

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: St Luke's Medical Group
 % 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

D Employer identification number: 43-1349332

E Telephone number: (314) 434-1500

F Name and address of principal officer:
 SCOTT JOHNSON
 232 SOUTH WOODS MILL ROAD
 CHESTERFIELD, MO 63017

G Gross receipts \$ 72,471,470

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2004 **M** State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO FURTHER THE CHARITABLE PURPOSE OF ST. LUKE'S Episcopal-PRESBYTERIAN HOSPITALS BY TRAINING AND EMPLOYING PROFESSIONALS TO PROVIDE HEALTHCARE SERVICES TO THE COMMUNITY.

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	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	771
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	61,748,413	71,409,460
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,525,517	1,062,010
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,273,930	72,471,470

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	63,438,009	80,224,889
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,457,380	21,608,145
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,895,389	101,833,034
19 Revenue less expenses. Subtract line 18 from line 12	-17,621,459	-29,361,564

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,433,078	17,271,048
21 Total liabilities (Part X, line 26)	10,353,408	11,249,475
22 Net assets or fund balances. Subtract line 21 from line 20	4,079,670	6,021,573

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: *****
 Date: 2020-05-11

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

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-05-11
 Check if self-employed PTIN: P01413237

Firm's name ▶ KPMG LLP Firm's EIN ▶
 Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH ST Phone no. (612) 305-5000
 MINNEAPOLIS, MN 55402

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 \$ 97,156,547 including grants of \$) (Revenue \$ 72,471,470)
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 ▶ 97,156,547

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V		<input checked="" type="checkbox"/>	
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	48
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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: SCOTT JOHNSON 232 SOUTH WOODS MILL RD CHESTERFIELD, MO 63017 (314) 434-1500	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g (Noncash contributions).

Table for Program Service Revenue with columns for Business Code, Total revenue, and Related or exempt function revenue. Rows include 2a-2f (PATIENT SERVICE REVENUE, ADMINISTRATIVE SUPPORT, EHR PAYMENTS, etc.) and 2g Total.

Table for Other Revenue with columns for (i) Real, (ii) Personal, (i) Securities, (ii) Other, Total revenue, and Related or exempt function revenue. Rows include 3-11 (Investment income, Rents, Securities, Fundraising events, Gaming activities, Inventory sales, Miscellaneous Revenue) and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	234,604		234,604	
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	68,260,918	66,652,305	1,608,613	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,417,437	1,362,950	54,487	
9 Other employee benefits	6,877,584	6,669,917	207,667	
10 Payroll taxes	3,434,346	3,325,571	108,775	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
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)	679,369	576,036	103,333	
12 Advertising and promotion	52,892	52,892		
13 Office expenses	1,044,473	701,970	342,503	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	6,361,222	5,324,801	1,036,421	
17 Travel	27,722	26,397	1,325	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	433,307	431,673	1,634	
23 Insurance	1,202,750	1,202,750		
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 SUPPLIES	5,071,277	5,056,216	15,061	0
b BILLING EXPENSES	2,676,076	1,714,012	962,064	
c EQUIPMENT RENTAL/MAINTENANCE	1,357,916	1,357,916		
d OTHER EXPENSES	2,701,141	2,701,141		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	101,833,034	97,156,547	4,676,487	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	767,730	2	1,891,020
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	7,868,943	4	10,367,214
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	569,602	7	0
	8 Inventories for sale or use	100,712	8	100,712
	9 Prepaid expenses and deferred charges	901,003	9	852,033
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,322,518		
	b Less: accumulated depreciation	3,916,298		
	11 Investments—publicly traded securities	0	11	0
	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	1,663,849	15	1,653,849
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,433,078	16	17,271,048	
Liabilities	17 Accounts payable and accrued expenses	10,353,408	17	11,249,475
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	10,353,408	26	11,249,475
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,079,670	27	6,021,573
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,079,670	33	6,021,573
	34 Total liabilities and net assets/fund balances	14,433,078	34	17,271,048

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,471,470
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,833,034
3	Revenue less expenses. Subtract line 2 from line 1	3	-29,361,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,079,670
5	Net unrealized gains (losses) on investments	5	
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	31,303,467
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,021,573

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis

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:
 Separate basis Consolidated basis Both consolidated and separate basis

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.

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?

