AGB CALCULATION AND IMPLEMENT IT WITHIN 120 DAYS OF THE END OF THE 12-MONTH PERIOD IT USED TO COMPUTE THE AGB, AS REQUIRED BY THE REGULATIONS.</p>

Additional Data

Software ID:
Software Version:
EIN: 43-0652680
Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(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											
1	ST LUKE'S HOSPITAL 232 S WOODS MILL RD CHESTERFIELD, MO 63017 WWW.STLUKES-STL.COM 274-42	X	X		X			X			
2	ST LUKE'S REHABILITATION HOSPITAL 14709 OLIVE BLVD CHESTERFIELD, MO 63017 WWW.KHREHABSTLUKE.COM 510-9	X								REHABILITATION HOSP	

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ASIDE FROM SUPPLEMENTAL INFORMATIONS 5 AND 6, THE SUPPLEMENTAL INFORMATION	<p>PROVIDED IN SCHEDULE H, PART V, SECTION C APPLIES TO BOTH ST LUKE'S EPISCOPAL-PRESBYTERIA N HOSPITALS (ST LUKE'S HOSPITAL) AND ST LUKE'S REHABILITATION HOSPITAL (REHAB 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 2016 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 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS OUTLINED IN THE COMMUNITY INPUT FOCUS GROUPS SECTION OF THE ST LUKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2016, THE PRIMARY RESEARCH METHODOLOGY INCLUDED COLLABORATION WITH BJC HEALTHCARE, MERCY ST LOUIS, 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 NINETEEN (19) INDIVIDUALS REPRESENTING VARIOUS ST LOUIS COUNTY ORGANIZATIONS PARTICIPATED IN A FOCUS GROUP PROCESS THE COMMUNITY STAKEHOLDER FOCUS GROUP MEMBERS (AS OUTLINED IN APPENDIX B OF THE CHNA REPORT) REPRESENTED THE FOLLOWING ORGANIZATIONS -AMERICAN CANCER SOCIETY -AMERICAN HEART ASSOCIATION -CATHOLIC REPRESENTATIVE/CATHOLIC FAMILY SERVICES -JEWISH COMMUNITY CENTER -MANCHESTER UNITED METHODIST CHURCH -LEMAP FIRE PROTECTION DISTRICT -MID EAST AREA ON AGING -NATIONAL COUNCIL ON ALCOHOLISM AND DRUG ABUSE -SOUTH COUNTY HEALTH CENTER -BEHAVIORAL HEALTH NETWORK -ST LOUIS COUNTY HEALTH DEPT -OFFICE OF THE COUNTY EXECUTIVE -REGIONAL HEALTH COMMISSION -ST LOUIS SUBURBAN SCHOOL NURSES -ST LOUIS COUNTY COUNCIL 3RD DIST - TOWN & COUNTRY -UNITED WAY -ALIVE -ST LOUIS CRISIS NURSERY -CRISIS NURSERY -FEED MY PEOPLE -PEOPLES HEALTH CENTERS A FOCUS GROUP WAS CONDUCTED IN JULY 2015 TO SOLICIT FEEDBACK FROM THESE INDIVIDUALS ON THE NEEDS OF THE ST LOUIS COUNTY POPULATION PARTICIPANTS WERE GIVEN THE LIST OF THE NEEDS IDENTIFIED IN THE 2013 ASSESSMENT AND ASKED TO RE-RANK THEM ON A SCALE OF 1(LOW) TO 5 (HIGH), BASED ON THEIR PERCEIVED LEVEL OF COMMUNITY CONCERN AND THE ABILITY OF COMMUNITY ORGANIZATIONS TO COLLABORATE AROUND THEM (SEE CHART ON PAGE 15 OF THE CHNA REPORT) TO FURTHER