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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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) Room/suite
232 SOUTH WOODS MILL ROAD

City or town, state or province, country, and ZIP or foreign postal code
CHESTERFIELD, MO 63017

F Name and address of principal officer:
SCOTT JOHNSONEXECUTIVE VP/CO
232 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO 63017

D Employer identification number
43-0652680

E Telephone number
(314) 434-1500

G Gross receipts \$ 526,246,096

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STLUKES-STL.COM

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 ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1866

M State of legal domicile: MO

Part I Summary

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 2019 (Part V, line 2a) 5 4,342

6 Total number of volunteers (estimate if necessary) 6 290

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,015,437

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 3,879,402 17,239,845

9 Program service revenue (Part VIII, line 2g) 504,150,595 497,749,905

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,332,641 10,909,217

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 391,713 332,900

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 520,754,351 526,231,867

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 62,925 83,650

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) 237,542,336 243,992,595

16a Professional fundraising fees (Part IX, column (A), line 11e) 30,000 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶995,208

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 243,960,184 246,728,960

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 481,595,445 490,805,205

19 Revenue less expenses. Subtract line 18 from line 12 39,158,906 35,426,662

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 695,787,048 750,295,111

21 Total liabilities (Part X, line 26) 212,814,256 272,754,177

22 Net assets or fund balances. Subtract line 21 from line 20 482,972,792 477,540,934

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
SCOTT JOHNSON EXECUTIVE VP/CFO
Type or print name and title

2021-05-12
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ KPMG LLP
Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH ST
Minneapolis, MN 55402

Preparer's signature
Date 2021-05-04
Check ☐ if self-employed
Firm's EIN ▶
Phone no. (612) 305-5000

PTIN P01413237

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 (2019)

Part III Statement of Program Service Accomplishments

Check 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 \$ 454,193,606 including grants of \$ 83,650) (Revenue \$ 493,734,468)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 454,193,606

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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	272
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	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 4,342			
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)? 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).	4a		No	
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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.	1a	16
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

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.

See instructions for the order in which to list the persons above.

☐ 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)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,001,627	3,246,395	643,800

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 ▶ 275

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Deloitte Consulting LLP, PO BOX 844717 Dallas, TX 75284	Consulting	5,801,878
McCarthy Building Companies Inc, 1341 North Rock Hill Road ST LOUIS, MO 63124	Construction Service	4,243,073
ICS Construction Services LTD, 2930 Market Street ST LOUIS, MO 63103	Construction Service	3,544,563
Rock Hill Mechanical Corp, 524 Clark Avenue ST LOUIS, MO 63122	Construction Service	2,123,182
Fusion Medical Staffing LLC, PO BOX 82674 Lincoln, NE 68501	Temporary Staffing	2,044,812

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 ► 60

Form 990 (2019)		Page 9							
Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/>									
		(A)	(B)	(C)	(D)				
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	21,204						
	d Related organizations	1d							
	e Government grants (contributions)	1e	11,314,356						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,904,285						
	g Noncash contributions included in lines 1a - 1f: \$	1g	379,865						
	h Total. Add lines 1a-1f ▶		17,239,845						
Program Service Revenue	Business Code								
	2a Patient SERVICE REVENUE	621300	469,989,065	469,989,065					
	b PHYSICIAN OFFICES RENTAL INCOME	621110	11,557,468	11,557,468					
	c RETAIL PHARMACIES	446110	7,839,920	6,144,860	1,695,060				
	d NONPATIENT LAB SERVICES	621500	2,087,915		2,087,915				
	e CAFETERIA INCOME	621300	2,004,114	1,984,223	19,891				
	f All other program service revenue		4,271,423	4,058,852	212,571				
g Total. Add lines 2a-2f. ▶		497,749,905							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		8,115,576			8,115,576			
	4 Income from investment of tax-exempt bond proceeds ▶		0						
	5 Royalties ▶		0						
	6a Gross rents	(i) Real	(ii) Personal						
		6a							
		b Less: rental expenses	6b						
		c Rental income or (loss)	6c					0	0
	d Net rental income or (loss) ▶		0						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
		7a	2,791,736					2,200	
		b Less: cost or other basis and sales expenses	7b						295
		c Gain or (loss)	7c					2,791,736	1,905
	d Net gain or (loss) ▶		2,793,641			2,793,641			
	8a Gross income from fundraising events (not including \$ 21,204 of contributions reported on line 1c). See Part IV, line 18	8a	17,293						
		b Less: direct expenses	8b					13,934	
		c Net income or (loss) from fundraising events ▶						3,359	
	9a Gross income from gaming activities. See Part IV, line 19	9a	0						
		b Less: direct expenses	9b					0	
		c Net income or (loss) from gaming activities ▶						0	
	10a Gross sales of inventory, less returns and allowances	10a	0						
b Less: cost of goods sold		10b	0						
c Net income or (loss) from sales of inventory ▶		0							
Miscellaneous Revenue		Business Code							
11a MISC. REVENUE		900099	329,541			329,541			
b									
c									
d All other revenue									
e Total. Add lines 11a-11d ▶		329,541							
12 Total revenue. See instructions ▶		526,231,867			493,734,468	4,015,437	11,242,117		

Form 990 (2019)

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	83,650	83,650		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,577,501		5,993,788	583,713
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	191,483,740	183,232,030	8,112,405	139,305
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,783,602	3,170,344	583,358	29,900
9 Other employee benefits	28,662,814	26,573,400	1,987,542	101,872
10 Payroll taxes	13,484,938	12,501,935	935,075	47,928
11 Fees for services (non-employees):				
a Management	0			
b Legal	738,078	280	737,798	
c Accounting	255,165		255,165	
d Lobbying	96,655		96,655	
e Professional fundraising services. See Part IV, line 17	0			
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)	9,234,441	7,463,095	1,771,346	
12 Advertising and promotion	1,148,083	46,552	1,101,531	
13 Office expenses	5,937,862	4,539,882	1,354,631	43,349
14 Information technology	5,448,826	5,446,217	2,609	
15 Royalties	0			
16 Occupancy	13,382,796	13,248,282	134,514	
17 Travel	368,710	350,915	16,914	881
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	50,764	48,884	963	917
20 Interest	2,922,903	2,922,903		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	25,597,087	25,597,087		
23 Insurance	7,478,066		7,478,066	
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	117,273,090	117,029,282	239,460	4,348
b MEDICAID FRA EXPENSE	22,975,000	22,975,000		
c Contract Services	16,246,402	14,683,387	1,548,190	14,825
d Repair & Maintenance	8,023,444	8,004,703	18,741	
e All other expenses	9,551,588	6,275,778	3,247,640	28,170
25 Total functional expenses. Add lines 1 through 24e	490,805,205	454,193,606	35,616,391	995,208
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		35,902,709	2	76,075,776	
	3	Pledges and grants receivable, net		5,556,616	3	4,567,973	
	4	Accounts receivable, net		56,015,541	4	58,219,038	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		7,568,054	8	8,433,646	
	9	Prepaid expenses and deferred charges		6,262,125	9	5,930,472	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	683,036,106			
	b	Less: accumulated depreciation	10b	470,067,378	220,010,399	10c	212,968,728
	11	Investments—publicly traded securities		295,851,158	11	307,828,609	
	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		68,620,446	15	76,270,869	
16	Total assets. Add lines 1 through 15 (must equal line 34)		695,787,048	16	750,295,111		
Liabilities	17	Accounts payable and accrued expenses		43,261,107	17	46,849,283	
	18	Grants payable		570,856	18	773,762	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		141,933,749	20	136,261,526	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		271,028	21	223,300	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		26,777,516	25	88,646,306	
	26	Total liabilities. Add lines 17 through 25		212,814,256	26	272,754,177	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		455,011,575	27	451,396,946	
	28	Net assets with donor restrictions		27,961,217	28	26,143,988	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		482,972,792	32	477,540,934	
33	Total liabilities and net assets/fund balances		695,787,048	33	750,295,111		

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	526,231,867
2	Total expenses (must equal Part IX, column (A), line 25)	2	490,805,205
3	Revenue less expenses. Subtract line 2 from line 1	3	35,426,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482,972,792
5	Net unrealized gains (losses) on investments	5	2,386,748
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	-43,245,268
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	477,540,934

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 (2019)

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

(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			
Ronald Leidenfrost MD Chairman Heart & Vascular Inst	40.0 25.0				X			0	1,561,962	35,031
Christine Candio Pres & CEO thru 4/20	42.0 18.0			X				1,092,293	0	25,231
Michael Boland MD Chief of Surgery	40.0 20.0				X			0	886,175	38,705
Maged Haikal MD Chief of Medicine	40.0 25.0				X			0	798,258	33,090
Talat Nawas MD Hospitalist	60.0 0.0					X		618,047	0	35,031
Scott Johnson Executive VP & CFO	25.0 35.0			X				623,166	0	26,631
Hope Cranston D'Amato MD Medical Director ICU	60.0 0.0					X		604,230	0	29,431
Michael Klevens MD Emergency Department	55.0 0.0					X		492,793	0	38,603
Eric Jenkins MD CVICU	55.0 0.0					X		433,831	0	38,546
Abdul Moheet MD Emergency Department	55.0 0.0					X		419,236	0	44,305