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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-1349332

Name: St Luke's Medical Group

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
St Luke's Medical Group

Employer identification number
43-1349332

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 1
 - 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		
(A) ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS	430652680	3	Yes		0	0
Total	1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c Add lines 10a and 10b. . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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		Yes	
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>		No
2			No
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>		No
3a			No
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>		No
4a			No
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>		No
5a			No
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>		No
6			No
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>		No
7			No
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>		No
8			No
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>		No
9a			No
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>		No
9b			No
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>		No
9c			No
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>		No
10a			No
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?		No
b	A family member of a person described in (a) above?		No
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>		No

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>		
1		Yes	
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>		No
2			No

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
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>		
2			
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>		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b			
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>		
3a			
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>		
3b			

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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** 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Supplemental Information 1	PART I, LINE 12G: REASONS FOR PUBLIC CHARITY STATUS ST. LUKE'S MEDICAL GROUP FURTHERS THE CHARITABLE AND HEALTH PURPOSES OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS BY RECRUITING, TRAINING AND EMPLOYING QUALIFIED HEALTH CARE PROFESSIONALS TO PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY. ST. LUKE'S MEDICAL GROUP PROVIDES QUALITY MEDICAL CARE TO PATIENTS REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART IV, SECTION B, LINE 1: TYPE I SUPPORTING ORGANIZATIONS ST. LUKE'S MEDICAL GROUP'S BOARD OF DIRECTORS CONSISTS OF THREE DIRECTORS. TWO DIRECTORS SERVE THEIR POSITION AS DIRECTORS OF THE MEDICAL GROUP BY VIRTUE OF THEIR APPOINTMENT AS OFFICERS OF ST. LUKE'S MEDICAL GROUP, INC. THESE OFFICERS, THE PRESIDENT/CEO AND EXECUTIVE VICE PRESIDENT AND CFO OF ST. LUKE'S MEDICAL GROUP WERE APPOINTED BY ST. LUKE'S HEALTH CORPORATION'S BOARD. THE REMAINING DIRECTOR IS APPOINTED BY ST. LUKE'S HEALTH CORPORATION, THE SOLE MEMBER OF ST. LUKE'S MEDICAL GROUP AND ALSO A SUPPORTING ORGANIZATION TO ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 the latest information.

Name of the organization
St Luke's Medical Group

Employer identification number
43-1349332

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		653,270	624,871	28,399
d Equipment		5,669,248	3,291,427	2,377,821
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,406,220

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) OTHER ASSETS	1,653,849
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,653,849

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

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: 43-1349332

Name: St Luke's Medical Group

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 2019 OR 2018.

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Luke's Medical Group

Employer identification number
43-1349332

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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	Yes
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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	

Part III Supplemental Information

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

Return Reference	Explanation
Supplemental Information 1	PART I, LINE 4B CERTAIN EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NON QUALIFIED DEFERRED COMPENSATION ARRANGEMENT. THE PERSON RECEIVING SUCH A CONTRIBUTION IN CALENDAR YEAR 2018 IS AS FOLLOWS: RONALD LEIDENFROST, MD \$992,566 SUPPLEMENTAL INFORMATION 2 PART I, LINE 5B The filing organization is a member of a regional healthcare system controlled by St. Luke's Health Corporation. THE EXECUTIVE INCENTIVE COMPENSATION PLAN RECOGNIZES AND REINFORCES THE HOSPITAL'S STRATEGIC BALANCE SCORECARD OBJECTIVES. The incentive compensation plan is determined by a fixed formula based on achieving certain goals and objectives each year. The objectives are built around four perspectives including: 1. PATIENT/PHYSICIAN/COMMUNITY 2. EMPLOYEE 3. INTERNAL BUSINESS 4. FINANCIAL THE INCENTIVE PAY IS BASED ON MEASURABLE RESULTS AGAINST PRE-DETERMINED GOALS FOR THE OFFICERS, VICE PRESIDENTS, AND DEPARTMENT DIRECTORS OF THE HOSPITAL.