VALIDATE THE PRIORITIZED NEEDS DETERMINED BY THE FOCUS GROUP, ST LUKE'S HOSPITAL SURVEYED DAY OF DANCE PARTICIPANTS (FREE WELLNESS EVENT), COMPLETED A HEALTH STATUS SURVEY, AND COMPILED RESULTS AND KEY FINDINGS FROM THE COMPLETED SURVEYS INTO A GROUP HEALTH PROFILE AND COMPARED TO THE 2013 DATA (SEE RESULTS ON PAGE 17 OF THE CHNA) IN ADDITION, ST LUKE'S PROVIDES A WORKSITE WELLNESS PROGRAM CALLED PASSPORT TO WELLNESS TO MORE THAN 100 LOCAL EMPLOYERS (INCLUDING ST LUKES EMPLOYEES) THROUGH A HEALTH RISK ASSESS</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
<p>ASIDE FROM SUPPLEMENTAL INFORMATION 5 AND 6, THE SUPPLEMENTAL INFORMATION</p>	<p>MENT, WE COLLECT AND AGGREGATE DATA THE DATA WAS COLLECTED USING A GROUP HEALTH REPORT FROM 2013 COMPARED WITH THE SAME CONSUMERS IN 2015 (SEE PAGE 17 AND APPENDIX C OF THE CHNA REPORT FOR THE COMPARISON) IN ADDITION TO THE PRIMARY RESEARCH, ST LUKE'S UTILIZED THE FOLLOWING MAJOR SECONDARY DATA SOURCES -2012 ST LOUIS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (SEE PAGE 13 OF THE CHNA REPORT FOR COMMUNITY SURVEY RESULTS FOR "HEALTH STATUS"PRIMARY CARE") -HEALTH COMMUNITIES INSTITUTE (SEE THROUGHOUT "ST LUKE'S HOSPITAL PRIORITY FOCUS AREAS" OF THE CHNA REPORT) -2016 ST LOUIS COUNTY HEALTH RANKINGS (SEE APPENDIX A OF THE CHNA REPORT) -ST LOUIS COUNTY DEPT OF PUBLIC HEALTH "LEADING CAUSES OF DEATH" REPORT, PUBLISHED FEBRUARY 2016 (SEE PAGES 11 AND 12 OF THE CHNA REPORT) -2016 ST LOUIS COUNTY HEALTH RANKINGS AND ROADMAPS REPORT (SEE PAGE 13 OF THE CHNA REPORT) ST LUKE'S CHNA WORKGROUP REVIEWED AND EVALUATED ALL PRIMARY AND SECONDARY DATA SOURCES AND BASED ON THE RESULTS, ST LUKE'S MAINTAINED ITS THREE (3) PRIORITY FOCUS AREAS THAT WERE IDENTIFIED IN THE 2013 ASSESSMENT, WHILE CONTINUING TO ADDRESS A VARIETY OF OTHER COMMUNITY NEEDS AND COLLABORATING WITH OTHER COMMUNITY RESOURCES WHEN NEEDED THE THREE PRIORITY AREAS ARE OBESITY AND SEDENTARY LIFESTYLES, CANCER SCREENING AND SUPPORT SERVICES, AND MANAGEMENT OF CHRONIC CONDITIONS</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SUPPLEMENTAL INFORMATION 2	<p>PART V, SECTION B, LINE 7A WEBSITE URL HTTPS //STLUKES-STL COM/COMMUNITY-HEALTH-NEEDS-ASS ESSMENT/INDEX HTML SUPPLEMENTAL INFORMATION 3 PART V, SECTION B, LINE 10A WEBSITE URL HTT PS //STLUKES-STL COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/INDEX HTML SUPPLEMENTAL INFORMATION 4 PART V, SECTION B, LINE 11 ST LUKE'S HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT 2016 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 ASSE SSMENT AND EXISTING RESOURCES TO MEET THESE NEEDS IN THE