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 SR VP/Network CNO/SLH COO	50.0 10.0				X			352,599	0	46,231
Don Miller VP Network Facilities	41.0 9.0				X			334,176	0	36,606
Jan Hess VP Network Admin thru 5/20	50.0 0.0				X			298,847	0	46,231
Scott Holtswarth VP Network CIO	50.0 0.0				X			301,039	0	32,903
Martha Fleischmann VP Network Finance	44.0 16.0				X			295,465	0	27,681
Janette Taaffe VP Network HR	50.0 0.0				X			274,638	0	34,905
Jon Bettale VP Surgical Services	50.0 0.0				X			272,115	0	23,980
Sharon Mertzluftt Vice President & Exec Director	50.0 0.0				X			265,647	0	19,661
Gregory Hudson Network CHIEF STRATEGY OFFICER	50.0 0.0				X			204,631	0	30,895
William Meyer VP Network CIO thru 1/19	10.0 0.0						X	118,874	0	103

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			
Daniel K Stegmann Chairman	3.0 2.0	X		X				0	0	0
David B Price Jr Vice Chairman	1.0 1.0	X		X				0	0	0
Norman L Eaker Secretary	1.0 1.0	X		X				0	0	0
Edward L Glotzbach Treasurer	1.0 1.0	X		X				0	0	0
Eugene M Toombs Director THRU 9/19	1.0 1.0	X						0	0	0
The Rev Dr Craig M Howard Director	1.0 1.0	X						0	0	0
Ned O Lemkemeier Director	1.0 1.0	X						0	0	0
Cynthia A Maritz Director	1.0 1.0	X						0	0	0
Robert W Reeg Director	1.0 1.0	X						0	0	0
Susan B Schneider MD 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) 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			
Hugh Scott III Director	1.0	X						0	0	0
Joseph A Sheehan Director	1.0	X						0	0	0
The Rt Rev G Wayne Smith Director	1.0	X						0	0	0
James M Snowden Jr Director	1.0	X						0	0	0
Sharon Harvey Davis Director	1.0	X						0	0	0
Kendall Itoku MD Director	1.0	X						0	0	0
Jeffrey Thompson MD Director	1.0	X						0	0	0
Daniel Wagner MD Director thru 9/19	1.0	X						0	0	0
Gary Olson Int Pres & CEO start 4/20	42.0 18.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
43-0652680

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		

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>		

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>		

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>		

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>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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
---	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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		96,655
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			96,655
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART II-B, Line 1F APPROXIMATELY \$96,655 OF THE DUES PAID TO VARIOUS TRADE ORGANIZATION FOR THE YEAR ENDED IN JUNE 30, 2020 ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES BY THE ORGANIZATION.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
43-0652680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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?

☐ Yes ☐ 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)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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 ► \$

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☒

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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	27,961,217	27,962,326	29,333,577	23,630,136	22,919,310
b	Contributions	940,177	1,658,630	1,172,965	7,590,253	2,244,191
c	Net investment earnings, gains, and losses	-140,904	556,066	484,381	781,010	-63,398
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,616,502	2,215,805	3,028,597	2,667,822	1,469,967
f	Administrative expenses					
g	End of year balance	26,143,988	27,961,217	27,962,326	29,333,577	23,630,136

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 76.070 %

c

Temporarily restricted endowment ▶ 23.930 %

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

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	374,320,872	226,407,064	147,913,808
c	Leasehold improvements	24,994,847	15,617,444	9,377,403
d	Equipment	266,448,846	228,042,870	38,405,976
e	Other	3,690		3,690
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			212,968,728

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	6,697,000
(2) ORGANIZATION COSTS	2,040
(3) SPECIAL PURPOSE FUND	1,689,285
(4) ESCROW DEPOSITS	166,538
(5) INVESTMENTS	16,205,310
(6) FINANCING COSTS	30,232
(7) INTERCOMPANY RECEIVABLE	35,477,909
(8) SERIES 2019 PROJECT FUND	14,295,929
(9) DES PERES GOODWILL	1,706,626
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	76,270,869

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
(2) DEFERRED COMPENSATION	6,697,000
(3) INSURANCE RESERVES & OTHER	16,602,104
(4) PENSION LIABILITY	9,648,168
(5) MEDICARE REIMBURSEMENT/SETTLEMENT	55,699,034
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	88,646,306

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

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 NINE 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 2020 OR 2019.

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the 10 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			
WILKINSON GROUP	CONSULTING		No			
Total ►						

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Holiday Party (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue					
	1 Gross receipts	38,497			38,497
	2 Less: Contributions	21,204			21,204
	3 Gross income (line 1 minus line 2)	17,293			17,293
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,502			11,502
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,432			2,432
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				13,934
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,359	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

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: <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: <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.	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	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)		27,537	9,571,036		9,571,036	1.950 %
b Medicaid (from Worksheet 3, column a)			7,547,005	4,959,116	2,587,889	0.530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		27,537	17,118,041	4,959,116	12,158,925	2.480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,031,616	250,436	1,781,180	0.360 %
f Health professions education (from Worksheet 5)			6,720,341	3,802,987	2,917,354	0.600 %
g Subsidized health services (from Worksheet 6)		4,471	1,350,805	333,578	1,017,227	0.210 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			115,262		115,262	0.020 %
j Total. Other Benefits		4,471	10,218,024	4,387,001	5,831,023	1.190 %
k Total. Add lines 7d and 7j		32,008	27,336,065	9,346,117	17,989,948	3.670 %

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

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

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

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

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

1

Yes

2

938,551

3

57,698

9a

Yes

9b

Yes

Section B. Medicare

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

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

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

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

5

138,573,616

6

152,948,916

7

-14,375,300

Section C. Collection Practices

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

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

9a

Yes

9b

Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 CTR FOR	OUTPATIENT IMAGING MGMT SERV	31 %		18 %
2 DIAGNOSTIC IMAGING				
3 ST LUKE'S HOSPITAL	ORTHOPEDIC/MGMT SERVICES	50 %		50 %
4 ORTHOPEDIC SERVICES				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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>18</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>19</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 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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>400</u> .%		
b	<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 type="checkbox"/> Insurance status		
f	<input 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?	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):	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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.STLUKES-STL.COM/PAY</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.STLUKES-STL.COM/PAY</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPL INFO 6</u>		
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 nonpayment?	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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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>18</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>19</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:	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?	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):	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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.STLUKES-STL.COM/PAY</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.STLUKES-STL.COM/PAY</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPP INFO 6</u>		
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 nonpayment?	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 (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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, 20a, 20b, 20c, 20d, 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 Center 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 6A N/A - ISSUED THROUGH MISSOURI HOSPITAL ASSOCIATION