2019 Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
St Luke's Medical Group

Employer identification number

43-1349332

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 1	<p>PART III, LINE 1: DESCRIPTION OF MISSION TO FURTHER THE CHARITABLE AND HEALTH PURPOSES OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS, AND TO RECRUIT, TRAIN AND EMPLOY QUALIFIED HEALTH CARE PROFESSIONALS TO PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY. ST. LUKE'S MEDICAL GROUP PROVIDES QUALITY MEDICAL CARE TO PATIENTS REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. General Statement 2 PART V, LINE 2A THE SALARIES REFLECTED ON FORM 990, PART IX, LINE 5 & 7, WERE ALL REPORTED ON THE FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN, OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS (THE HOSPITAL), EIN 43-0652680. THESE SALARIES WERE REIMBURSED TO THE HOSPITAL AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON THE HOSPITAL'S FORM W-3. General Statement 3 PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIPS THE FOLLOWING PERSONS HAVE A BUSINESS RELATIONSHIP: SCOTT JOHNSON DON MILLER</p>

990 Schedule O, Supplemental Information

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 MEDICAL GROUP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 5	PART VI, SECTION A, LINE 7A: POWER TO ELECT OR APPOINT ST. LUKE'S HEALTH CORPORATION MAY APPOINT AN ELECTED DIRECTOR TO THE BOARD OF DIRECTORS. THE ADDITIONAL TWO EX-OFFICIO DIRECTORS INCLUDE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE VICE PRESIDENT AND CFO OF ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS, THE SUPPORTED ORGANIZATION OF ST. LUKE'S MEDICAL GROUP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 6	Part VI, SECTION A, LINE 7B: Governance Decisions ST. LUKE'S HEALTH CORPORATION APPROVES THE DECISIONS OF ST. LUKE'S MEDICAL GROUP'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 7	Part VI, SECTION B, LINE 11: Review Process THE FORM 990 HAS BEEN DISCUSSED AND PRESENTED TO THE BOARD AND ITS COMMITTEES. THE ORGANIZATION PROVIDED A COPY OF THE FORM 990 TO ST. LUKE'S HEALTH CORPORATION'S EXECUTIVE AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING FOR REVIEW AND INPUT. ALL QUESTIONS RAISED WERE ADDRESSED IN ADVANCE OF SUBMISSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 8	<p>Part VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST 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 ANY SUCH CONFLICT. THE ORGANIZATION CONSIDERS THE POSSIBILITY THAT BOARD MEMBERS OR KEY EMPLOYEES MAY INADVERTENTLY FAIL TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST AND PERFORMS DUE DILIGENCE TO ADDRESS AND RESPOND IN ACCORDANCE WITH THE POLICY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 9	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 MEMBERS OF THE BOARD AND LEGAL COUNSEL. MINUTES ARE MAINTAINED OF THE DISCUSSIONS AND CONCLUSIONS OF THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 10	PART VI, SECTION C, LINE 19: Public Access ANNUAL FINANCIAL STATEMENTS, INCLUDING FORM 990 , ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN THE ADMINISTRATIVE OFFICE. ANY PROPRIETARY I NTERNAL POLICIES OR GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST IN THE ADMINISTRATIVE O FFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 11	PART VII, SECTION B, LINE 1: INDEPENDENT CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION ----- PRECISION PRACTICE MANAGEMENT BILLING SERVICES 2,505,980. 689 CRAIG ROAD ST. LOUIS, MO 63141 MEDICAL EMPLOYMENT DIRECTORY TEMPORARY AGENCY 153,917. 2343 WELDON PARKWAY ST. LOUIS, MO 63146 MERCY PHYSICIAN EXCHANGE PHYSICIAN SERVICES 107,074. PO BOX 505125 ST. LOUIS, MO 63150

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement 12	PART XI, LINE 9: OTHER CHANGES IN NET ASSETS FUND BALANCE TRANSFER FROM ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS \$ 31,303,467

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
St Luke's Medical Group

Employer identification number

43-1349332

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(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	HEALTH CARE	MO	501(C)(3)	12B	NA		No
(2) ST LUKE'S EPISCOPAL-PRESBY HOSPITALS 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-0652680	HEALTH CARE	MO	501(C)(3)	LINE 3	SL HLTH CORP		No
(3) ST LUKE'S DES PERES EPIS-PRESBY HOSP 232 S WOODS MILL ROAD CHESTERFIELD, MO 63017 82-4314522	HEALTH CARE	MO	501(C)(3)	LINE 3	SL E-P HOSP		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ST LUKE'S DEVELOPMENT CORPORATION 225 S WOODS MILL ROAD CHESTERFIELD, MO 63017 43-1238961	OTHER MISC.	MO	SL HEALTH CORP	C Corp					No