COMMUNITY ARE ADDRESSED -ACCESS- ACCESS TO SERVICES DESCRIBES THE CAPACITY FOR INDIVIDUALS TO AFFORD AND ACCESS ACCEPTABLE , QUALITY HEALTH CARE IN A TIMELY AND CULTURALLY COMPETENT MANNER BARRIERS TO ACCESS INCL UDE HIGH COST OF CARE, LACK OF INSURANCE OR UNDERINSURANCE, LOW INCOME, LACK OF SAFE AND R ELIABLE TRANSPORTATION, HEALTH LITERACY, OR LIGUISTIC SERVICES, LOCATION AND INCONVENIENT HOURS OF OPERATION WHILE ST LOUIS COUNTY HAS A STRONG RATIO OF PRIMARY CARE PHYSICIANS TO THE POPULATION (830 1) COMPARED TO THE STATE (1,420 1), ACCESS TO SERVICES WAS LISTED A S A TOP CONCERN BY FOCUS GROUPS IN THE COMMUNITY, RANKING 4TH BELOW BEHAVIORAL/MENTAL HEAL TH, ALCOHOL/SUBSTANCE ABUSE, AND MATERNAL/CHILD HEALTH IN THE PREVIOUS COMMUNITY HEALTH NE EDS ASSESSMENT (ACCESS TO COVERAGE RANKED 7TH) AS A SUBPOPULATION OF ST LOUIS COUNTY, S T LUKES POPULATION IN WEST ST LOUIS COUNTY FARES BETTER IN TERMS OF ACCESS TO CARE ONLY 11% OF INDIVIDUALS REPORTED NOT HAVING A REGULAR SOURCE OF CARE, COMPARED TO 16% IN ST L OUIS COUNTY AS A WHOLE, AND 17% IN THE STATE OF MISSOURI (ST LOUIS COUNTY COMMUNITY HEALT H NEEDS ASSESSMENT, 2012) 91% NAMED A DOCTORS OFFICE AS A USUAL SOURCE OF CARE, AND LESS THAN 19% REPORTED NOT HAVING A CHECKUP WITHIN THE LAST TWO YEARS (ST LOUIS COUNTY COMMUN ITY HEALTH NEEDS ASSESSMENT, 2012) BECAUSE ACCESS DOES NOT PRESENT AN URGENT NEED IN OUR AREA, IT WAS NOT ADDRESSED AS A PART OF OUR IMPLEMENTATION STRATEGY HOWEVER, IN ORDER TO PROVIDE ACCESS IN THE COMMUNITY, ST LUKE'S HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO ALL PATIENTS WITH AN IDENTIFIED NEED ST LUKE'S HOSPITAL REACHES OUT TO SELF-PAY AND UNDERINS URED PATIENTS IN A NUMBER OF WAYS, INCLUDING RAISING AWARENESS OF MEDICAID HEALTH INSURANC E 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 O R 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 26 LOC ATIONS ACROSS ST LOUIS AND ST CHARLES COUNTIES, INCLUDING 9 URGENT AND CONVENIENT CARE C ENTERS, FACILITATE ACCESS TO CARE ACROSS THE REGION EACH FACILITY PROVIDES FREE PARKING A ND ADA ACCESSIBILITY URGENT C</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SUPPLEMENTAL INFORMATION 2	<p>ARE CENTERS ARE OPEN 8AM TO 8PM, SEVEN DAYS A WEEK 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 THROUGH THE ST LUKES CENTER FOR DIAGNOSTIC IMAGING, IMAGING SERVICES ARE PROVIDED FREE OR AT A REDUCED COST TO PATIENTS CHRONIC CONDITIONS ARE MANAGED AND CARE IS COORDINATED THROUGH ARRANGEMENTS WITH OTHER HOSPITAL DEPARTMENTS AND MEMBERS OF ST LUKES MEDICAL STAFF, WITH FINANCIAL ASSISTANCE PROVIDED VOLUNTEERS IN MEDICINE IS A