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 7G N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART I, LINE 7 COLUMN (F) TOTAL COMMUNITY BENEFIT EXPENSE COLUMN (C) AS A PERCENT OF TOTAL EXPENSE LINE 7A: CHARITY CARE, 1.95% LINE 7B: UNREIMBURSED MEDICAID, 1.54% LINE 7D: TOTAL CHARITY CARE AND GOVT. PROGRAMS, 3.49% LINE 7E: COMMUNITY HEALTH IMPROVEMENT SERVICES, 0.41% LINE 7F: HEALTH PROFESSIONS EDUCATION, 1.37% LINE 7G: SUBSIDIZED HEALTH SERVICES, 0.28% LINE 7I: CASH AND IN-KIND CONTRIBUTIONS, 0.02% LINE 7J: TOTAL OTHER BENEFITS, 2.08% LINE 7K: TOTAL FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS, 5.57% BAD DEBT EXPENSE SUBTRACTED FROM LINE 7, COLUMN (F): N/A - BAD DEBT IS AN IMPLICIT PRICE CONCESSION AND A REDUCTION OF PATIENT REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	<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) RAISING AWARENESS ABOUT THE ST. LUKE'S PASTORAL CARE DEPARTMENT AND CLINICAL PASTORAL EDUCATION PROGRAM; AND, 4) 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 5	<p>PART III, LINE 2 AND LINE 3: COSTING METHODOLOGY COST TO CHARGE RATIO SUPPLEMENTAL INFORMATION 6 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. SUPPLEMENTAL INFORMATION 7 PART III, LINE 4 NOTE 3 - PATIENT SERVICE REVENUE AND OTHER OPERATING REVENUE (ST. LUKE'S HEALTH CORPORATION NOTES TO CONSOLIDATED FINANCIAL STATEMENTS) - "ST. LUKE'S DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR GOODS AND SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED AND UNDERINSURED PATIENTS IN ACCORDANCE WITH ST. LUKE'S POLICY, AND IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENTS. ST. LUKE'S DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. ST. LUKE'S DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS." SUPPLEMENTAL INFORMATION 8 PART III, LINE 8 PROVISION OF CARE TO MEDICARE BENEFICIARIES MEETS A NEED IN THE COMMUNITY AND ANY SHORTFALL IS CONSIDERED TO BE A COMMUNITY BENEFIT. COSTING METHODOLOGY USED TO DETERMINE MEDICARE ALLOWABLE COSTS - COST TO CHARGE RATIOS/MEDICARE COST REPORT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	<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. PATIENTS ARE TREATED WITH DIGNITY, RESPECT AND IN LINE WITH OUR MISSION AND VALUES.</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	<p>PART VI, LINE 2: NEEDS ASSESSMENT ST. LUKE'S HOSPITAL HAS A STRONG COMMITMENT TO THE HEALTH OF OUR COMMUNITY. THROUGH THE HOSPITAL AND MORE THAN 30 AFFILIATED FACILITIES, WE IMPACT THE HEALTH OF PATIENTS EVERY DAY. BEYOND DELIVERING INPATIENT AND OUTPATIENT CARE AND AS A LEADER IN CLINICAL AND COMMUNITY EDUCATION, WE HAVE AN ACTIVE COMMUNITY OUTREACH OFFERING THAT PROVIDES A WIDE RANGE OF HEALTH AND WELLNESS EDUCATION OPPORTUNITIES EACH YEAR TO OUR COMMUNITY, WITH MANY FREE AND LOW-COST PROGRAMS AVAILABLE. ADDITIONALLY, WE WORK WITH EMPLOYERS ACROSS THE AREA TO BRING HEALTH EDUCATION AND SCREENINGS TO THEIR WORKSITES. IN 2017, THE NETWORK OF HOSPITALS AND HEALTHCARE PROVIDERS WHO COLLABORATE TO GATHER FEEDBACK FROM THE COMMUNITY FOR ASSESSMENT STRENGTHENED ITS COMMITMENT, AND ST. LUKE'S HOSPITAL JOINED THE ST. LOUIS PARTNERSHIP FOR A HEALTHY COMMUNITY (STLPHC). THROUGHOUT THEIR HEALTH ASSESSMENT PROCESS, THE STLPHC WAS FOCUSED ON A SYSTEMS LEVEL CHANGE, WITH COMMUNITY ENGAGEMENT AND INCLUSION SERVING AS CORE GUIDING PRINCIPLES. THROUGH LISTENING SESSIONS, SURVEYS AND FOCUS GROUPS, THE STLPHC WORKED TO IDENTIFY THEMES ON WHAT A HEALTHY COMMUNITY SHOULD LOOK LIKE FOR ST. LOUIS AREA RESIDENTS, AND IDENTIFIED BOTH BARRIERS AND FACILITATORS FOR HEALTH IN THE REGION. THE INTERESTS OF THE ST. LUKE'S COMMUNITY ARE REPRESENTED BY A COMMUNITY BENEFIT COORDINATOR INVOLVED WITH SEVERAL COMMUNITY ORGANIZATIONS AND COALITIONS, INCLUDING THE ST. LOUIS PARTNERSHIP FOR A HEALTHY COMMUNITY AND ITS REGIONAL LEADERSHIP AND PLANNING GROUP, AND THE ST. LOUIS COUNTY HOSPITAL COLLABORATIVE. PROMOTING HEALTH AND WELLNESS IN OUR COMMUNITY HAS ALWAYS BEEN CENTRAL TO ST. LUKE'S MISSION. IN ORDER TO BETTER UNDERSTAND WHERE THE COMMUNITY STANDS ON IMPORTANT MEASURES OF HEALTH, AND TO ENGAGE COMMUNITY MEMBERS DIRECTLY IN PROVIDING FEEDBACK ON OUR PRIORITIES, ST. LUKE'S CONDUCTS A FORMAL AND COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS. BASED ON THOSE FINDINGS, OUR TEAM CAN BETTER UNDERSTAND TRENDS IN HEALTH STATUS AND CAN FORMULATE SYSTEMATIC STRATEGIES TO ADDRESS THE MOST PRESSING NEEDS. OUR IMPLEMENTATION PLAN WITH MEASURABLE GOALS ADDRESSES THESE SPECIFIC PRIORITIES, WHILE HOSPITAL EFFORTS CONTINUE TO ADDRESS A WIDE VARIETY OF COMMUNITY HEALTH NEEDS AND TO COLLABORATE WITH OTHER COMMUNITY RESOURCES. 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 2019) 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. BASED ON CURRENT HEALTH DATA, COMMUNITY INPUT THROUGH FOCUS GROUPS AND SURVEYS, AND IN CONSIDERATION OF REGIONAL STRATEGIES, ST. LUKE'S HOSPITAL'S 2019 CHNA IMPLEMENTATION PLAN IDENTIFIES FOUR PRIORITY NEED AREAS ON WHICH TO FOCUS TO IMPLEMENT ACTIONABLE INITIATIVES BETWEEN FISCAL YEARS 2020 - 2022, INCLUDING: . DIABETES PREVENTION AND SELF-MANAGEMENT . OPIOID USE DISORDER . HEALTH LITERACY AND CULTURAL COMPETENCY . ACCESS TO CARE FOR OLDER ADULTS HEALTH PRIORITY: DIABETES PREVENTION AND SELF-MANAGEMENT GOAL: IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WITH DIABETES AND DECREASING DIABETES INCIDENCE ACTION PLAN: -MARKET LOCAL HEALTH SERVICES RELATED TO DIABETES PREVENTION AND MANAGEMENT -INCREASE PHYSICIAN REFERRALS TO IN-HOUSE DPP OR DIABETES SELF-MANAGEMENT PROGRAMS -PROVIDE DIABETES PREVENTION AND/OR MANAGEMENT COMMUNITY CLASSES AND EXERCISE PROGRAMS -FACILITATE LOCAL FARM TO HOSPITAL INITIATIVES AT ST. LUKE'S HOSPITAL -PROVIDE COMMUNITY GROCERY STORE TOURS -HOST ANNUAL DIABETES UPDATE EVENT OUTCOME MEASUREMENTS: -COMMUNITY EDUCATION CLASSES AND EXERCISE PROGRAMS: -EVALUATE SUCCESS OF PROGRAM THROUGH PRE/POST TESTS -SOLICIT PARTICIPANT FEEDBACK TO IMPROVE CLASS OFFERINGS AND CONTENT -RECORD NUMBER OF READMISSIONS DUE TO DIABETES-RELATED COMPLICATIONS -RECORD NUMBER OF HEMOGLOBIN A1C TESTS PROVIDED TO PATIENTS -TRACK OUTCOMES OF DIABETES PREVENTION PROGRAMS, INCLUDING WEIGHT LOST -TRACK REFERRALS TO COMMUNITY SUPPORT PROGRAMS AND RESOURCES HEALTH PRIORITY: OPIOID USE DISORDER GOAL: REDUCE THE NUMBER OF OPIOID-RELATED DEATHS ACTION PLAN: -STREAMLINE PDMP ENROLLMENT WITH NEW PHYSICIAN ON-BOARDING AND MEDICAL RESIDENCY PROGRAMS -CONDUCT ONGOING TRAINING/EDUCATION FOR PHYSICIANS AND PRACTICES ON PDMP UTILIZATION -ENACT AND MONITOR PAIN MANAGEMENT PROTOCOLS FOR THE PRESCRIPTION OF OPIOID MEDICATIONS -PATIENT EDUCATION</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	<p> CATION ON NALOXONE WITH PRESCRIPTION OPIOID MEDICATIONS -PROMOTE DISTRIBUTION OF OPIOID ADICTION RESOURCE GUIDE -SUPPORT MEDICATION TAKE-BACK AT LOCAL INDEPENDENT LIVING FACILITIES -EXPLORE PROCURING ADDITIONAL SUPPORT STAFF FOR HOSPITALISTS, EMERGENCY ROOM AND PHYSICIAN PRACTICES (EX: RECOVERY COACHES OR PAIN MANAGEMENT COORDINATORS) OUTCOME MEASUREMENTS: -TRACK PATIENT SEARCHES/PRESCRIPTIONS DISPENSED THROUGH ST. LOUIS COUNTY DRIVEN PDMP -MONITOR ENFORCEMENT OF INTERNAL DRUG PRESCRIPTION PROTOCOLS, INCLUDING NUMBER OF NALOXONE PRESCRIPTIONS RECOMMENDED AND FILLED -REPORT NONFATAL OVERDOSES AND TRACK PATIENT REFERRALS FOR FOLLOW UP TREATMENT -RECORD POUNDS OF PRESCRIPTION MEDICATION DISPOSED OF THROUGH PRESCRIPTION DRUG TAKE BACK DAYS HEALTH PRIORITY: HEALTH LITERACY AND CULTURAL COMPETENCY GOAL: REDUCE HEALTH AND RACIAL DISPARITIES AND IMPROVE HEALTH OUTCOMES AND QUALITY OF LIFE OF THE COMMUNITY MEMBERS ACTION PLAN: -COORDINATE WITH CLINICAL EDUCATION, COMMUNITY OUTREACH, CME, AND MARKETING TO REVIEW CURRENT EDUCATION MATERIALS FOR READABILITY AND MAKE APPROPRIATE EDITS HOSPITAL WIDE -WORK WITH POPULATION HEALTH, COMMUNITY OUTREACH, AND MARKETING TO DETERMINE THE LANGUAGE NEEDS OF COMMUNITY -COORDINATE WITH CLINICAL EDUCATION, MARKETING, AND EXTERNAL PARTNER HEALTH LITERACY MEDIA TO PROVIDE TRAINING TO THE APPROPRIATE STLH STAFF -WORK WITH POPULATION HEALTH AND COMMUNITY OUTREACH TO REVIEW INCLUSIVITY AND APPROPRIATENESS OF PATIENT FORMS FOR THE LGBTQ COMMUNITY OUTCOME MEASUREMENTS: -RECORD PERCENTAGE OF STLH WEBSITE THAT IS AT THE APPROPRIATE READING LEVEL FOR THE COMMUNITY -RECORD NUMBER OF HEALTH LITERACY TRAININGS AND NUMBER OF PARTICIPANTS HEALTH PRIORITY: ACCESS TO CARE FOR OLDER ADULTS GOAL: INCREASE PATIENT OUTCOMES AND QUALITY OF LIFE FOR OLDER ADULTS ACTION PLAN: -OFFER COMMUNITY CLASSES/SUPPORT FOR MYSTLUKES PATIENT PORTAL -EXPAND COMMUNITY EDUCATION CLASSES GEARED FOR OLDER ADULTS (E.G. PRESCRIPTION ADHERENCE) -IMPLEMENT A "SENIOR HUB" PROGRAM AT ST. LUKE'S CAMPUSES TO CONNECT SENIORS WITH EDUCATION, RESOURCES AND HELP THEM NAVIGATE ELECTRONIC MEDICAL RECORD PORTAL -EXPLORE POSSIBILITY OF CREATING GERIATRIC SPECIALTY UNITS WITHIN APPROPRIATE DEPARTMENTS OF THE HOSPITAL OUTCOME MEASUREMENTS: -COMMUNITY EDUCATION CLASSES: -EVALUATE SUCCESS OF PROGRAM THROUGH PRE/POST TESTS -RECORD NUMBER OF EDUCATION CLASSES GEARED TOWARDS OLDER ADULTS AND NUMBER OF PARTICIPANTS -TRACK UTILIZATION OF MYSTLUKES PORTAL -MONITOR REACH OF SENIOR HUBS </p>