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

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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-1349332
Name: St Luke's Medical Group

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) Advanced Reproductive Specialists LLC 226 S Woods Mill Road Ste 64 W Chesterfield, MO 63017 25-1920150	Medical Serv.	MO	0	0	Med Group
(1) Associates in Internal Medicine LLC 226 Woods Mill Road Ste 56 W Chesterfield, MO 63017 20-4554452	Medical Serv.	MO	287,687	46,801	Med Group
(2) ATC LLC 121 St Lukes Ctr Dr Ste 403 Chesterfield, MO 63017 20-5152770	Medical Serv.	MO	0	0	Med Group
(3) Bone & Joint Specialists LLC 121 St Lukes CTR Dr Ste 302 Chesterfield, MO 63017 46-1869146	Medical Serv.	MO	1,552,231	342,295	Med Group
(4) Breast Care Center LLC 232 S Woods Mill Road Ste 200 E Chesterfield, MO 63017 27-2760714	Medical Serv.	MO	590,540	51,140	Med Group
(5) Cardiac Cath Lab LLC 222 S Woods Mill Road Ste 500 N Chesterfield, MO 63017 86-1141729	Medical Serv.	MO	134,932	28,022	Med Group
(6) Cardiac Specialists of St Luke's LLC 222 S Woods Mill Road Ste 500 N Chesterfield, MO 63017 42-1672093	Medical Serv.	MO	3,026,962	720,561	Med Group
(7) Cardiac Spec of St Luke's LLC - Adem 170 Industrial Drive Ste 105 Crystal City, MO 63019 42-1672093	Medical Serv.	MO	0	0	Med Group
(8) Cardio Thoracic Surgery LLC 222 S Woods Mill Road Ste 550 N CHESTERFIELD, MO 63017 86-1141715	Medical Serv.	MO	1,642,075	183,717	Med Group
(9) Cardio-Pulmonary Associates LLC 222 S Woods Mill Road Ste 310 N Chesterfield, MO 63017 25-1920167	Medical Serv.	MO	4,356,542	662,265	Med Group
(10) Charles H Tadros MD LLC 461 S Kirkwood Rd Kirkwood, MO 631226199 46-2142392	Medical Serv.	MO	0	0	Med Group
(11) Chesterfield Cardiology Care 226 S Woods Mill Rd Ste 44W Chesterfield, MO 63017 81-3394530	Medical Serv.	MO	2,209,875	563,527	Med Group
(12) Chesterfield Internal Medicine & Rheumat 226 Woods Mill Road Ste 43 W Chesterfield, MO 63017 86-1141726	Medical Serv.	MO	2,655,392	531,547	Med Group
(13) Chesterfield Plastic & Reconstructive Su 226 S Woods Mill Rd Ste 60W Chesterfield, MO 63017 46-3110062	Medical Serv.	MO	538,402	290,548	Med Group
(14) Chesterfield Rehabilitation Physicians 226 S Woods Mill Road Ste 59 W Chesterfield, MO 63017 26-3907161	Medical Serv.	MO	483,721	118,338	Med Group
(15) Chesterfield Valley Internal Medicine an 17417 Chesterfield Airport Road Chesterfield, MO 63005 47-4721982	Medical Serv.	MO	260,102	77,918	Med Group
(16) Clayton Internal Medicine LLC 222 S Woods Mill Road Ste 520 N Chesterfield, MO 63017 84-1682754	Medical Serv.	MO	0	0	Med Group
(17) Clinic of Internal Medicine LLC 121 St Lukes CTR DR Ste 506 Chesterfield, MO 63017 84-1682760	Medical Serv.	MO	1,641,692	299,542	Med Group
(18) Conway Internists LLC 121 St Lukes CTR DR Ste 402 Chesterfield, MO 63017 87-0748750	Medical Serv.	MO	1,101,104	203,716	Med Group
(19) Creve Coeur Family Medicine LLC 11550 Olive Blvd Creve Coeur, MO 63141 46-0981788	Medical Serv.	MO	428,543	100,087	Med Group