NATIONAL NONPROFIT DEDICATED TO BUILDING A NETWORK OF SUSTAINABLE FREE PRIMARY HEALTH CARE CLINICS FOR THE UNINSURED IN LOCAL COMMUNITIES OUR LOCAL WEST COUNTY CHAPTER SERVES ADULTS BETWEEN THE AGES OF 18-24 IN SEVERAL WEST COUNTY MUNICIPALITIES SEVERAL OTHER ST LOUIS COUNTY RESOURCES ARE ALSO LISTED IN THE CHNA REPORT TO ADDRESS ACCESS -SENIOR CITIZENS- SEVERAL CONCERNS LISTED WITH REGARD TO THE ELDERLY IN THE COMMUNITY INCLUDE ACCESS TO CARE AND ABILITY TO PAY FOR NECESSARY SERVICES, SAFETY IN THE HOME, MANAGING MEDICATIONS, ETC ST LUKE'S HOSPITAL PROVIDES A SCOPE OF SERVICES WHICH ADDRESS THESE, AND OTHER ISSUES AFFECTING THE ELDERLY THESE SERVICES INCLUDE -HOME HEALTH SERVICES- ST LUKE'S HOME HEALTH TEAM WORKS CLOSELY WITH THE PATIENT'S PHYSICIAN TO DEVELOP A PLAN TO PROVIDE CARE FOR THE PATIENT AT HOME 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</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SUPPLEMENTAL INFORMATION 2	<p>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 ADE QUATELY ADDRESS THIS HEALTH ISSUE -BARNES-JEWISH HOSPITAL -MERCY HOSPITAL -SSM DEPAUL HEA LTH 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 MEETIN G THE MENTAL HEALTH NEEDS OF ST LOUIS COUNTY THE SERVICES ARE PROVIDED ON A SLIDING SCAL E BASED ON THE FAMILY'S INCOME AND INSURANCE PLAN -CULTURAL COMPETENCE & HEALTH LITERACY- HEALTH LITERACY DESCRIBES THE DEGREE TO WHICH A PERSON CAN OBTAIN, PROCESS, AND UNDERSTAN D BASIC AND ESSENTIAL HEALTH INFORMATION AND SERVICES IN ORDER TO MAKE INFORMED, APPROPRIA TE HEALTH CARE DECISIONS BEING "HEALTH LITERATE", OR HAVING SOMEONE ACT AS AN ADVOCATE ON YOUR BEHALF, IS A NECESSARY REQUIREMENT IN TODAY'S COMPLEX HEALTH SYSTEM FOR A PERSON TO NAVIGATE THE HEALTH SYSTEM, RECEIVE TIMELY AND EFFECTIVE HEALTHCARE SERVICES, MANAGE CHRON IC CONDITIONS, AND UNDERSTAND HEALTH RISK ST LUKE'S HOSPITAL SUPPORTS THE PATIENT CARE N EEDS 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 COMPETEN CY OF OUR PROFESSIONAL STAFF BY PROVIDING EDUCATIONAL COURSES THAT ARE AVAILABLE THROUGHOU T THE YEAR -INFANT MORTALITY RATE- FOCUS GROUPS IDENTIFIED INFANT MORTALITY RATES ARE A C ONCERN FOR THE REGION THE LEADING CAUSES OF DEATH AMONG INFANTS ARE BIRTH DEFECTS, PRE-TE RM DELIVERY, LOW BIRTH WEIGHT, SUDDEN INFANT DEATH SYNDROME (SIDS), AND MATERNAL COMPLICAT IONS DURING PREGNANCY THE MATERNAL, CHILD AND FAMILY HEALTH COALITION PROVIDES PROGRAMS A ND COLLABORATIONS WITH ORGANIZATIONS ACROSS THE REGION TO IMPROVE BIRTH OUTCOMES, PROMOTE HEALTHY FAMILIES, AND BUILD HEALTHY COMMUNITIES BY UNITING AND MOBILIZING THE ST LOUIS RE GION</p>