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	<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 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. -PATIENTS ARE OFFERED A COPY OF THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUPPLEMENTAL INFORMATION 12 PART VI, LINE 4: COMMUNITY INFORMATION ST. LUKE'S SERVES THE REGION FROM MORE THAN 30 LOCATIONS ACROSS ST. LOUIS AND ST. CHARLES COUNTIES AND THE METRO EAST, 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 1.4 MILLION, WITH OVER 550,000 HOUSEHOLDS. IN ADDITION, PATIENTS FROM ST. CLAIR AND MADISON COUNTIES IN ILLINOIS UTILIZE ST. LUKE'S HOSPITAL.</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	<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 N ATIONAL 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 T O DATE TO RECEIVE ONGOING HEALTH INFORMATION ABOUT KEY HEALTH TOPICS AND INFORMATION ON MA NY FREE HEALTH EDUCATION PROGRAMS OFFERED BY ST. LUKE'S. -ST. LUKE'S SUPPORTS THE LEADERSH IP CHESTERFIELD PROGRAM BY PROVIDING SPEAKERS AND MEETING ROOMS FOR THIS GROUP. THIS PROGR AM IS STRUCTURED TO CHALLENGE BUSINESS PROFESSIONALS AND COMMUNITY MEMBERS BY ADDRESSING T OPICS SUCH AS GOVERNMENT AND PUBLIC SERVICE, HISTORY, ARTS AND CULTURE, EDUCATION AND TRAI NING, HEALTH CARE AND QUALITY OF LIFE, AND COMMUNITY GROWTH AND DEVELOPMENT. -ST. LUKE'S P ARTICIPATES ON THE CHESTERFIELD CHAMBER OF COMMERCE BOARD OF DIRECTORS AND IS AN ACTIVE PA RTICIPANT IN VARIOUS AREA CHAMBERS OF COMMERCE WITHIN ITS SERVICE AREA. -A ST. LUKE'S LEAD ERSHIP 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 CENT ER. THIS COMMITTEE MEETS TO DISCUSS ENVIRONMENT AND INFRASTRUCTURE, EDUCATION, HEALTH AND PUBLIC POLICY. -A ST. LUKE'S SENIOR STAFF MEMBER PARTICIPATES ON THE EPISCOPAL-PRESBYTERIA N TRUST FUND BOARD, WHICH DONATES SIGNIFICANT MONIES TO HELP THE POOR IN THE CITY OF ST. L OUIS. -A ST. LUKE'S SENIOR STAFF MEMBER PARTICIPATES ON THE CHESTERFIELD DEVELOPMENT ADVIS ORY BOARD. THIS GROUP PROVIDES A SOUNDING BOARD FOR THE MAYOR AND STAFF, AS WELL AS AN OPP ORTUNITY TO SEEK THE OPINION OF LOCAL BUSINESS LEADERS. -ST. LUKE'S COMMUNITY OUTREACH DEP ARTMENT STRONGLY SUPPORTS THE AREA'S SCHOOL NURSES, PROVIDING MEETING ROOMS AND MISSOURI N URSING ASSOCIATION (MONA) CREDIT HOURS FOR THEIR EDUCATIONAL MONTHLY MEETINGS AND AN ANNUA L "CONCEPTS IN SCHOOL NURSING" WORKSHOP. FOCUS IS ON THE KEY "HOT TOPICS" SCHOOL NURSES MU ST ADDRESS TO KEEP STUDENTS HEALTHY AND SAFE IN THE SCHOOL ENVIRONMENT. -ST. LUKE'S ALSO P ARTNERS WITH ACADEMIC FACILITIES THROUGHOUT THE REGION BY PROVIDING SUPERVISED INTERNSHIPS FOR COLLEGE AND GRADUATE STUDENTS IN VARIOUS HEALTHCARE FIELDS (NURSING, PHYSICAL THERAPY , HOSPITAL ADMINISTRATION, HEALTH INFORMATION SERVICES, SOCIAL SERVICES, ETC.). THESE INTE RNSHIPS PROVIDE NEW GRADUATES WITH THE REAL LIFE PROFESSIONAL EXPERIENCE THEY NEED PRIOR T O ENTERING THE WORKFORCE AS A HEALTHCARE PROFESSIONAL. -ST. LUKE'S OFFERS USE OF ITS INSTI TUTE 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 AUTHO R TWO HEALTH COLUMNS IN THE ST. LOUIS POST-DISPATCH NEWSPAPER EACH MONTH TO RAISE AWARENES S ABOUT KEY HEALTH TOPICS. THE PHYSICIANS AND HEALTH EDUCATORS ALSO CONDUCT MEDIA INTERVIE WS FOR PRINT AND TELEVISION ON KEY HEALTH TOPICS TO HELP EDUCATE THE PUBLIC ON DIAGNOSIS A ND TREATMENTS FOR VARIOUS MEDICAL CONDITIONS. -ST. LUKE'S WORKS WITH AREA PUBLIC AND PRIVA TE 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 PATIENT S AND THE COMMUNITY. ST. LUKE'S OFFERS SERVICES FROM MORE THAN 30 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, OUTPATI ENT SERVICES, PEDIATRICS AND COMPREHENSIVE SURGICAL SERVICES. GIVEN THE DRAMATIC GROWTH IN THE NUMBER OF PEOPLE USING THE INTERNET TO OBTAIN INFORMATION ON HEALTHCARE, ST. LUKE'S U TILIZES TECHNOLOGY RESOURCES TO IMPROVE THE HEALTH OF THE COMMUNITY AND EDUCATE PATIENTS A ND 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 AFF ECT WOMEN OF ALL AGES. -PEDIATRIC CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION , DIAGNOSIS, TREATMENT, AND CARE OF CONDITIONS THAT AFFECT NEWBORNS, CHILDREN, AND ADOLESC ENTS. -SENIOR CENTER - PROVIDES IN-DEPTH INFORMATION ON THE PREVENTION, DIAGNOSIS, TREATME NT, AND CARE OF CONDITIONS THAT BECOME MORE COMMON AS PEOPLE AGE. -MULTIMEDIA ENCYCLOPEDIA - TAKE CHARGE OF YOUR HEALTH AND GAIN KNOWLEDGE BY WATCHING INFORMATIVE MULTIMEDIA PRESEN TATIONS. -SYMPTOM NAVIGATOR - "WHERE DOES IT HURT?" -MY CHECKUPS - KNOW WHEN TO SCHEDULE I MPORTANT EXAMS. -IN-DEPTH REPORTS - 100 TOPICS FOR ADVANCED STUDY. -WELLNESS TOOLS - HEALT H CALCULATORS INCLUDING: BODY MASS INDEX, CALORIE BURNER COUNTER, TARGET HEART RATE, IDEAL BODY WEIGHT, NUTRITIONAL NEEDS AND WAIST TO HIP C</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	<p>ALCULATORS. -HEALTH RISK ASSESSMENTS - THESE ONLINE ASSESSMENTS FOR LIFESTYLE AND CONDITIONS PROVIDE THE COMMUNITY WITH A PERSONALIZED ASSESSMENT OF HEALTH STATUS AND RISK OF DEVELOPING DISEASES IN THE FUTURE. 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 650 PHYSICIANS ON THE MEDICAL STAFF AT JUNE 30, 2020, 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 14	PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM N/A SUPPLEMENTAL INFORMATION 15 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)

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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		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
1	ST LUKE'S HOSPITAL 232 S WOODS MILL RD CHESTERFIELD, MO 63017 WWW.STLUKES-STL.COM 274-45	X	X		X			X			1
2	ST LUKE'S REHABILITATION HOSPITAL 14709 OLIVE BLVD CHESTERFIELD, MO 63017 WWW.STLUKES-STL.COM/SERVICE/REHAB 560-0	X								REHABILITATION HOSP.	2

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION C	ASIDE FROM SUPPLEMENTAL INFORMATIONS 5 AND 7, THE SUPPLEMENTAL INFORMATION PROVIDED IN SCHEDULE H, PART V, SECTION C APPLIES TO BOTH ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS (ST. LUKE'S HOSPITAL) AND ST. LUKE'S REHABILITATION HOSPITAL (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.