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) Creve Coeur Internal Medicine LLC 11550 Olive Blvd Ste 140 Creve Coeur, MO 63141 81-0994441	Medical Serv.	MO	0	0	Med Group
(1) David J Tucker MD LLC 1034 S Brentwood Blvd Ste 716 St Louis, MO 63117 84-1682729	Medical Serv.	MO	0	0	Med Group
(2) Department of Cardiology LLC 222 S Woods Mill Road Ste 500 N Chesterfield, MO 63017 87-0748742	Medical Serv.	MO	0	0	Med Group
(3) Diagnostic Internists LLC 224 S Woods Mill Road Ste 410 S Chesterfield, MO 63017 27-3032603	Medical Serv.	MO	0	0	Med Group
(4) Digestive Consultants LLC 224 S Woods Mill Road Ste 410 S Chesterfield, MO 63017 84-1682728	Medical Serv.	MO	1,128,473	548,129	Med Group
(5) Division of Maternal and Fetal Medicine 226 S Woods Mill Road Ste 62 W Chesterfield, MO 63017 84-1682755	Medical Serv.	MO	0	0	Med Group
(6) Dr Genova LLC 5551 Winghaven Blvd Ste 132 OFallon, MO 63368 25-1920156	Medical Serv.	MO	203,110	37,736	Med Group
(7) Drs Mera Boesch & Kumar LLC 222 S Woods Mill Road Ste 630 N Chesterfield, MO 63017 86-1141713	Medical Serv.	MO	1,561,825	252,216	Med Group
(8) Endocrine Associates 226 S Woods Mill Rd Ste 40W Chesterfield, MO 63017 81-4110065	Medical Serv.	MO	222,524	68,780	Med Group
(9) Fenton Family Physicians LLC 774 Gravius Bluff Blvd Ste B Fen Fenton, MO 63026 81-1075346	Medical Serv.	MO	178,698	79,263	Med Group
(10) Heart Care Specialists LLC 450 N New Ballas Rd Ste 270 W St Louis, MO 63141 82-4191778	Medical Serv.	MO	5,181,914	1,188,505	Med Group
(11) Heart Health Specialists LLC 121 St Lukes CTR DR Ste 303 Chesterfield, MO 63017 46-2668488	Medical Serv.	MO	1,154,419	290,165	Med Group
(12) Hematology & Oncology Associates at St 232 S Woods Mill Road Ste 330 E Chesterfield, MO 63017 82-1563584	Medical Serv.	MO	1,281,126	147,235	Med Group
(13) Internal Medicine at Winghaven LLC 5551 Winghaven Blvd Ste 290 OFallon, MO 63368 45-4213957	Medical Serv.	MO	744,490	120,314	Med Group
(14) Internal Medicine of Chesterfield LLC 222 S Woods Mill Road Ste 650N Chesterfield, MO 63017 46-4414956	Medical Serv.	MO	1,213,164	210,987	Med Group
(15) Internal Medicine of Kirkwood LLC 455 S Kirkwood Road Kirkwood, MO 63122 45-1960512	Medical Serv.	MO	265,723	43,096	Med Group
(16) Internal Medicine of St Luke's LLC 121 St Lukes CTR DR Ste 504 Chesterfield, MO 63017 26-3961790	Medical Serv.	MO	1,267,175	235,047	Med Group
(17) Internal Medicine of West County LLC 14897 Clayton Rd Ste 100 Chesterfield, MO 63017 26-2985922	Medical Serv.	MO	302,815	22,177	Med Group
(18) James F Loomis LLC 222 S Woods Mill Road Ste 350 N Chesterfield, MO 63017 27-1427537	Medical Serv.	MO	0	0	Med Group
(19) Ladue Internal Medicine LLC 8857 B Ladue Road St Louis, MO 63124 47-2422383	Medical Serv.	MO	0	35,270	Med Group

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(41) Medical Associates of Chesterfield LLC 224 S Woods Mill Rd Ste260 S Chesterfield, MO 63017 46-1592573	Medical Serv.	MO	580,462	129,562	Med Group
(1) Medical Specialists of St Luke's LLC 222 S Woods Mill Road Ste 750 N Chesterfield, MO 63017 84-1682728	Medical Serv.	MO	1,853,438	356,538	Med Group
(2) Medical Weight Management Specialist 111 St Lukes Center Dr Bld B Chesterfield, MO 63017 82-0823223	Medical Serv.	MO	596,775	202,792	Med Group
(3) Midwest Diagnostic Cardiology LLC 232 S Woods Mill Road Chesterfield, MO 63017 42-1672094	Medical Serv.	MO	1,451,558	449,911	Med Group
(4) Neurosurgery & Neurology LLC 232 S Woods Mill Road Ste 400E Chesterfield, MO 63017 11-3750241	Medical Serv.	MO	7,185,073	1,063,814	Med Group
(5) Open Heart Anesthesiology LLC 222 S Woods Mill Road Ste 550 N Chesterfield, MO 63017 87-0748749	Medical Serv.	MO	814,438	118,974	Med Group
(6) Palliative Care At St Lukes LLC 224 S Woods Mill Rd Ste 620 S Chesterfield, MO 63017 82-0827362	Medical Serv.	MO	196,246	0	Med Group
(7) Practice of Rosemary Cannistraro LLC 11550 Olive Street St Louis, MO 63141 86-1141728	Medical Serv.	MO	18,168	0	Med Group
(8) Premier Medical Physicians LLC 1747 Smizer Station Rd Ste 5 Fenton, MO 63026 82-4495392	Medical Serv.	MO	1,999,311	331,572	Med Group
(9) Premier Pain Consultants LLC 232 S Woods Mill Road Ste 400E Chesterfield, MO 63017 45-4675813	Medical Serv.	MO	975,777	168,503	Med Group
(10) Primary Care of Cedar Hill LLC 1501 Professional Drive Imperial, MO 63052 82-4487070	Medical Serv.	MO	5,859,866	376,550	Med Group
(11) Reproductive Imaging & Antenatal Testing 226 S Woods Mill Road Ste 62 W Chesterfield, MO 63117 86-1141720	Medical Serv.	MO	0	0	Med Group
(12) Rheumatology Associates LLC 225 Clarkson Road Ellisville, MO 63011 47-1427279	Medical Serv.	MO	533,375	100,758	Med Group
(13) St Louis Electrophysiology 121 St Lukes CTR Dr Ste 304 Chesterfield, MO 63017 81-1756551	Medical Serv.	MO	828,677	199,062	Med Group
(14) Stephen Yim MD LLC 232 S Woods Mill Road Ste 350 E Chesterfield, MO 63017 86-1141722	Medical Serv.	MO	0	0	Med Group
(15) Stephens OBGYN Associates LLC 226 S Woods Mill Rd Ste 55 W Chesterfield, MO 63017 46-1005747	Medical Serv.	MO	336,804	79,674	Med Group
(16) The Osteroporosis Center of St Luke's 121 St Lukes CTR DR Ste 504 Chesterfield, MO 63017 26-3962089	Medical Serv.	MO	1,273,883	155,294	Med Group
(17) Tri-County Family Practice LLC 5551 Winghaven Blvd Ste 142 OFallon, MO 63368 25-1920176	Medical Serv.	MO	1,534,567	224,115	Med Group
(18) Urogynecology of West County LLC 226 S Woods Mill Road Ste 55 W Chesterfield, MO 63017 47-1174708	Medical Serv.	MO	0	54,846	Med Group
(19) Van Amburg & Busiek MDs LLC 232 S Woods Mill Road Ste 330 E Chesterfield, MO 63017 84-1684660	Medical Serv.	MO	1,811,066	399,071	Med Group

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(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
(61) West County Adult Medicine LLC 224 S Woods Mill Road Ste 620 S Chesterfield, MO 63017 33-1180875	Medical Serv.	MO	1,118,040	202,288	Med Group
(1) West County Women's Healthcare LLC 222 S Woods Mill Road Ste 360 N Chesterfield, MO 63017 27-2715682	Medical Serv.	MO	697,046	141,231	Med Group
(2) Westglen Family Physicians LLC 225 Clarkson Road Ellisville, MO 63011 86-1141718	Medical Serv.	MO	1,281,382	292,754	Med Group
(3) Westglen Physicians LLC 225 Clarkson Road Ellisville, MO 63011 82-1535607	Medical Serv.	MO	95,414	16,617	Med Group
(4) Women's Care of St Lukes LLC 226 S Woods Mill Rd Ste 55 W Chesterfield, MO 63017 46-1005747	Medical Serv.	MO	0	4,885	Med Group
(5) Woodsmill Medical Associates LLC 224 S Woods Mill Road Ste 435 S Chesterfield, MO 63017 45-4212930	Medical Serv.	MO	1,743,793	402,215	Med Group