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SUPPLEMENTAL INFORMATION 5	PART V, SECTION B, LINE 13H ST LUKE'S REHABILITATION HOSPITAL MEDICAID PENDING SUPPLEMENTAL INFORMATION 6 PART V, SECTION B, LINE 16J AND 20E 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 On the St Lukes Hospital website St Lukes Rehabilitation HOSPITAL IS LISTED UNDER THE "SERVICES"LOCATIONS" TAB OF THE HOSPITAL AND UNDER THE "PAYMENTS & FINANCIAL ASSISTANCE" TAB - "COMMITTED TO ASSISTING OUR PATIENTS IN FINDING THE INFORMATION THEY NEED REGARDING BILLING AND CHARGES OBTAINED AT ANY ONE OF OUR FACILITIES "

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DLN: 93493129019128

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
43-0652680

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 43-0652680
Name: ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DRIVE ST LOUIS, MO 63146	43-0662471	501(C)(3)	5,625				GENERAL SUPPORT
ST CHARLES COUNTY ECONOMIC DEVELOP COUNCIL 5988 MID RIVERS DR 100 ST CHARLES, MO 63304	43-1545618	501(C)(4)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESOURCE CENTER 3309 S KINGSHIGHWAY ST LOUIS, MO 63139	43-1071300	501(C)(3)	7,500				GENERAL SUPPORT
MO STATE MED ASSOC PHYSICIANS HEALTH FND PO BOX 1028 JEFFERSON CITY, MO 65102	43-1572458	501(C)(3)	7,500				GENERAL SUPPORT

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" on 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.

OMB No 1545-0047

2015

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><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 type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.		No
8 Were any amounts reported on 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on 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
Supplemental Information 1	PART I, LINE 4B CERTAIN EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT. THE PERSONS RECEIVING SUCH A DISTRIBUTION IN CALENDAR 2016 ARE AS FOLLOWS: Ronald Leidenfrost, MD \$ 656,109; Talat Nawas, MD \$1,196,911.
Supplemental Information 2	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. QUALITY & PATIENT SATISFACTION; 2. FINANCIAL PERFORMANCE; 3. EXECUTIVE INDIVIDUAL GOALS; 4. EXECUTIVE'S INTERNAL BUSINESS (DIVISION) GOALS. 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Chnstine Candio President and CEO	(i)	614,285	250,000	0	8,613	12,321	885,219	0
	(ii)	0	0	0	0	0	0	0
1 Scott Johnson Sr VP finance/CFO	(i)	308,668	0	0	9,938	12,321	330,927	0
	(ii)	0	0	0	0	0	0	0
2 Martha Fleischmann Vice President Finance	(i)	201,537	7,156	0	15,182	6,597	230,472	0
	(ii)	0	0	0	0	0	0	0
3 David Krajcovic MD Chief of Surgery	(i)	0	0	0	0	0	0	0
	(ii)	221,818	0	0	14,032	12,322	248,172	0
4 Maged Haikal MD Chief of Medicine	(i)	0	0	0	0	0	0	0
	(ii)	836,259	0	0	16,563	10,094	862,916	0
5 Ronald Leidenfrost MD Chairman Heart Institute	(i)	0	0	0	0	0	0	0
	(ii)	731,679	0	656,109	16,563	14,592	1,418,943	0
6 Jon Bettale Vice President Surgical Serv	(i)	210,250	8,600	0	11,114	10,094	240,058	0
	(ii)	0	0	0	0	0	0	0
7 Jan HessVice President	(i)	229,118	12,730	0	27,562	12,321	281,731	0
	(ii)	0	0	0	0	0	0	0
8 Sharon Mertzlufft VP & Exec Dir Development	(i)	203,676	15,750	0	7,295	6,398	233,119	0
	(ii)	0	0	0	0	0	0	0
9 William Meyer Chief Information Officer	(i)	278,842	17,604	0	29,813	12,321	338,580	0
	(ii)	0	0	0	0	0	0	0
10 Don MillerVP Operations	(i)	267,701	19,821	0	13,912	17,373	318,807	0
	(ii)	0	0	0	0	0	0	0
11 Diane Ray VP Patient Services	(i)	241,613	5,875	0	28,119	12,321	287,928	0
	(ii)	0	0	0	0	0	0	0
12 Janette Taaffe VP Human Resources	(i)	213,569	16,500	0	14,697	17,373	262,139	0
	(ii)	0	0	0	0	0	0	0
13 Talat Nawas MDHospitalist	(i)	505,249	0	1,196,911	16,563	18,376	1,737,099	0
	(ii)	0	0	0	0	0	0	0
14 Hope Cranston D'Amato MD Medical Director ICU	(i)	535,575	0	0	13,913	12,321	561,809	0
	(ii)	0	0	0	0	0	0	0
15 Enc Jenkins MDCVICU	(i)	467,480	0	0	11,263	17,373	496,116	0
	(ii)	0	0	0	0	0	0	0
16 Michael Klevens MD Emergency Department	(i)	433,591	0	0	13,912	17,373	464,876	0
	(ii)	0	0	0	0	0	0	0
17 Abdul Moheet MD Emergency Department	(i)	404,972	0	0	16,563	18,376	439,911	0
	(ii)	0	0	0	0	0	0	0
18 Jerome G Pontek MD Former Director	(i)	0	0	0	0	0	0	0
	(ii)	382,602	0	0	9,938	18,295	410,835	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
43-0652680

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	60637ABJ0	09-08-2011	45,299,701	SEE PART VI		X		X		X
B HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	60637AKH4	11-12-2015	34,089,886	SEE PART VI		X		X		X
C HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	000000000	09-02-2016	25,000,000	SEE PART VI		X		X		X
D HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	000000000	12-20-2016	14,100,200	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,905,000		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	45,299,701		34,460,816		25,000,000		14,140,798	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	551,581		0		184,750		100,200	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		10,024,338		0		3,816,826	
11	Other spent proceeds	44,748,120		24,436,478		24,815,250		0	
12	Other unspent proceeds	0		0		0		10,223,772	
13	Year of substantial completion	2011		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		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		X		X		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		X		X		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		X		X		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		X		X		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		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X		X		X	
b Exception to rebate?								
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		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		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		X		X
b Name of provider	0		0		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		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		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	2011 Bonds issued September 8, 2011 at a fixed rate with proceeds of \$46 million used to refund remaining portion of Series 2001 Bonds (issued June 14, 2001)

Return Reference	Explanation
PART I, SECTION B, COLUMN F	2015 (SERIES 2015B) Bonds issued November 12, 2015 at a fixed rate with proceeds of \$34 million used in part to refund a portion of the Series 2006 Bonds (issued January 9, 2007) and to partially finance capital improvements

Return Reference	Explanation
PART I, SECTION C, COLUMN F	2016 (SERIES 2015A) BONDS ISSUED SEPTEMBER 2, 2016 AT A FIXED RATE WITH PROCEEDS OF \$25 MILLION USED TO REFUND A PORTION OF THE SERIES 2006 BONDS (ISSUED JANUARY 9, 2007)

Return Reference	Explanation
PART I, SECTION D, COLUMN F	2016 BONDS ISSUED DECEMBER 20, 2016 AT A FIXED RATE WITH PROCEEDS OF \$14 MILLION USED TO FINANCE CAPITAL IMPROVEMENTS

Return Reference	Explanation
PART II, LINE 3, COLUMN B	The difference between TOTAL proceeds and issue price is interest earned on the project fund and funds transferred from debt service fund for the refunded bonds

Return Reference	Explanation
PART II, LINE 3, COLUMN D	THE DIFFERENCE BETWEEN TOTAL PROCEEDS AND ISSUE PRICE IS INTEREST EARNED ON THE PROJECT FUND

Return Reference	Explanation
PART II, LINE 11, COLUMNS A, B, AND C	Proceeds used to currently refund prior issue

Return Reference	Explanation
PART IV, LINE 2C, COLUMN A	Rebate Calculation performed SEPTEMBER, 2016 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.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
43-0652680

Part I Excess Benefit Transactions (section 501(c)(3), 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?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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	487,246	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, former director BREAK OUT OF TRANSACTIONS \$ 641,250 MANAGEMENT SERVICES (11,667) GUARANTEED PAYMENTS (142,337) PARTNERSHIP DISTRIBUTIONS ----- \$ 487,246 TRANSACTION TOTAL - NET ALL FEES WERE NEGOTIATED AT ARM'S LENGTH AND ARE AT FAIR MARKET VALUE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

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	32	838,878	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

0

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

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) Department of the Treasury Internal Revenue Service Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	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 .	OMB No 1545-0047 <div>2016</div> <div>Open to Public Inspection</div>
	Employer identification number 43-0652680	

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 1	<p>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 Lukes 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 our co-workers 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</p>

990 Schedule O, Supplemental Information

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, eight 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 and interventions, 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 Hospital has a robust volunteer program. Our Volunteer Services Department has 391 active volunteers who serve in approximately 70 departments and areas of the hospital. Volunteers assist by transporting patients and visitors by wheelchair, stocking supplies, greeting and directing all visitors to our campus, and serving in clerical and receptionist roles. More than 85,000 hours of service were contributed by our volunteers in calendar year 2016. St. Luke's Hospital received seven five-star ratings for 2018 in the areas of cardiac care, critical care, gastrointestinal care and surgery and pulmonary care from Healthgrades. According to the national hospital quality study published by Healthgrades, St. Luke's achieved five stars for its quality in valve surgery, coronary interventional procedures, heart attack treatment, pneumonia treatment, colorectal surgeries, bowel obstruction treatment and respiratory failure treatment. For the third straight year, St. Luke's Hospital has earned the Womens Choice Award as one of Americas Best Hospitals. The 2017 honor recognizes St. Luke's as one of Americas Best Hospitals for Heart Care, Cancer Care, Obstetrics and</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2	<p>d Orthopedics and as one of Americas Best Breast Centers The Womens Choice Award identifies the nations best healthcare institutions based on clinical excellence, female patient satisfaction and what women say they want from a hospital experience WomenCertified Inc , an advocate for female consumers, created the national Womens Choice Award program In addition to clinical honors, St Lukes has received honors based on employee feedback including Best Places to Work, from the St Louis Business Journal, 2010-2016 and Top Workplaces, from the St Louis Post-Dispatch, 2013-2016 The hospital was also named to the Healthiest Employer list of the St Louis Business Journal from 2011 to 2014 and in 2016</p>

990 Schedule O, Supplemental Information

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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2 (CONTINUED)	<p>s faith traditions minister to persons in crisis situations, reflecting on their ministry encounters to develop their pastoral practice - St Lukes Mission Outreach Committee, comprised of employees across the organization, coordinates efforts throughout the year Employees, patients and physicians generously support initiatives such as winter clothing drives, health screenings, food drives and school supply drives to assist the families of the St Lukes 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 provides free, confidential health risk assessments on our website These assessments provide valuable information to help individuals and families determine if they are at risk for chronic illnesses, enabling them to make more informed, proactive decisions about their health - Women's Health - St Luke's helps educate women about important health topics that impact their health and the health of their families About 16,000 area women have joined this free membership program to receive health information from St Luke's via emails, mailed class calendars and a women's health magazine Through a website, women can access monthly health topics as well as easy-to-navigate preventive health information by decade of life The community is invited to Spirit of Women programming and events throughout the year, ranging from smaller "ask the physician" format discussions to large interactive events such as St Luke's Day of Dance This event attracts more than 1,200 women each year who dance for their health and take advantage of free health screenings - St Luke's Passport to Wellness program partners with 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 g</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>GENERAL STATEMENT 2 (CONTINUED)</p>	<p>roup health report to identify the specific health risks present in their workforce and wa ys to address these risks St Luke's healthcare professionals coordinate and provide on-s ite low-cost health screenings (cholesterol, glucose, blood pressure, waist measurement), flu clinics, bone density screenings, lunchtime seminars, health coaching and ask the expe rt tabling events Educational materials are provided at each offering for the employee an d/or family members St Luke's also provides employers with access to an Internet-based f inancial analysis tool that allows the employer to understand the health risks faced by wo rkers, project how healthcare dollars will be spent and identify potential savings through the attainment of a healthier workforce St Luke's provides Health Information Centers (wall-mounted displays) at more than 50 employers, which are designed to educate employees on pertinent health issues and provide details regarding available health promotion activi ties - 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 disea se management This comprehensive, integrated program is designed specifically for patient s living with heart failure Patients work with their physicians and the Center's multidis ciplinary 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>