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	<p>PART V, SECTION B, LINES 5, 6A, AND 6B THE HOSPITAL FACILITY SOLICITED INPUT FROM AREA HEA LTH EXPERTS AND COMMUNITY LEADERS, AND SELECTED PRIMARY AND SECONDARY SURVEY SOURCES OF IN PUT TO IDENTIFY TARGET AREAS FOR IMPROVEMENT WHEN CONDUCTING THE 2019 COMMUNITY HEALTH NEE DS ASSESSMENT (CHNA). AS OUTLINED IN THE COMMUNITY INPUT FOCUS GROUPS SECTION OF THE ST. L UKE'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019, THE PRIMARY RESEARCH METHODOLOGY IN CLUDED COLLABORATION WITH ST. LUKE'S DES PERES HOSPITAL, BJC HEALTHCARE, MISSOURI BAPTIST MEDICAL CENTER, BARNES JEWISH WEST COUNTY, MERCY HOSPITAL ST. LOUIS, AND MERCY HOSPITAL SO UTH IN SOLICITING INPUT FROM HEALTH EXPERTS AND INDIVIDUALS WITH SPECIAL INTEREST IN POPUL ATIONS SERVED BY THESE HOSPITALS, SPECIFICALLY IN THE WEST AND SOUTH ST. LOUIS COUNTY AREA S. NINETEEN (19) INDIVIDUALS REPRESENTING VARIOUS ST. LOUIS COUNTY ORGANIZATIONS PARTICIPA TED IN A FOCUS GROUP PROCESS. THE COMMUNITY STAKEHOLDER FOCUS GROUP MEMBERS (AS OUTLINED I N APPENDIX E OF THE CHNA REPORT) REPRESENTED THE FOLLOWING ORGANIZATIONS: -ALIVE -AMERICAN CANCER SOCIETY -AMERICAN DIABETES ASSOCIATION -AMERICAN HEART ASSOCIATION -BEHAVIORAL HEA LTH NETWORK -CITY OF OLIVETTE -GATEWAY REGION YMCA -INTEGRATED HEALTH NETWORK -INTERNATION AL INSTITUTE OF ST. LOUIS -JEWISH FEDERATION OF ST. LOUIS -KIRKWOOD FIRE DEPARTMENT -LIUNA -NATIONAL COUNCIL ON ALCOHOLISM AND DRUG ABUSE -PEOPLE'S HEALTH CENTERS/HOPEWELL COMMUNIT Y MENTAL HEALTH CENTER -ST. LOUIS COUNTY PUBLIC HEALTH DEPT. -ST. LOUIS COUNSELING -ST. LO UIS SUBURBAN SCHOOL NURSES ASSOCIATION -UNITED WAY A FOCUS GROUP WAS CONDUCTED IN AUGUST 2 018 TO SOLICIT FEEDBACK FROM THESE INDIVIDUALS ON THE NEEDS OF THE ST. LOUIS COUNTY POPULA TION. PARTICIPANTS WERE GIVEN THE LIST OF THE NEEDS IDENTIFIED IN THE 2016 ASSESSMENT AND ASKED TO EVALUATE AND RE-RANK THEM ON A SCALE OF 1 (LOW) TO 5 (HIGH), BASED ON THEIR PERCE IVED LEVEL OF COMMUNITY CONCERN AND THE ABILITY OF COMMUNITY ORGANIZATIONS TO COLLABORATE AROUND THEM (SEE CHART ON PAGE 20 OF THE CHNA REPORT). TO FURTHER VALIDATE THE PRIORITIZED NEEDS DETERMINED BY THE FOCUS GROUP, ST. LUKE'S HOSPITAL SURVEYED DAY OF DANCE PARTICIPAN TS (FREE WELLNESS EVENT), COMPLETED A HEALTH STATUS SURVEY, AND COMPILED RESULTS AND KEY F INDINGS FROM THE COMPLETED SURVEYS INTO A GROUP HEALTH PROFILE AND COMPARED TO THE 2018 DA TA. (SEE RESULTS ON PAGE 22 OF THE CHNA.) IN ADDITION, ST. LUKE'S PROVIDES A WORKSITE WELL NESS PROGRAM CALLED PASSPORT TO WELLNESS TO MORE THAN 200 LOCAL EMPLOYERS (INCLUDING ST. L UKE'S EMPLOYEES). THROUGH A HEALTH RISK ASSESSMENT, WE COLLECT AND AGGREGATE DATA. THE DAT A WAS COLLECTED USING A GROUP HEALTH REPORT FROM 2016 COMPARED WITH THE SAME CONSUMERS IN 2018 (SEE PAGE 22 AND APPENDIX H OF THE CHNA REPORT FOR THE COMPARISON). IN ADDITION TO TH E PRIMARY RESEARCH, ST. LUKE'S UTILIZED THE FOLLOWING MAJOR SECONDARY DATA SOURCES: -ST. L OUIS REGION COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN, PUBLISHED A UGUST 2018 (SEE PAGE 13 OF THE</p>

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	CHNA REPORT AND APPENDIX C) -ST. LOUIS COUNTY DEPT. OF PUBLIC HEALTH "LEADING CAUSES OF DEATH" REPORT, PUBLISHED FEBRUARY 2018 (SEE PAGES 13 - 15 OF THE CHNA REPORT AND APPENDIX D) -2019 ST. LOUIS COUNTY HEALTH RANKINGS AND ROADMAPS REPORT (SEE PAGE 13 OF THE CHNA REPORT AND APPENDIX B) IN 2017, THE NETWORK OF HOSPITALS AND HEALTHCARE PROVIDERS WHO COLLABORATED TO GATHER FEEDBACK FROM THE COMMUNITY FOR ASSESSMENT STRENGTHENED ITS COMMITMENT, AND ST. LUKE'S HOSPITAL JOINED THE ST. LOUIS PARTNERSHIP FOR A HEALTHY COMMUNITY (STLPHC). THROUGHOUT THEIR HEALTH ASSESSMENT PROCESS, THE STLPHC WAS FOCUSED ON A SYSTEMS LEVEL CHANGE, WITH COMMUNITY ENGAGEMENT AND INCLUSION SERVING AS CORE GUIDING PRINCIPLES. THROUGH LISTENING SESSIONS, SURVEYS AND FOCUS GROUPS, THE STLPHC WORKED TO IDENTIFY THEMES ON WHAT A HEALTHY COMMUNITY SHOULD LOOK LIKE FOR ST. LOUIS AREA RESIDENTS, AND IDENTIFIED BOTH BARRIERS AND FACILITATORS FOR HEALTH IN THE REGION.

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	<p>PART V, SECTION B, LINE 7A WEBSITE URL: 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 BASED ON CURRENT HEALTH DATA, COMMUNITY INPUT THROUGH FOCUS GROUPS AND SURVEYS, AND IN CONSIDERATION OF REGIONAL STRATEGIES, ST. LUKE'S HOSPITAL'S 201 9 CHNA IMPLEMENTATION PLAN IDENTIFIES FOUR PRIORITY NEED AREAS ON WHICH TO FOCUS TO IMLEM ENT ACTIONABLE INITIATIVES BETWEEN FISCAL YEARS 2020 - 2022, INCLUDING: . DIABETES PREVENT ION AND SELF-MANAGEMENT . OPIOID USE DISORDER . HEALTH LITERACY AND CULTURAL COMPETENCY . ACCESS TO CARE FOR OLDER ADULTS WHILE THE NATURE OF COVID-19 DURING FISCAL YEAR 2020 PRESE NTED A CHALLENGE FOR IMPLEMENTATION OF MANY PLANNED ACTIONS TO PROGRESS TOWARD ACHIEVING S TRATEGIES, THE FOLLOWING ACTIONS WERE TAKEN TO ADDRESS THE PRIORITY NEEDS IDENTIFIED IN TH E 2019 CHNA: 1) DIABETES PREVENTION AND SELF-MANAGEMENT: A. INCREASED HEALTHY LIFESTYLE AN D DIABETES CARE EDUCATION OF PATIENTS THROUGH I) IMPLEMENTATION OF DIABETES UPDATE (ANNUAL EVENT TO RAISE AWARENESS ABOUT DIABETES AND ITS BURDEN IN THE COMMUNITY) VIRTUALLY WITH 3 0 PEOPLE ATTENDING, II) OFFERED 19 DIABETES PREVENTION AND MANAGEMENT CLASSES WITH 302 ATT ENDEES; B. PROVIDED DIABETES EDUCATION FOR PHYSICIANS THROUGH I) GRAND ROUNDS IN NOVEMBER 2019 TO DISCUSS PERSONALIZED MEDICINE, TO ANALYZE THE CONTRIBUTION OF CARDIOVASCULAR OUTCO ME TRIALS IN BENEFITING PATIENTS WITH TYPE 2 DIABETES, AND TO DISCUSS THE POSSIBILITY OF P REVENTING TYPE 2 DIABETES. 2) OPIOID USE DISORDER: A. EDUCATED PHYSICIANS THROUGH I) GRAND ROUNDS IN NOVEMBER 2019 TO DESCRIBE THE FACTORS CONTRIBUTING TO THE NEED FOR FAST-ACTING ANTIDEPRESSANTS AND ANALYZE THE ROLE OF KETAMINE AND NEUROSTEROIDS TO TREAT DEPRESSION IN THE PLACE OF OPIOIDS OR OTHER ILLEGAL SUBSTANCES, II) PLANNED FOR FY21 THREE-PART OPIOID S ERIES IN PARTNERSHIP WITH PREVENTED TO EDUCATE THE COMMUNITY OF THE OPIOID CRISIS; ITS IMP ACT ON HOSPITALS; SIGNS, SYMPTOMS, AND TREATMENT; ITS IMPACT ON THE INDIVIDUAL; AND HOW TO TALK WITH CHILDREN ABOUT OPIOIDS. 3) HEALTH LITERACY AND CULTURAL COMPETENCY: A. IMPROVED PATIENT MATERIALS AND EDUCATION THROUGH I) DEVELOPING COVID-19 VACCINATION MATERIALS TO E XPAND GENDER CHOICES BEYOND BINARY OPTIONS, INCLUSIVE OF TRANSGENDER AND OTHER, II) ADDING THE ABILITY TO TRANSLATE ONLINE WELLNESS SURVEYS IN REAL-TIME. 4) ACCESS TO CARE FOR OLDE R ADULTS: A. EDUCATED OLDER ADULTS IN THE COMMUNITY OF MYSTLUKES PATIENT PORTAL THROUGH I) ADDITION OF AN INTRODUCTORY SUMMARY VIDEO ON THE PATIENT PORTAL WEBSITE IN APRIL 2020, WI TH 334 UNIQUE VIEWS BETWEEN APRIL AND JUNE. IN THE "OTHER IDENTIFIED NEEDS" SECTION OF THE CHNA REPORT, THE FOLLOWING HEALTH ISSUES WERE ALSO IDENTIFIED THROUGH THE COMMUNITY HEALT H NEEDS ASSESSMENT AND EXISTING RESOURCES TO MEET THESE NEEDS IN THE COMMUNITY ARE ADDRESS ED. ACCESS ACCESS TO SERVICES</p>

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	<p>DESCRIBES THE CAPACITY FOR INDIVIDUALS TO AFFORD AND ACCESS ACCEPTABLE, QUALITY HEALTH CARE IN A TIMELY AND CULTURALLY COMPETENT MANNER. BARRIERS TO ACCESS INCLUDE HIGH COST OF CARE, LACK OF INSURANCE OR UNDERINSURANCE, LOW INCOME, LACK OF SAFE AND RELIABLE TRANSPORTATION, HEALTH LITERACY OR LINGUISTIC SERVICES, LOCATION AND INCONVENIENT HOURS OF OPERATION. WHILE ST. LOUIS COUNTY HAS A STRONG RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS (83 0:1) COMPARED TO THE STATE (1,420:1), ACCESS TO SERVICES WAS LISTED AS A TOP CONCERN BY FOCUS GROUPS IN THE COMMUNITY, RANKING 4TH BELOW BEHAVIORAL/MENTAL HEALTH, ALCOHOL/SUBSTANCE ABUSE, AND MATERNAL/CHILD HEALTH IN THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT. (ACCESS TO COVERAGE RANKED 7TH.) AS A SUBPOPULATION OF ST. LOUIS COUNTY, ST. LUKE'S 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. LOUIS COUNTY AS A WHOLE AND 17% IN THE STATE OF MISSOURI (ST. LOUIS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2012). 91% NAMED A DOCTOR'S OFFICE AS A USUAL SOURCE OF CARE, AND LESS THAN 19% REPORTED NOT HAVING A CHECKUP WITHIN THE LAST TWO YEARS (ST. LOUIS COUNTY COMMUNITY 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 UNDERINSURED PATIENTS IN A NUMBER OF WAYS, INCLUDING RAISING AWARENESS OF MEDICAID HEALTH INSURANCE AND THE HOSPITAL'S SELF-PAY PLAN FOR PATIENTS. FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR PATIENTS DEPENDING ON INCOME, FAMILY SIZE AND MEDICAL NEEDS. ELIGIBILITY IS BASED ON FEDERAL POVERTY GUIDELINES. ASSISTANCE MAY BE AVAILABLE IN THE FORM OF FREE SERVICES OR REDUCED RATES. ST. LUKE'S OVER 30 LOCATIONS ACROSS ST. LOUIS AND ST. CHARLES COUNTIES AND THE METRO EAST, INCLUDING 9 URGENT AND CONVENIENT CARE CENTERS, FACILITATE ACCESS TO CARE ACROSS THE REGION. EACH FACILITY PROVIDES FREE PARKING AND ADA ACCESSIBILITY. URGENT CARE 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 PREVENTIVE 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 ANNUAL OPERATING COSTS OF APPROXIMATELY \$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 EQUIPMENT FOR THE CLINIC. THROUGH THE ST. LUKE'S CENTER FOR DIAGNOSTIC IMAGING, IMA</p>

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	<p>GING SERVICES ARE PROVIDED FREE OR AT A REDUCED COST TO PATIENTS. CHRONIC CONDITIONS ARE M ANAGED AND CARE IS COORDINATED THROUGH ARRANGEMENTS WITH OTHER HOSPITAL DEPARTMENTS AND ME MBERS OF ST. LUKE'S MEDICAL STAFF, WITH FINANCIAL ASSISTANCE PROVIDED. VOLUNTEERS IN MEDIC INE IS A NATIONAL NONPROFIT DEDICATED TO BUILDING A NETWORK OF SUSTAINABLE FREE PRIMARY HE ALTH CARE CLINICS FOR THE UNINSURED IN LOCAL COMMUNITIES. OUR LOCAL WEST COUNTY CHAPTER SE RVES 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. SUBSTANC E ABUSE FOUR MAJOR CONCERNS REGARDING DRUG AND ALCOHOL ABUSE WERE IDENTIFIED BY FOCUS GROU P 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. WHI LE ST. LUKE'S HAS PRIORITIZED ACTION ITEMS TO ADDRESS PRESCRIPTION MEDICATION ABUSE THROUG H THE OPIOID USE DISORDER ACTION TEAM, SEVERAL OTHER RESOURCES IN ST. LOUIS COUNTY EXIST W ITH A FOCUS ON PROVIDING INTERVENTION AND TREATMENT FOR THESE ISSUES: -ALCOHOLICS ANONYMOU S ST. LOUIS CHAPTER -BARNES-JEWISH HOSPITAL CHEMICAL DEPENDENCY PROGRAM -CENTERPOINTE OUTP ATIENT CENTER -HYLAND BEHAVIORAL HEALTH -MERCY BEHAVIORAL HEALTH -NATIONAL COUNCIL ON ALCO HOLISM AND DRUG ABUSE (NCADA) - ST. LOUIS AREA -PROVIDENCE COUNSELING MENTAL HEALTH THE ST AKEHOLDER FOCUS GROUPS IDENTIFIED TWO MAJOR NEEDS FOR MENTAL HEALTH WITHIN THE WEST COUNTY AREA: 1) A NEED FOR OUTPATIENT MENTAL HEALTH FOR ADULTS AND 2) A NEED FOR ADOLESCENT DAY CARE FOR CHILDREN DISCHARGED FROM HOSPITALS NEEDING EXTRA SUPPORT. ST. LOUIS COUNTY HAS A VERY ROBUST OFFERING OF BEHAVIORAL HEALTH SERVICES TO ADEQUATELY ADDRESS THIS HEALTH ISSUE : -BARNES-JEWISH HOSPITAL -MERCY HOSPITAL ST. LOUIS -MERCY HOSPITAL SOUTH -SSM DEPAUL HEAL TH CENTER -SSM ST. MARY'S HEALTH CENTER -ST. LOUIS CHILDREN'S HOSPITAL -GRACE HILL CLINIC -KIDS FIRST IN ST. LOUIS COUNTY THE ST. LOUIS COUNTY HEALTH AND WELLNESS PROGRAM OFFERS A FAMILY MENTAL HEALTH COLLABORATIVE, WHICH FOCUSES ON MEETING THE MENTAL HEALTH NEEDS OF ST . LOUIS COUNTY. THE SERVICES ARE PROVIDED ON A SLIDING SCALE BASED ON THE FAMILY'S INCOME AND INSURANCE PLAN. INFANT MORTALITY RATE FOCUS GROUPS IDENTIFIED INFANT MORTALITY RATES A RE A CONCERN FOR THE REGION. THE LEADING CAUSES OF DEATH AMONG INFANTS ARE BIRTH DEFECTS, PRE-TERM DELIVERY, LOW BIRTH WEIGHT, SUDDEN INFANT DEATH SYNDROME (SIDS), AND MATERNAL COM PPLICATIONS DURING PREGNANCY. THE MATERNAL, CHILD AND FAMILY HEALTH COALITION PROVIDES PROG RAMS AND COLLABORATES WITH ORGANIZATIONS ACROSS THE REGION TO IMPROVE BIRTH OUTCOMES, PROM OTE HEALTHY FAMILIES, AND BUILD HEALTHY COMMUNITIES BY UNITING AND MOBILIZING THE ST. LOUI S REGION.</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART V, SECTION B, LINE 13H ST. LUKE'S REHABILITATION HOSPITAL MEDICAID PENDING. SUPPLEMENTAL INFORMATION 6 PART V, SECTION B, LINE 16C: WWW.STLUKES-STL.COM/PAY SUPPLEMENTAL INFORMATION 7 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. LUKE'S HOSPITAL WEBSITE, ST. LUKE'S 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 FROM HEALTHCARE SERVICES OBTAINED AT ONE OF OUR FACILITIES."

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS THE ASSISTANCE PROVIDED IS INTENDED TO BE USED FOR THE GENERAL OPERATING PURPOSES OF THE DONEE. THE USE OF GRANT FUNDS IS NOT MONITORED AFTER GRANTS ARE GIVEN.