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Return Reference	Explanation
GENERAL STATEMENT 2 (CONTINUED)	<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 is solely devoted to providing services to adults, 17 years and older. 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, money management, safety and social/emotional well-being plus those just for fun such as dancing and various arts and crafts.</p> <p>- As part of the Patient Protection and Affordable Care Act, St. Luke's participated with other nonprofit hospitals in conducting a Community Health Needs Assessment in 2016 to evaluate the community needs and ensure we are offering services to meet these needs. With this information, St. Luke's developed an implementation plan with ways to enhance our education and partner with community organizations to improve the quality of life in our community, specifically in the areas of Obesity and Sedentary Lifestyle, Cancer Screenings and Support Services, and Management of Chronic Conditions. The full Community Health Needs Assessment Report is available on the St. Luke's website at stlukes-stl.com.</p>

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Return Reference	Explanation
GENERAL STATEMENT 3	PART VI, SECTION A, LINE 2 THE FOLLOWING PERSONS HAVE A BUSINESS RELATIONSHIP martha fleischmann Scott Johnson Don Miller

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Return Reference	Explanation
GENERAL STATEMENT 4	Part VI, Section A, Line 6 Organization Members or Stockholders St Lukes Health Corporation, A 501 (C)(3) Organization, is the sole corporate member of St Lukes Episcopal-Presbyterian Hospitals, a Regional Health Care Provider

990 Schedule O, Supplemental Information

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 Lukes Health Corporations 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 6	<p>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.</p>

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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.

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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

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 9	Part VII, Section B, Line 1 Independent Contractors McCarthy Brothers Construction Construction Services \$21,195,227 1341 NORTH ROCK HILL ROAD ST LOUIS, MO 63124 ICS Construction Services LTD Construction Services \$ 2,802,997 2930 MARKET STREET St LOUIS, MO 63103 Quest Diagnostics Lab Services \$ 1,321,716 3 giralda farms madison, nj 07940 Armstrong Teasdale Legal Services \$ 1,313,566 7700 Forsyth Blvd , Suite 1800 St Louis, Mo 63105 Faultless Linen Co Linen Services \$ 1,267,589 P O Box 795145 St Louis, MO 63179

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Return Reference	Explanation
GENERAL STATEMENT 10	Part VIII, Line 7c, Column 1 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 do not report the allocation portion of proceeds and cost basis related to those realized gains/losses.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 11	PART XI, LINE 9 OTHER CHANGES IN NET ASSETS Change in pension obligation 13,014,790 Transfer to Medical Group (13,988,154) Change in restricted assets 3,173,151 ----- 2,199,787

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.

OMB No 1545-0047

2016

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)	12B	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)	12A	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ST LUKE'S DEVELOPMENT CORPORATION 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1238961	OTHER MISC	MO	SL HEALTH CORP	C Corp					No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST LUKE'S MEDICAL GROUP	b	13,988,154	FMV
(2)ST LUKE'S MEDICAL GROUP	p	4,099,996	FMV

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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