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
CASA DE SALUD 3200 CHOUTEAU AVENUE ST LOUIS, MO 63103	27-0732049	501(C)(3)	15,000				GENERAL SUPPORT
MISSOURI PHYSICIANS HEALTH PROGRAM 680 CRAIG ROAD STE 308 ST LOUIS, MO 63141	43-1572458	501(C)(3)	10,000				GENERAL SUPPORT GENERAL SUPPORT 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
GIRL SCOUTS OF EASTERN MO INC 2300 BALL DRIVE ST LOUIS, MO 63146	43-0662471	501(C)(3)	7,500				GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT
FAMILYFORWARD 1167 CORPORATE LAKE DR ST LOUIS, MO 63132	43-0652622	501(C)(3)	7,500				GENERAL SUPPORT GENERAL SUPPORT 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
CHESTFIELD CHAMBER OF COMMERCE 101 CHESTERFIELD BUS PKWY CHESTERFIELD, MO 63005	43-1096294	501(C)(6)	6,200				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS		Employer identification number 43-0652680

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

For each individual whose compensation must be reported 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.

[illegible]

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
SUPPLEMENT INFORMATION 1	PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR FEES THE ORGANIZATION PAYS SPECIFIC SOCIAL CLUB DUES OR FEES INCURRED FOR BUSINESS PURPOSES; SUPPORTING DOCUMENTATION IS REQUIRED PRIOR TO PAYMENT. EXPENSES INCURRED FOR PERSONAL USE OF THE SOCIAL CLUB ARE PAID BY THE EXECUTIVE. ONE LISTED INDIVIDUAL RECEIVED THIS BENEFIT DURING THE YEAR.
SUPPLEMENTAL INFORMATION 2	PART I, LINE 4B CERTAIN EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT. THE PERSON RECEIVING SUCH A DISTRIBUTION IN CALENDAR YEAR 2019 IS AS FOLLOWS: RONALD LEIDENFROST, MD \$808,098
SUPPLEMENTAL INFORMATION 3	Part I, Line 5a 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				
1Christine Candio Pres & CEO thru 4/20	(i)	821,524	240,000	30,769	10,500	14,731	1,117,524	0
	(ii)	0	0	0	0	0	0	0
1Scott Johnson Executive VP & CFO	(i)	525,166	78,000	20,000	11,900	14,731	649,797	0
	(ii)	0	0	0	0	0	0	0
2Michael Boland MD Chief of Surgery	(i)	0	0	0	0	0	0	0
	(ii)	886,175	0	0	14,700	24,005	924,880	0
3Maged Haikal MD Chief of Medicine	(i)	0	0	0	0	0	0	0
	(ii)	798,258	0	0	20,300	12,790	831,348	0
4Ronald Leidenfrost MD Chairman Heart & Vascular Inst	(i)	0	0	0	0	0	0	0
	(ii)	753,864	0	808,098	20,300	14,731	1,596,993	808,098
5Jon Bettale VP Surgical Services	(i)	240,683	22,264	9,168	16,966	7,014	296,095	0
	(ii)	0	0	0	0	0	0	0
6Martha Fleischmann VP Network Finance	(i)	257,506	28,125	9,834	20,300	7,381	323,146	0
	(ii)	0	0	0	0	0	0	0
7Jan Hess VP Network Admin thru 5/20	(i)	269,367	29,480	0	31,500	14,731	345,078	0
	(ii)	0	0	0	0	0	0	0
8Sharon Mertzluft Vice President & Exec Director	(i)	239,247	26,400	0	10,052	9,609	285,308	0
	(ii)	0	0	0	0	0	0	0
9Scott Holtswarth VP Network CIO	(i)	270,486	19,976	10,577	20,300	12,603	333,942	0
	(ii)	0	0	0	0	0	0	0
10Don Miller VP Network Facilities	(i)	294,538	28,215	11,423	17,500	19,106	370,782	0
	(ii)	0	0	0	0	0	0	0
11Diane Ray SR VP/Network CNO/SLH COO	(i)	320,658	31,941	0	31,500	14,731	398,830	0
	(ii)	0	0	0	0	0	0	0
12Janette Taaffe VP Network HR	(i)	247,138	27,500	0	20,244	14,661	309,543	0
	(ii)	0	0	0	0	0	0	0
13Gregory Hudson Network CHIEF STRATEGY OFFICER	(i)	187,257	17,374	0	6,890	24,005	235,526	0
	(ii)	0	0	0	0	0	0	0
14Talat Nawas MD Hospitalist	(i)	618,047	0	0	20,300	14,731	653,078	0
	(ii)	0	0	0	0	0	0	0
15Hope Cranston D'Amato MD Medical Director ICU	(i)	604,230	0	0	14,700	14,731	633,661	0
	(ii)	0	0	0	0	0	0	0
16Michael Klevens MD Emergency Department	(i)	492,793	0	0	14,700	23,903	531,396	0
	(ii)	0	0	0	0	0	0	0
17Eric Jenkins MD CVICU	(i)	433,831	0	0	14,700	23,846	472,377	0
	(ii)	0	0	0	0	0	0	0
18Abdul Moheet MD Emergency Department	(i)	419,236	0	0	20,300	24,005	463,541	0
	(ii)	0	0	0	0	0	0	0
19William Meyer VP Network CIO thru 1/19	(i)	41,100	0	77,774	0	103	118,977	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	60637AKH4	11-12-2015	34,089,886	SEE PART VI		X		X		X
B HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	000000000	09-02-2016	25,000,000	SEE PART VI		X		X		X
C HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	000000000	12-20-2016	14,100,200	SEE PART VI		X		X		X
D HEALTH & EDUCATIONAL FACILITIES - STATE OF MO	43-1178966	60637AQL9	06-20-2019	60,066,599	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		14,680,000		4,158,620		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	34,460,816		25,000,000		14,354,534		60,332,287	
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	0		184,750		100,200		768,432	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	10,024,338		0		14,117,591		20,267,926	
11	Other spent proceeds	24,436,478		24,815,250		0		25,000,000	
12	Other unspent proceeds	0		0		136,743		14,295,929	
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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		X	
b Exception to rebate?								
c No rebate due?								
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	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 B, 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 C, 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 I, SECTION D, COLUMN F	2019 BONDS ISSUED JUNE 20, 2019 AT A FIXED RATE WITH PROCEEDS OF \$60 MILLION USED IN PART TO REFUND A PRIOR TAXABLE LOAN AND TO PARTIALLY FINANCE CAPITAL IMPROVEMENTS.

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

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

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

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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	10	379,865	FMV															
10	Securities—Closely held stock																			
11	Securities—Partnership, LLC, or trust interests																			
12	Securities—Miscellaneous																			
13	Qualified conservation contribution—Historic structures																			
14	Qualified conservation contribution—Other																			
15	Real estate—Residential																			
16	Real estate—Commercial																			
17	Real estate—Other																			
18	Collectibles																			
19	Food inventory																			
20	Drugs and medical supplies																			
21	Taxidermy																			
22	Historical artifacts																			
23	Scientific specimens																			
24	Archeological artifacts																			
25	Other ► ()																			
26	Other ► ()																			
27	Other ► ()																			
28	Other ► ()																			
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29																
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>30a</td><td></td><td>No</td></tr><tr><td>31</td><td>Yes</td><td></td></tr><tr><td>32a</td><td>Yes</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Yes	No	30a		No	31	Yes		32a	Yes				
	Yes	No																		
30a		No																		
31	Yes																			
32a	Yes																			
b	If "Yes," describe the arrangement in Part II.																			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?																			
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?																			
b	If "Yes," describe in Part II.																			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.																			

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

Return Reference	Explanation
Part I, Column (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF INDIVIDUAL CONTRIBUTIONS RECEIVED.
Part I, Line 32B	ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS USES AN OUTSIDE TRUST COMPANY TO SELL EQUITY SECURITIES CONTRIBUTED TO THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		<div>2019</div> <div>Open to Public Inspection</div>
Department of the Treasury Name of the organization ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	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 is dedicated to improving the health of the communities we serve. Using talents and resources responsibly, we provide high quality, safe care 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/education and community services. St. Luke's vision as an independent healthcare network is to create healthy communities in the region through our commitment to high quality, safe and personalized services. 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, gender, national origin, handicap, age or ability to pay. As we continue to provide quality, safe and compassionate care to heal the acutely ill in our hospitals and other locations in a cost-efficient manner, we have also increased our efforts to assist those who are living with chronic disease in their homes, to relieve their suffering and improve their quality of life. St. Luke's Home Health and Hospice services are integral to this effort. As a not-for-profit organization, St. Luke's continues to provide much needed charitable care to people throughout the St. Louis area. We also 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 team members in need. These important endeavors reflect our mission to serve 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 independent network of care provides personalized healthcare services at our 493-bed hospital in Chesterfield, Missouri and 143-bed St. Luke's Des Peres Hospital. St. Luke's also offers more than 30 other locations across the greater St. Louis area, including an outpatient center, a skilled nursing/residential care facility, eight urgent care centers, a rehabilitation hospital, diagnostic imaging centers, physician offices, a vascular access center, home health services and hospice services. Nationally-recognized for clinical excellence and patient satisfaction, St. Luke's offers care in more than 60 specialty areas including cardiology and cardiovascular surgery, cancer care, orthopedics, bariatrics, neurosurgery and neurology, 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 healthcare 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 approximately 290 volunteers who serve in more than 20 departments/sites across St. Luke's network. 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. Volunteers contribute an average of 80,000 hours of service a year. For the second year in a row, St. Luke's Hospital in Chesterfield has been named one of America's 50 Best Hospitals for Cardiac Surgery, one of America's 100 Best Hospitals for General Surgery and one of America's 100 Best Hospitals for Prostate Surgery by Healthgrades. St. Luke's is the only hospital in Missouri to achieve all three designations two years in a row (2019-2020). The cardiac surgery honor places St. Luke's among the top 50 U.S. hospitals for superior results in coronary artery bypass grafting procedures and heart valve surgery. St. Luke's Hospital is also the exclusive alliance provider in St. Louis for the nation's No. 1 heart hospital, the Cleveland Clinic H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 2	<p>heart, Vascular and Thoracic Institute. The general and prostate surgery designations also recognize St. Luke's for having superior outcomes. The general surgery rating includes bowel obstruction, colorectal, esophageal/stomach, gallbladder removal and small intestine surgeries. Also, for the sixth straight year, St. Luke's network of care has earned the Women's Choice Award as one of America's Best Hospitals. The 2020 honor recognizes St. Luke's as one of America's Best Hospitals for Bariatrics, Heart Care, Cancer Care, Obstetrics, Orthopedics and Patient Safety and as one of America's Best Breast Centers and Stroke Centers. WomenCertified Inc., an advocate for female consumers, created the national Women's Choice Award program. In addition, St. Luke's Hospital is a recipient of the Healthgrades 2020 Outstanding Patient Experience Award. This distinction places St. Luke's Hospital among the top 10 percent of hospitals nationwide based on an analysis of patient experience data. St. Luke's Hospital has also been named one of the Best Places to Work in St. Louis multiple times by the St. Louis Business Journal, most recently in 2020. St. Luke's Des Peres Hospital is a recipient of the 2020 Get With The Guidelines-Heart Failure Gold Plus Quality Achievement Award. The award recognizes the hospital's commitment to ensuring heart failure patients receive the most appropriate treatment according to nationally recognized, research-based guidelines founded in the latest scientific evidence. The goal is speeding recovery and reducing hospital readmissions for heart failure patients. St. Luke's Surrey Place has been named a Best Nursing Home for Short-Stay Rehabilitation by U.S. News and World Report. This is the second straight year St. Luke's Surrey Place has received the designation. To compile the ratings, U.S. News evaluated more than 15,000 facilities using data from the Centers for Medicare & Medicaid Services' Nursing Home Compare. The short-stay rehabilitation rating is based on the quality of care that patients received at the skilled nursing facility while recovering from a hospital stay for 100 days or less. 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 2	<p>ians. 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 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 also available. - St. Luke's offers continuing medical education (CME) for physicians. The program recently earned a six-year accreditation with commendation by the Accreditation Council for Continuing Medical Education (ACCME), ranking among the top 25 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 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, team members and physicians at both hospitals and Surrey Place (St. Luke's skilled nursing facility) and also at St. Luke's Rehabilitation Hospital upon request. The Pastoral Care Department participates in St. Luke's ministry of healing by working with the healthcare team to provide holistic care for patients, their families, visitors, physicians and team members of all faiths. The department holds regular worship services, including Episcopal and Presbyterian Eucharist Services, Roman Catholic Mass, ecumenical worship services, morning and evening prayer services and other liturgical services on special feast days. Clinical Pastoral Education (CPE) at St. Luke's Hospital, accredited by the Association of Clinical Pastoral Education, Inc., is theological and professional education for ministry. Chaplains of various faith traditions minister to persons in crisis situations, reflecting on their ministry encounters to develop their pastoral practice. - St. Luke's Mission Outreach Committee, comprised of team members across the organization, coordinates outreach efforts throughout the year. Team members, patients and physicians generously support initiatives such as winter clothing and toy drives, health screenings, food drives and school supply drives to assist the families of St. Luke's Pediatric Care Center, Isaiah 58 Ministries and Operation Food Search.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2 (CONTINUED)	<p>- 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.</p> <p>- 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.</p> <p>- Women's Health - St. Luke's helps educate women about important 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.</p> <p>- St. Luke's Passport to Wellness program partners with more than 200 local employers for worksite wellness programs, working with them to identify, address and eliminate employee health risks before they result in costly healthcare claims. Our team visits employers free of charge and collects personal health profiles from their employees. Then, we provide a group health report to identify the specific health risks present in their workforce and ways to address these risks. St. Luke's healthcare professionals coordinate and provide on-site low-cost health screenings (cholesterol, glucose, blood pressure, waist measurement), flu clinics, bone density screenings, lunchtime seminars, health coaching and ask the expert tabling events. Educational materials are provided at each offering for the employees and/or their family members. St. Luke's also provides employers with access to an Internet-based financial analysis tool that allows the employer to understand the health risks faced by workers, project how healthcare dollars will be spent and identify potential savings through the attainment of a healthier workforce. St. Luke's provides Health Information Centers (wall-mounted</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2 (CONTINUED)	<p>displays) at many employers, which are designed to educate employees on pertinent health issues and provide details regarding available health promotion activities. - St. Luke's Heart Failure Disease Management Program is a referral-based outpatient program designed to provide heart failure patients with effective, state-of-the-art disease management. This comprehensive, integrated program is designed specifically for patients living with heart failure. Patients work with their physicians and the program's multidisciplinary team to develop an individualized plan of care that includes cardiac diagnostic testing, management of medication, laboratory monitoring, education, counseling and follow-up. Patients and physicians may access the heart failure disease manager 24 hours a day. - St. Luke's Medical Group provides a nurse practitioner and medical assistant each Saturday morning to support the Healing Grace Clinic, housed on the grounds of the Central Baptist Church in Eureka, Missouri. This clinic provides medical care including office visits, testing and medications for people who are uninsured. St. Luke's Hospital has also provided equipment and supplies to the clinic at no cost. Additional services, such as imaging, are provided at no cost through arrangements with St. Luke's health care partners such as Centers for Diagnostic Imaging (CDI). - The Albert Pujols Wellness Center for Adults with Down Syndrome is solely devoted to providing services to adults, 17 years and older. Classes and programs are 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. St. Luke's also offers caregiver classes on a variety of topics. - 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 2018-2019 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 diabetes prevention and self-management; opioid use disorder; health literacy and cultural competency; and access to care for older adults. The full Community Health Needs Assessment Report is available on the St. Luke's website at stlukes-stl.com. GENERAL STATEMENT 3 PART VI, SECTION A, LINE 2 THE FOLLOWING PERSONS HAVE A BUSINESS RELATIONSHIP: -SCOTT JOHNSON -DON MILLER</p>

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Return Reference	Explanation
GENERAL STATEMENT 4	PART VI, SECTION A, LINE 6 ORGANIZATION MEMBERS OR STOCKHOLDERS ST. LUKE'S HEALTH CORPORATION, A 501 (C)(3) ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS, A REGIONAL HEALTH CARE PROVIDER.

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Return Reference	Explanation
GENERAL STATEMENT 5	<p>Part VI, Section A, Line 7b Governance Decisions of the Organization CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION, INCLUDING AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY-LAWS AND CHANGES TO THE SIZE OF THE BOARD OF DIRECTORS, ARE SUBJECT TO APPROVAL BY THE DIOCESE OF MISSOURI OF THE PROTESTANT EPISCOPAL CHURCH IN THE UNITED STATES OF AMERICA AND BY THE PRESBYTERY OF GIDDINGS-LOVEJOY OF THE PRESBYTERIAN CHURCH (U.S.A.). SUCH DECISIONS ALSO REQUIRE APPROVAL BY ST. LUKE'S HEALTH CORPORATION, THE SOLE CORPORATE MEMBER OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITAL. THE DIOCESE OF MISSOURI OF THE PROTESTANT EPISCOPAL CHURCH IN THE UNITED STATES OF AMERICA AND THE PRESBYTERY OF GIDDINGS-LOVEJOY OF THE PRESBYTERIAN CHURCH (U.S.A.) ARE ALSO REPRESENTED ON THE BOARD OF DIRECTORS OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS, HOLDING FOUR OF TWENTY POSITIONS WITH EACH POSITION HAVING ONE VOTE. GENERAL STATEMENT 6 PART VI, SECTION B, LINE 11: REVIEW OF THE 990 THE FORM 990 HAS BEEN DISCUSSED AND PRESENTED TO THE BOARD AND ITS COMMITTEES. THE ORGANIZATION PROVIDED A COPY OF THE FORM 990 TO ST. LUKE'S HEALTH CORPORATION'S FINANCE, AUDIT AND RISK COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING FOR REVIEW AND INPUT. ALL QUESTIONS RAISED WERE ADDRESSED IN ADVANCE OF SUBMISSION.</p>

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Return Reference	Explanation
GENERAL STATEMENT 7	PART VI, SECTION B, LINE 12C: CONFLICTS 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.

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Return Reference	Explanation
GENERAL STATEMENT 8	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 9	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.

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Return Reference	Explanation
GENERAL STATEMENT 10	PART VIII, LINE 7C, COLUMN I: 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.

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Return Reference	Explanation
GENERAL STATEMENT 11	PRT XI, LINE 9: OTHER CHANGES IN NET ASSETS Change in Pension Obligation (\$ 6,859,689) Transfer to Medical Group (\$ 34,073,427) Des Peres Project Fund Reimbursement (\$ 1,209,721) Change in Restricted Assets (\$ 1,102,431) ----- Fund Balance at the end of the Year (\$ 43,245,268)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	NA		No
(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		No
(3)ST LUKE'S DES PERES EPIS-PRESBY HOP 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 82-4314522	HEALTH CARE	MO	501(C)(3)	LINE 3	SL E-P HOSP	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			100.000 %	Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST LUKE'S MEDICAL GROUP	p	34,073,427	FMV
(2)ST LUKE'S MEDICAL GROUP	R	3,999,996	FMV
(3)ST LUKE'S DES PERES EPISCOPAL-PRSBYTRN HOSP	R	1,209,721	FMV

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation