

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
Saint Lukes South Hospital Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12300 Metcalf Avenue

City or town, state or province, country, and ZIP or foreign postal code
Overland Park, KS 66213

D Employer identification number
48-1203262

E Telephone number
(913) 317-7900

G Gross receipts \$ 193,693,266

F Name and address of principal officer:
ROBERT OLM-SHIPMAN
12300 Metcalf Avenue
Overland Park, KS 66213

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.saintlukeskc.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
HEALTH CARE PROVIDER - HOSPITAL

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	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,349
6 Total number of volunteers (estimate if necessary)	6	143
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,134,132
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	116,004	311,377
9 Program service revenue (Part VIII, line 2g)	153,906,272	192,678,921
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	525,821	666,695
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,548,097	193,656,993
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,986,993	20,260,457
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,832,002	66,933,116
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	78,819,415	114,136,011
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	145,638,410	201,329,584
19 Revenue less expenses. Subtract line 18 from line 12	8,909,687	-7,672,591
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	176,604,130	255,644,471
21 Total liabilities (Part X, line 26)	123,756,462	210,617,878
22 Net assets or fund balances. Subtract line 21 from line 20	52,847,668	45,026,593

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 2020-11-13
MATTHEW MARINO CFO
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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:

SAINT LUKE'S SOUTH IS A FAITH BASED NOT-FOR-PROFIT COMMUNITY HOSPITAL COMMITTED TO THE HIGHEST LEVELS OF EXCELLENCE IN PROVIDING HEALTH RELATED SERVICES TO OUR PATIENTS IN A CARING ENVIRONMENT. AS A MEMBER OF SAINT LUKE'S HEALTH SYSTEM, WE ARE COMMITTED TO ENHANCING THE PHYSICAL, MENTAL AND SPIRITUAL HEALTH OF THE COMMUNITIES WE SERVE.

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 \$ 178,454,610 including grants of \$ 20,260,457) (Revenue \$ 190,544,789)
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 ▶ 178,454,610

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,349				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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:

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY BENTZ BOARD MEMBER - CHAIR	2.0 0.0	X		X			0	0	0	
(2) ROBERT OLM-SHIPMAN CEO & BOARD MEMBER	25.0 25.0	X		X			593,822	0	76,297	
(3) ALEXANDER BAILEY BOARD MEMBER	2.0 0	X					0	0	0	
(4) BETH JOHNSON BOARD MEMBER	2.0 0	X					0	0	0	
(5) JOSEPH SOPCICH BOARD MEMBER	2.0 0	X					0	0	0	
(6) KATHRYN RICHMAN BOARD MEMBER	2.0 0	X					0	0	0	
(7) LLOYD HILL BOARD MEMBER	2.0 0	X					0	0	0	
(8) MARIE GRIFFIN MD BOARD MEMBER	2.0 40.0	X					0	288,360	30,703	
(9) SANJEEV KHURANA BOARD MEMBER	2.0 0	X					0	0	0	
(10) WENDELL CLARKSTON BOARD MEMBER	2.0 0.0	X					0	574,055	41,417	
(11) WENDY GUILLIES BOARD MEMBER	2.0 0	X					0	0	0	
(12) JULIA WOODS CNO	50.0 0.0			X			313,642	0	55,995	
(13) MATTHEW MARINO CFO BEG 3/2019	25.0 25.0			X			0	335,687	63,064	
(14) PATRICIA MARTIN MD VP-MEDICAL AFFAIRS	4.0 36.0			X			0	478,366	37,816	
(15) TAYLOR WARWICK VP-OPERATIONS EFF 3/2019	25.0 50.0			X			40,355	250,227	40,464	
(16) CHRISTINE ZIMMERMAN DIRECTOR, PATIENT CARE SVCS	40.0 0					X	138,432	0	30,152	
(17) EMILY GOMEZ RN	40.0 0					X	142,572	0	14,323	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY GERSTNER PHARMACIST	40.00....					X		137,304	0	28,801
(19) JENIFER CLAUSEN MGR - PHARMACY OPERATIONS	40.00....					X		152,319	0	32,752
(20) REAGAN SIMPSON PRESIDENT, REHAB	50.050.0					X		227,915	41,557	53,309
(21) JANI JOHNSON FORMER CEO	0.050.0						X	0	726,089	91,874
(22) SHELBY FRIGON FORMER CFO TERM END 12/201850.0						X	0	306,109	60,230
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,746,360	3,000,450	657,198

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		1,746,360	3,000,450

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 42

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION CO INC 1001 LOCUST KANSAS CITY, MO 64106	CONSTRUCTION	24,371,395
KANSAS EMERGENCY ROOM SERVICES PA 7032 Collection Center Dr CHICAGO, IL 60693	Physician Services	6,322,750
METRO EMERGENCY PHYSICIANS LLC 8 Oak Park Drive Box 801 Bedford, MA 01730	Physician Services	2,473,720
DAVID E ROSS CONSTRUCTION COMPANY INC 10201 EAST 75TH ST RAYTOWN, MO 64138	CONSTRUCTION	2,159,572
P1 GROUP INC 13605 W 96TH TERR LENEXA, KS 66215	FACILITIES MANAGEMENT	1,866,046

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 29

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-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions.

Table for Program Service Revenue 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 2a-2f for Net Patient Revenue, Pharmacy Revenue, Medical Office Rents, and All other program service revenue.

Table for Other Revenue 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 3-12 for Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Net income from fundraising events, Net income from gaming activities, and Net income from sales of inventory.

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	20,260,457	20,260,457		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,080,692		1,080,692	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,066,516	49,419,658	3,646,858	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,374,767	2,117,640	257,127	
9 Other employee benefits	6,587,414	6,004,787	582,627	
10 Payroll taxes	3,823,727	3,489,882	333,845	
11 Fees for services (non-employees):				
a Management				
b Legal	9,870		9,870	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,366,263	19,327,082	1,039,181	0
12 Advertising and promotion	9,238	4,891	4,347	
13 Office expenses	8,107,769	7,593,744	514,025	
14 Information technology	1,193,295	81,884	1,111,411	
15 Royalties				
16 Occupancy	4,868,004	4,645,438	222,566	
17 Travel	154,920	80,310	74,610	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,440,526	2,297,655	142,871	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,050,198	8,773,728	276,470	
23 Insurance	1,403,991	947,225	456,766	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	29,072,356	29,071,593	763	
b Shared Expense	20,521,551	7,771,511	12,750,040	
c Bad Debts	14,416,030	14,416,030		
d Swap Related Expenses	682,938	682,938		
e All other expenses	1,839,062	1,468,157	370,905	0
25 Total functional expenses. Add lines 1 through 24e	201,329,584	178,454,610	22,874,974	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	4,050	1	4,050
	2 Savings and temporary cash investments	53,832,007	2	600,050
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	17,694,396	4	35,753,083
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	3,029,230	8	3,202,422
	9 Prepaid expenses and deferred charges	384,771	9	959,835
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	211,568,322		
	b Less: accumulated depreciation	86,350,870		
	11 Investments—publicly traded securities	1,807,236	11	1,966,656
	12 Investments—other securities. See Part IV, line 11	426,427	12	508,460
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	7,477,379
	15 Other assets. See Part IV, line 11	8,287,897	15	79,955,084
16 Total assets. Add lines 1 through 15 (must equal line 34)	176,604,130	16	255,644,471	
Liabilities	17 Accounts payable and accrued expenses	19,543,291	17	18,177,339
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	97,632,173	20	96,142,123
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	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	6,580,998	25	96,298,416
	26 Total liabilities. Add lines 17 through 25	123,756,462	26	210,617,878
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,976,613	27	42,349,859
	28 Net assets with donor restrictions	1,871,055	28	2,676,734
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	52,847,668	32	45,026,593	
33 Total liabilities and net assets/fund balances	176,604,130	33	255,644,471	

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	193,656,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	201,329,584
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,672,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,847,668
5	Net unrealized gains (losses) on investments	5	173,927
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	-322,411
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,026,593

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	Yes	
3b	Yes	

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 48-1203262

Name: Saint Lukes South Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

SAINT LUKE'S SOUTH HOSPITAL (SLS) IS A FAITH-BASED, NOT-FOR-PROFIT, COMMUNITY HOSPITAL CURRENTLY LICENSED TO OPERATE 218 BEDS AND IS DEDICATED TO PROVIDING BOTH SERVICES AND LEADERSHIP IN CARING FOR ITS COMMUNITY. ALL PROGRAM SERVICE EXPENSES WERE INCURRED IN FURTHERANCE OF OUR MISSION, WHICH IS TO ENSURE THE HIGHEST LEVELS OF EXCELLENCE IN PROVIDING HEALTH RELATED SERVICES TO OUR PATIENTS IN A CARING ENVIRONMENT AND ENHANCING THE PHYSICAL, MENTAL AND SPIRITUAL HEALTH OF THE COMMUNITIES WE SERVE. IN 2019, THERE WERE 25,800 PATIENT DAYS INCLUDING 1,170 NEWBORN DAYS. IN ADDITION, THE HOSPITAL PROVIDED 40,800 EMERGENCY ROOM VISITS AND 77,100 OUTPATIENT VISITS AND OUTPATIENT SURGERIES. EMERGENCY SERVICES ARE PROVIDED 24 HOURS A DAY, 7 DAYS A WEEK AND ARE STAFFED BY BOARD-CERTIFIED EMERGENCY PHYSICIANS. THE HOSPITAL PARTICIPATES IN THE MEDICAID AND MEDICARE PROGRAMS AND HAS FINANCIAL ASSISTANCE POLICIES FOR PEOPLE WITHOUT ADEQUATE MEANS TO PAY FOR THEIR CARE.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Saint Lukes South Hospital Inc

Employer identification number
48-1203262

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 48-1203262

Name: Saint Lukes South Hospital Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Saint Lukes South Hospital Inc	Employer identification number 48-1203262
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,698
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			5,698
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE F: PORTION OF DUES PAID TO HEALTH CARE RELATED ASSOCIATIONS USED FOR LOBBYING ACTIVITIES.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 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 instructions and the latest information.

Name of the organization Saint Lukes South Hospital Inc

Employer identification number 48-1203262

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2a, 2b regarding reporting requirements and amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	93,478	91,971	91,318	90,965	90,891
b Contributions					
c Net investment earnings, gains, and losses	2,015	1,507	653	353	74
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	17				
g End of year balance	95,476	93,478	91,971	91,318	90,965

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

- a** Board designated or quasi-endowment ▶ 100 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,623,840		9,623,840
b Buildings		108,537,135	30,968,344	77,568,791
c Leasehold improvements		7,272,366	4,979,900	2,292,466
d Equipment		78,790,588	46,122,255	32,668,333
e Other		7,344,393	4,280,371	3,064,022
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				125,217,452

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) INVESTMENT IN SURGICENTER	1,428,375
(2) DUE FROM AFFILIATES	2,499,972
(3) BENEFICIAL INTEREST IN ASSETS OF FOUNDATION	2,581,240
(4) OTHER ASSETS	227,722
(5) RIGHT OF USE LEASE ASSET	73,217,775
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	79,955,084

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	96,298,416

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: 19010655

Software Version: 2019v5.0

EIN: 48-1203262

Name: Saint Lukes South Hospital Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI PART XI, XII, AND XIII	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED AUDIT OF SAINT LUKE'S HEALTH SYSTEM.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USE OF ENDOWMENT FUNDS INCLUDES BUT IS NOT LIMITED TO GENERAL OPERATIONS OF THE HOSPITAL, HEALTH-RELATED SCHOLARSHIPS AND COMMUNITY HEALTH INITIATIVES.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Saint Lukes South Hospital Inc

Employer identification number
 48-1203262

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>13300</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,281,767	0	2,281,767	1.22 %
b Medicaid (from Worksheet 3, column a)			7,280,862	5,140,051	2,140,811	1.15 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	9,562,629	5,140,051	4,422,578	2.37 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	43	95,655	0	95,655	0.05 %
f Health professions education (from Worksheet 5)	1	0	1,589	0	1,589	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	0	38,114	954	37,160	0.02 %
j Total. Other Benefits	8	43	135,358	954	134,404	0.07 %
k Total. Add lines 7d and 7j	8	43	9,697,987	5,141,005	4,556,982	2.44 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development	1		332		332	0 %
9 Other					0	0 %
10 Total	1	0	332	0	332	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	38,114,800
6 Enter Medicare allowable costs of care relating to payments on line 5	6	53,324,594
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-15,209,794
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SAINT LUKE'S SOUTH SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	51 %	0 %	39 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 SAINT LUKE'S SOUTH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.saintlukeskc.org/community-health-needs-assessments-</u>	Yes	
a	If "Yes" (list url): <u>implementation-plans</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SAINT LUKE'S SOUTH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>133.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.saintlukeskc.org/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.saintlukeskc.org/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.saintlukeskc.org/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SAINT LUKE'S SOUTH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
	e <input type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes
	If "No," indicate why:		
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	b <input type="checkbox"/> The hospital facility's policy was not in writing		
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

SAINT LUKE'S SOUTH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 SAINT LUKE'S SOUTH SURGERY CENTER LLC 12541 FOSTER OVERLAND PARK, KS 66213	AMBULATORY SURGERY CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 OTHER COMMUNITY BENEFITS	OUR HOSPITAL SPONSORS OR PROVIDES MANY COMMUNITY BUILDING ACTIVITIES WHICH PROMOTE THE HEALTH OF OUR COMMUNITY. THE HOSPITAL PARTICIPATES IN EDUCATIONAL OFFERINGS FOR THE COMMUNITY. THE HOSPITAL PROVIDES FINANCIAL SUPPORT TO THE HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY WHICH PROVIDES SERVICES TO MEDICAID PATIENTS AND FREE MEDICAL AND DENTAL CARE TO LOW INCOME UNINSURED PATIENTS. THE HOSPITAL PARTICIPATES WITH WY-JO CARE PROVIDING CHARITY CARE FOR LOW-INCOME, UNINSURED RESIDENTS OF JOHNSON AND WYANDOTTE COUNTIES. THE HOSPITAL SUPPORTS MULTIPLE COMMUNITY EVENTS TO BENEFIT VARIOUS COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL PARTICIPATES IN CAREER SHADOWING, IS INVOLVED IN THE CENTER FOR ADVANCED PROFESSIONAL STUDIES (CAPS PROGRAM) FOR HIGH SCHOOL STUDENTS, AND PROVIDES STAFF FOR VARIOUS PRESENTATIONS AND EDUCATION OPPORTUNITIES FOR OUR COMMUNITY. WE ENCOURAGE OUR EMPLOYEES TO SERVE ON COMMUNITY BOARDS AND VOLUNTEER FOR ACTIVITIES THAT PROMOTE HEALTH IN THE COMMUNITY.
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	14416030

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	COST OF CHARITY CARE AND UNREIMBURSED HEALTH SERVICES WAS CALCULATED USING THE APPROPRIATE COST TO CHARGE RATIO FROM THE ORGANIZATION'S MEDICARE COST REPORT.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>FINANCIAL STATEMENT FOOTNOTE REGARDING BAD DEBT EXPENSE: Performance obligations are identified based on the nature of the services provided. Revenue associated with performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations. As the System's performance obligations relate to contracts with a duration of less than one year, the System has applied the optional exemption provided in the guidance and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on the historical collection trends and other analyzes, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used. The System determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with policy and/or implicit price concessions based on the historical collection experience of patient accounts. The System determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, discount policies and historical experience. For uninsured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges, reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on historical collection experience for applicable patient portfolios. Patients who meet the System's criteria for charity care are provided care without charge; such amounts are not reported as revenue. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. PATIENT RELATED BAD DEBT IS REPORTED CONSISTENT WITH THE FINANCIAL STATEMENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SEE FOOTNOTE PROVIDED ABOVE IN THE EXPLANATION FOR PART III, LINE 2
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO DIRECTLY FROM THE MEDICARE COST REPORT. SHORTFALLS ARISE FROM PAYMENTS THAT ARE LESS THAN WHAT IT COSTS TO PROVIDE THE CARE AND SERVICES. WE ACCEPT ALL MEDICARE PATIENTS KNOWING THE COST OF PROVIDING THE CARE MAY EXCEED THE FUNDS WE RECEIVE FROM MEDICARE FOR THE SERVICE. OUR SHORTFALL IS CONSIDERED TO BE COMMUNITY BENEFIT. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR TAX-EXEMPT HOSPITALS, INDICATES THAT PARTICIPATION IN PUBLICLY-FINANCED PROGRAMS, SUCH AS MEDICARE, IS EVIDENCE THAT A HOSPITAL MEETS THE COMMUNITY BENEFIT STANDARD.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE DEBT COLLECTION POLICY AND PROCEDURES PROHIBIT ANY COLLECTION EFFORTS FOR THE PORTION OF THE PATIENT ACCOUNT BALANCE THAT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FOR ANY REMAINING BALANCES DUE, THE SAME COLLECTION POLICY AND PROCEDURES ARE APPLIED EQUALLY TO ALL PATIENT TYPES. ALTHOUGH WE ARE NOT LEGALLY BOUND BY THE FAIR DEBT COLLECTION PRACTICES ACT, THE PRINCIPLES ADDRESSED ARE GENERALLY FOLLOWED.
Schedule H, Part V, Section B, Line 16a FAP website	- SAINT LUKE'S SOUTH HOSPITAL: Line 16a URL: www.saintlukeskc.org/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- SAINT LUKE'S SOUTH HOSPITAL: Line 16b URL: www.saintlukeskc.org/financial-assistance ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- SAINT LUKE'S SOUTH HOSPITAL: Line 16c URL: www.saintlukeskc.org/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	AN EFFORT TO UNDERSTAND AND CREATE A HEALTHIER COMMUNITY REQUIRES COLLABORATION AND INPUT FROM MANY COMMUNITY STAKEHOLDERS. THROUGH DATA RESEARCH AND KEY CONVERSATIONS IN THE KANSAS CITY COMMUNITY, THIS CHNA PULLS TOGETHER COMMUNITY FINDINGS AND ADDRESSES TOP HEALTH PRIORITIES TO HELP IMPROVE COMMUNITY HEALTH OVER THE NEXT THREE YEARS. SAINT LUKE'S HOSPITAL ALSO ASSESSES COMMUNITY NEEDS ON AN ANNUAL BASIS IN NUMEROUS WAYS, INCLUDING THROUGH ITS COMPREHENSIVE, DATA DRIVEN, AND ANNUAL STRATEGIC PLANNING PROCESS. THE HOSPITAL OBTAINS HIDI MARKET DATA AND OTHER OUTPATIENT MARKET DATA THROUGH ITS ANNUAL ENVIRONMENTAL ASSESSMENT PROCESS. WITH THIS DATA, THE HOSPITAL IDENTIFIES SERVICES RECEIVED BY THE RESIDENTS OF OUR COMMUNITY (DEFINED BY OUR PRIMARY AND SECONDARY SERVICE AREAS). ANY PREDOMINANT SERVICES NOT CURRENTLY OFFERED BY THE HOSPITAL ARE CONSIDERED DURING STRATEGIC PLANNING. ANOTHER ELEMENT OF THE COMMUNITY NEEDS ASSESSMENT INVOLVES ANNUALLY UPDATING SAINT LUKE'S HOSPITAL'S MEDICAL STAFF DEVELOPMENT PLAN. AS A TERTIARY AND QUATERNARY HEALTHCARE PROVIDER, IT IS CRITICAL THAT THE HOSPITAL ENSURES IT HAS APPROPRIATE MEDICAL STAFF LEVELS IN A VARIETY OF MEDICAL SPECIALTIES AND SUBSPECIALTIES TO SERVE THE PATIENTS IN OUR COMMUNITY. THE HOSPITAL PARTNERS WITH ITS MEDICAL STAFF IN THIS ENDEAVOR. ANOTHER ASPECT OF THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT IS AN ANALYSIS OF WORKFORCE PLANNING TO ENSURE ADEQUATE CLINICAL AND OTHER PROFESSIONAL STAFF TO PROVIDE NEEDED HEALTHCARE SERVICES THROUGHOUT THE COMMUNITY. THE HOSPITAL AND RELATED HEALTH SYSTEM ARE ACTIVELY ENGAGED IN A VARIETY OF FORMAL HEALTH PROFESSIONALS EDUCATION PROGRAMS.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE HOSPITAL FOLLOWS THE SAINT LUKE'S HEALTH SYSTEM POLICIES FOR FINANCIAL ASSISTANCE, PATIENT BILLING AND COLLECTION. IN ADDITION TO THESE POLICIES, THE HOSPITAL PROVIDES EDUCATION ON FINANCIAL ASSISTANCE ELIGIBILITY TO PATIENTS AND PERSONS WHO MAY BE BILLED FOR SERVICES THROUGH MANY SOURCES INCLUDING THE SLHS WEBSITE, INFORMATION ON BILLING STATEMENTS, INFORMATION UPON CHECK-IN LOCATED IN THE ADMITTING PATIENT PACKETS, ON OUR B-131 RELEASE TO TREAT FORMS SIGNED BY ALL PATIENTS REQUESTING SERVICES, VISITS WITH INPATIENTS BY SOCIAL WORKER TEAMS, AND FOLLOW-UP CALLS TO PATIENTS AFTER DISCHARGE. FINANCIAL ASSISTANCE APPLICATIONS OR MEDICAID APPLICATIONS ARE REQUESTED ON ALL UNINSURED INPATIENTS PRIOR TO DISCHARGE. THE HOSPITAL ALSO CONTRACTS WITH ELIGIBILITY ENROLLMENT COMPANIES TO SCREEN ALL UNINSURED PATIENTS, ANY PATIENTS IDENTIFIED BY OUR SOCIAL WORKER OR CASE MANAGEMENT TEAMS, AND ALL PATIENTS THAT REQUEST ASSISTANCE IN APPLYING FOR MEDICAID OR OTHER GOVERNMENT COVERAGE. THE ELIGIBILITY ENROLLMENT SERVICE ALSO PROVIDES PATIENTS WITH INFORMATION ON FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	SAINT LUKE'S SOUTH IS LOCATED IN SUBURBAN JOHNSON COUNTY, KANSAS WHICH IS PART OF THE LARGER KANSAS CITY METROPOLITAN AREA. THE HOSPITAL'S PRIMARY SERVICE AREA HAS HISTORICALLY BEEN HIGHLY POPULATED WITH COLLEGE EDUCATED, INSURED INDIVIDUALS.
Schedule H, Part VI, Line 5 Promotion of community health	THE BOARD OF DIRECTORS IS MADE UP OF MEDICAL AND BUSINESS PROFESSIONALS, ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE HOSPITAL IS AFFILIATED WITH SAINT LUKE'S HEALTH SYSTEM, WHICH CONSIST OF 16 AREA HOSPITAL FACILITIES, AND SEVERAL PRIMARY AND SPECIALTY CARE PRACTICES, AND PROVIDES A RANGE OF INPATIENT, OUTPATIENT, AND HOME CARE SERVICES. FOUNDED AS A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION, OUR MISSION INCLUDES A COMMITMENT TO THE HIGHEST LEVELS OF EXCELLENCE IN HEALTH CARE AND THE ADVANCEMENT OF MEDICAL RESEARCH AND EDUCATION. THE HEALTH SYSTEM IS AN ALIGNED ORGANIZATION IN WHICH THE PHYSICIANS AND HOSPITALS ASSUME RESPONSIBILITY FOR ENHANCING THE PHYSICAL, MENTAL AND SPIRITUAL HEALTH OF PEOPLE IN THE METROPOLITAN KANSAS CITY AREA AND THE SURROUNDING REGION.

Additional Data**Software ID:** 19010655**Software Version:** 2019v5.0**EIN:** 48-1203262**Name:** Saint Lukes South Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SAINT LUKE'S SOUTH HOSPITAL 12300 METCALF AVENUE OVERLAND PARK, KS 66213 H-046-009	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SAINT LUKES SOUTH HOSPITAL. PRIMARY DATA FOR SAINT LUKE'S SOUTH HOSPITAL'S CHNA WAS COLLECTED BY CONNECTING WITH COMMUNITY STAKEHOLDERS TO DISCUSS THE NEEDS OF THE JOHNSON COUNTY POPULATION. STAKEHOLDERS WERE CHOSEN TO REPRESENT BROAD INTERESTS OF THE COMMUNITY, INCLUDING UNDERSERVED POPULATIONS. KEY CONTRIBUTORS INCLUDED THE JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT, HEALTH PARTNERSHIP CLINIC, SAFEHOME, UNITED COMMUNITY SERVICES OF JOHNSON COUNTY, JOHNSON COUNTY MENTAL HEALTH CENTER, OVERLAND PARK CHAMBER OF COMMERCE, SHAWNEE MISSION SCHOOL DISTRICT, BLUE VALLEY SCHOOL DISTRICT, AND HOSPITAL LEADERSHIP.
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SAINT LUKES SOUTH HOSPITAL. THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THREE PRIORITY HEALTH NEEDS: 1. ACCESS TO CARE THE HOSPITAL WILL CONTINUE TO PROVIDE FINANCIAL SUPPORT TO THE JOHNSON COUNTY HEALTH PARTNERSHIP CLINIC TO PROVIDE SUPPORTIVE SERVICES TO UNDERSERVED POPULATIONS. THE HOSPITAL WILL CONTINUE TO ACCEPT KANSAS MEDICAID AND PROVIDE ASSISTANCE TO THE MEDICAID APPLICATION PROCESS. TO IMPROVE THE AVAILABILITY OF HEALTH CARE SERVICES, THE HOSPITAL WILL PROMOTE ACCESS WITHIN LOCAL PRIMARY CARE CLINICS TO ENSURE PATIENTS RECEIVE APPROPRIATE FOLLOW-UP SERVICES AND CONSIDER ADDITIONAL PRIMARY CARE PHYSICIAN RECRUITMENT AND THE EXTENSION OF CLINIC HOURS BASED ON PATIENT NEED. HEALTH EDUCATION AND PREVENTION SCREENINGS FOR THE COMMUNITY WILL ALSO BE CONDUCTED. 2. MANAGEMENT OF TRANSITION CARE AN AGING POPULATION IN JOHNSON COUNTY WILL REQUIRE INCREASED COORDINATION OF CARE SERVICES. THE HOSPITAL WILL DEVELOP STRUCTURES, PROCESSES AND PARTNERSHIP APPROACHES WITH PHYSICIANS AND ENTITIES OUTSIDE OF THE HEALTH SYSTEM TO EFFECTIVELY MANAGE PATIENT CARE. THE HOSPITAL WILL IDENTIFY AND FOCUS RESOURCES ON QUALITY IMPROVEMENT OPPORTUNITIES. INCREASED COMMUNICATION EFFORTS BETWEEN PROVIDERS AND PATIENTS/PATIENT CAREGIVERS WILL ALSO BECOME A FOCUS. 3. BEHAVIORAL HEALTH THE HOSPITAL WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH AND CONNECT PATIENTS TO RESOURCES THAT ARE OUTSIDE THE SCOPE OF THE HOSPITAL'S CAPACITY. THE HOSPITAL WILL WORK WITH COMMUNITY PARTNERS, SUCH AS CRITTENTON CHILDREN'S CENTER, JOHNSON COUNTY HEALTH PARTNERSHIP CLINIC, AND THE JOHNSON COUNTY MENTAL HEALTH CENTER TO ADDRESS ONGOING BEHAVIORAL HEALTH NEEDS OF THE COMMUNITY. THE HOSPITAL WILL PROVIDE ON-SITE ACCESS TO A MEDSAFE BOX WHERE COMMUNITY MEMBERS CAN APPROPRIATELY DISPOSE OF UNUSED PRESCRIPTIONS. THE HOSPITAL WILL CONTINUE TO ADVOCATE ON KEY HEALTH POLICY ISSUES AT THE STATE AND NATIONAL LEVEL RELATED TO BEHAVIORAL HEALTH. THERE ARE NO NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT ARE NOT BEING ADDRESSED. THE COMMUNITY BENEFIT COORDINATOR MEETS WITH THE EXECUTIVE TEAM AT THE HOSPITAL TO ENSURE THE PROGRAMS IDENTIFIED IN THE IMPLEMENTATION PLAN ARE ACTIVE AND CONTINUE TO MEET THE SIGNIFICANT NEEDS ADDRESSED.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization Saint Lukes South Hospital Inc

Employer identification number 48-1203262

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	GRANTS ARE PROVIDED TO QUALIFIED CHARITIES FOR GENERAL OPERATIONS AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE CHARITABLE ORGANIZATION. SUCH GRANTS FURTHER OR SUPPORT A CHARITABLE PURPOSE OF SAINT LUKE'S SOUTH HOSPITAL.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 48-1203262
Name: Saint Lukes South Hospital Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Luke's Physician Group Inc (501c3 Affiliate) 901 E 104th Street Kansas City, MO 64131	48-1598353	501c3	20,190,133				SUPPORT FOR HEALTHCARE SERVICES
Saint Luke's Foundation (501C3 AFFILIATE) 901 E 104TH ST KANSAS CITY, MO 64131	44-6014699	501C3	35,702				SUPPORT FOR HEALTHCARE SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Lukes Hospital of Kansas City (501C3 AFFILIATE) 4401 Wornall Road Kansas City, MO 64111	44-0545297	501C3		33,146	BOOK	STATUE	SUPPORT FOR AFFILIATE 501C3 HOSPITAL

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Saint Lukes South Hospital Inc	Employer identification number 48-1203262
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II COMPENSATION, RELATED ORGANIZATIONS AND AVERAGE HOURS	MARIE GRIFFIN AND WENDELL CLARKSTON DID NOT RECEIVE COMPENSATION FOR DUTIES AS A DIRECTOR OR OFFICER OF THE FILING ORGANIZATION BUT RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE RELATED ORGANIZATIONS. PATRICIA MARTIN, MATTHEW MARINO, AND TAYLOR WARWICK RECEIVED COMPENSATION FROM A RELATED ORGANIZATION FOR SERVICES PROVIDED TO THE FILING ORGANIZATION AND THE RELATED ORGANIZATION. REPORTABLE COMPENSATION FROM THE FILING ORGANIZATION FOR ROBERT OLM-SHIPMAN IS FOR SERVICES RENDERED TO THE FILING AND RELATED ORGANIZATIONS. TAYLOR WARWICK WAS IN A DIFFERENT ROLE FOR A RELATED ENTITY PRIOR TO MARCH 2019. REAGAN SIMPSON WAS IN A DIFFERENT ROLE FOR A RELATED ENTITY IN EARLY 2019. AVERAGE HOURS REPORTED FOR THE RELATED ORGANIZATION ARE THE AVERAGE HOURS DURING THE TIME EMPLOYED BY THE RELATED ORGANIZATION IN THAT SEPARATE ROLE. FORMER CEO JANI JOHNSON AND FORMER CFO SHELBY FRIGON RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE RELATED ORGANIZATIONS. DIRECTORS ARE NOT COMPENSATED FOR SERVING AS A DIRECTOR OR BOARD OFFICER.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	ANNUALLY, THE SAINT LUKE'S HEALTH SYSTEM BOARD OF DIRECTORS' COMPENSATION COMMITTEE REVIEWS, DISCUSSES, SETS AND APPROVES COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT EXECUTIVE AND CFO. INDEPENDENT, EXTERNAL DIRECTORS SERVE ON THE COMPENSATION COMMITTEE. AN INDEPENDENT COMPENSATION CONSULTING FIRM ANNUALLY PROVIDES A WRITTEN REPORT AND REASONABLENESS OPINION. THE CONSULTANT REVIEWS THE SYSTEM'S EXECUTIVE COMPENSATION PHILOSOPHY AND ANALYZES MARKET COMPETITIVENESS (IN TOTAL AND BY EACH COMPENSATION AND BENEFIT ELEMENT) FOR THE EXECUTIVES USING APPROPRIATE COMPARABILITY DATA. COMPENSATION COMMITTEE ACTIONS ARE CONTEMPORANEOUSLY DOCUMENTED. THE PROCESS SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE. COMPENSATION FOR OFFICERS NOT REVIEWED BY THE BOARD COMPENSATION COMMITTEE IS SET/APPROVED ANNUALLY BY SAINT LUKE'S HEALTH SYSTEM EXECUTIVE MANAGEMENT BASED ON MARKET COMPENSATION SURVEYS AND COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM.
Schedule J, Part I, Line 7 Non-fixed payments	THE ORGANIZATION HAS ADOPTED A MANAGEMENT INCENTIVE COMPENSATION PLAN FOR CERTAIN MEMBERS OF SENIOR AND MIDDLE MANAGEMENT TO PROMOTE EFFECTIVE MANAGEMENT OF OPERATIONS, QUALITY OF CARE AND SERVICE, AND OPTIMAL USE OF RESOURCES. THE INCENTIVES ARE CALCULATED AS A PERCENTAGE OF BASE SALARY CONTINGENT ON ACHIEVING QUALITY, PATIENT SATISFACTION, EMPLOYEE ENGAGEMENT, FINANCIAL AND OTHER OPERATIONAL PERFORMANCE TARGETS ESTABLISHED BY THE BOARD'S COMPENSATION COMMITTEE ON AN ANNUAL BASIS. INCENTIVE AWARDS ARE PAID AT THE DISCRETION OF THE BOARD OF DIRECTORS AND DO NOT ACCRUE TO THE BENEFIT OF THE INDIVIDUALS UNTIL AFTER FINANCIAL RESULTS HAVE BEEN DETERMINED FOR THE CALENDAR YEAR. THIS INCENTIVE COMPENSATION IS EVALUATED AS PART OF THE REVIEW OF MARKET COMPETITIVE DATA AND REASONABLENESS OF OVERALL COMPENSATION AND BENEFITS.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 48-1203262
Name: Saint Lukes South Hospital Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT OLM-SHIPMAN CEO & BOARD MEMBER	(i)	464,314	96,360	33,148	47,692	28,605	670,119	26,800
	(ii)	0	0	0	0	0	0	0
1 MARIE GRIFFIN MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	258,946	27,666	1,748	14,000	16,703	319,063	0
2 WENDELL CLARKSTON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	571,012	0	3,043	15,400	26,017	615,473	0
3 SHELBY FRIGON FORMER CFO TERM END 12/2018	(i)	0	0	0	0	0	0	0
	(ii)	242,744	42,408	20,958	35,400	24,830	366,339	17,689
4 JANI JOHNSON FORMER CEO	(i)	0	0	0	0	0	0	0
	(ii)	556,049	120,018	50,022	65,100	26,774	817,963	36,000
5 MATTHEW MARINO CFO BEG 3/2019	(i)	0	0	0	0	0	0	0
	(ii)	273,803	41,694	20,189	31,230	31,834	398,751	16,974
6 TAYLOR WARWICK VP-OPERATIONS EFF 3/2019	(i)	40,189	0	166	0	581	40,935	0
	(ii)	203,427	45,709	1,091	28,600	11,283	290,109	0
7 PATRICIA MARTIN MD VP-MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	431,134	44,296	2,935	12,600	25,216	516,181	0
8 JULIA WOODS CNO	(i)	247,690	45,400	20,551	38,486	17,509	369,637	16,776
	(ii)	0	0	0	0	0	0	0
9 REAGAN SIMPSON PRESIDENT, REHAB	(i)	173,497	52,939	1,479	28,729	23,102	279,745	0
	(ii)	41,168	0	389	0	1,478	43,035	0
10 JENIFER CLAUSEN MGR - PHARMACY OPERATIONS	(i)	151,763	0	556	10,305	22,446	185,070	0
	(ii)	0	0	0	0	0	0	0
11 JEFFREY GERSTNER PHARMACIST	(i)	137,052	0	252	5,651	23,150	166,105	0
	(ii)	0	0	0	0	0	0	0
12 EMILY GOMEZ RN	(i)	142,551	0	21	7,226	7,097	156,895	0
	(ii)	0	0	0	0	0	0	0
13 CHRISTINE ZIMMERMAN DIRECTOR, PATIENT CARE SVCS	(i)	137,501	400	531	7,250	22,902	168,584	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
Saint Lukes South Hospital Inc

Employer identification number

48-1203262

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a NUMBER REPORTED IN BOX 3 OF FORM 1096	SAINT LUKE'S SOUTH HOSPITAL (SLS) IS PART OF SAINT LUKE'S HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM. THE MAJORITY OF SLS VENDORS ARE PAID THROUGH A CENTRALIZED PAYMENT SYSTEM WITH 1099S ISSUED BY THE CENTRALIZED SERVICE ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 EXECUTIVE/OFFICER COMPENSATION PROCESS	ANNUALLY, THE SAINT LUKE'S HEALTH SYSTEM BOARD OF DIRECTORS' COMPENSATION COMMITTEE REVIEW S, DISCUSSES, SETS AND APPROVES COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT EXECUTIVE AND CFO. INDEPENDENT, EXTERNAL DIRECTORS SERVE ON THE COMPENSATION COMMITTEE. AN INDEPENDENT COMPENSATION CONSULTING FIRM ANNUALLY PROVIDES A WRITTEN REPORT AND REASONABLENESS OPINION. THE CONSULTANT REVIEWS THE SYSTEM'S EXECUTIVE COMPENSATION PHILOSOPHY AND ANALYZES MARKET COMPETITIVENESS (IN TOTAL AND BY EACH COMPENSATION AND BENEFIT ELEMENT) FOR THE EXECUTIVES USING APPROPRIATE COMPARABILITY DATA. COMPENSATION COMMITTEE ACTIONS ARE CONTEMPORANEOUSLY DOCUMENTED. THE PROCESS SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE. COMPENSATION FOR OFFICERS NOT REVIEWED BY THE BOARD COMPENSATION COMMITTEE IS SET/APPROVED ANNUALLY BY SAINT LUKE'S HEALTH SYSTEM EXECUTIVE MANAGEMENT BASED ON MARKET COMPENSATION SURVEYS AND COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURES	THE ORGANIZATION PARTICIPATES IN A JOINT VENTURE ESTABLISHED SEVERAL YEARS AGO. THE ORGANIZATION'S PROCEDURES INCLUDE OVERSIGHT AND REVIEW OF THE JOINT VENTURE TO ENSURE EXEMPT STATUS IS PROTECTED. THE ORGANIZATION HAS MAJORITY CONTROL AND/OR OPERATING AGREEMENT REQUIREMENTS FOR THE VENTURE TO OPERATE IN A MANNER CONSISTENT WITH THE ORGANIZATION'S EXEMPT MISSION AND FOR THE VENTURE TO NOT ENGAGE IN POLITICAL CANDIDATE CAMPAIGN ACTIVITY OR OTHER ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S EXEMPTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE CORPORATE MEMBER IS SAINT LUKE'S HEALTH SYSTEM, A 501(C)(3) ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE GOVERNING BODY IS ELECTED BY THE SOLE CORPORATE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE SOLE MEMBER HAS SPECIFIED RESERVE POWERS OVER MAJOR DECISIONS SUCH AS AMENDMENTS TO ARTICLES AND BYLAWS, APPOINTMENT & REMOVAL OF DIRECTORS AND THE CEO, DEBT, BUDGETS, CAPITAL EXPENDITURES, POLICIES APPLICABLE TO THE ORGANIZATION, AND STRATEGIC OPERATING DECISIONS. AS PART OF AN INTEGRATED HEALTH SYSTEM, THE SOLE MEMBER ALSO PROVIDES VARIOUS MANAGEMENT AND SUPPORT FUNCTIONS TO THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE 990 IS PREPARED JOINTLY BY ACCOUNTING STAFF OF THE ENTITY AND SAINT LUKE'S HEALTH SYSTEM (SYSTEM) TAX STAFF. THE RETURN IS REVIEWED BY THE ENTITY'S CFO OR CEO BEFORE FILING. A SUMMARY OF KEY 990 INFORMATION IS PRESENTED TO THE AUDIT COMMITTEE OF THE SYSTEM BOARD OF DIRECTORS AND THE 990 DRAFT IS MADE AVAILABLE TO THE COMMITTEE FOR REVIEW. THE 990 IS PROVIDED TO THE ORGANIZATION'S BOARD MEMBERS BEFORE FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE FILING ORGANIZATION HAS A COMPREHENSIVE WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO ALL DIRECTORS, OFFICERS, AND EMPLOYEES. ANY ACTUAL, POSSIBLE OR PERCEIVED CONFLICT OF INTEREST IS EXPECTED TO BE HANDLED THROUGH FULL AND TIMELY DISCLOSURE OF ANY SUCH INTEREST , TOGETHER WITH ABSENCE OF PERSUASION IN ANY DISCUSSION AND IN ANY VOTE WHEREIN THE INTEREST IS INVOLVED. DISCLOSURE IS TO BE MADE WHEN THE INTEREST ARISES, AT ANY TIME THE INTEREST BECOMES A MATTER OF GOVERNING BOARD ACTION, AND THEN ANNUALLY THROUGH COMPLETION OF A CONFLICT OF INTEREST QUESTIONNAIRE. A REPORT IS PROVIDED TO THE AUDIT COMMITTEE OF THE SYSTEM BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S ARTICLES OF INCORPORATION AND AMENDMENTS THERETO ARE AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE. ALSO, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT LUKE'S HEALTH SYSTEM INC THAT ARE ATTACHED TO THIS RETURN . THE ORGANIZATION'S OTHER GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A COMPENSATION, RELATED ORGANIZATIONS AND AVERAGE HOURS	MARIE GRIFFIN AND WENDELL CLARKSTON DID NOT RECEIVE COMPENSATION FOR DUTIES AS A DIRECTOR OR OFFICER OF THE FILING ORGANIZATION BUT RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE RELATED ORGANIZATIONS. PATRICIA MARTIN, MATTHEW MARINO, AND TAYLOR WARWICK RECEIVED COMPENSATION FROM A RELATED ORGANIZATION FOR SERVICES PROVIDED TO THE FILING ORGANIZATION AND THE RELATED ORGANIZATION. REPORTABLE COMPENSATION FROM THE FILING ORGANIZATION FOR ROBERT OLM-SHIPMAN IS FOR SERVICES RENDERED TO THE FILING AND RELATED ORGANIZATIONS. TAYLOR WARWICK WAS IN A DIFFERENT ROLE FOR A RELATED ENTITY PRIOR TO MARCH 2019. REAGAN SIMPSON WAS IN A DIFFERENT ROLE FOR A RELATED ENTITY IN EARLY 2019. AVERAGE HOURS REPORTED FOR THE RELATED ORGANIZATION ARE THE AVERAGE HOURS DURING THE TIME EMPLOYED BY THE RELATED ORGANIZATION IN THAT SEPARATE ROLE. FORMER CEO JANI JOHNSON AND FORMER CFO SHELBY FRIGON RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE RELATED ORGANIZATIONS. DIRECTORS ARE NOT COMPENSATED FOR SERVING AS A DIRECTOR OR BOARD OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue: 1905776, Related or Exempt Function Revenue: 1905776, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Purchased Services - Total Expense: 7918049, Program Service Expense: 7274703, Management and General Expenses: 643346, Fundraising Expenses: ; Physician Remuneration - Total Expense: 10336953, Program Service Expense: 10290953, Management and General Expenses: 46000, Fundraising Expenses: ; Service Contracts - Total Expense: 2111261, Program Service Expense: 1761426, Management and General Expenses: 349835, Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 20 TAX EXEMPT BOND LIABILITIES	THE AMOUNT REPORTED AS TAX-EXEMPT BONDS IS THE PORTION OF SAINT LUKE'S HEALTH SYSTEM'S BONDS ALLOCATED TO SAINT LUKE'S SOUTH HOSPITAL. REQUIRED INFORMATION FOR THE BONDS, INCLUDING SCHEDULE K, IS REPORTED IN THE SAINT LUKE'S HEALTH SYSTEM (EIN: 43-1747502) IRS FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION - 803663; PENSION SETTLEMENT/LIABILITY TRANSFER TO SLHS - 32226; MEDICAL STAFF ACTIVITY RECORDED IN NET ASSETS PER BOOKS; REV AND EXP IN 990 - -161402; TRANSFER from Saint Luke's Health System - -996898;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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
Saint Lukes South Hospital Inc

Employer identification number

48-1203262

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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

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	
(1) MEDICAL PLAZA PARTNERS LP 4320 WORNALL ROAD STE 714 KANSAS CITY, MO 64111 43-1357824	OWN & OPERATE MEDICAL OFFICE BUILDING	MO	NA	N/A								
(2) SAINT LUKES SURGICENTER-LEES SUMMIT LLC 11221 ROE AVE STE 230 OVERLAND PARK, KS 66211 47-0853481	HEALTH CARE	MO	NA	N/A								
(3) SAINT LUKES SOUTH SURGERY CENTER LLC 11221 ROE AVE STE 230 OVERLAND PARK, KS 66211 20-1721929	HEALTH CARE	KS	SAINT LUKES SOUTH HOSPITAL	Related	933,533	1,154,067		No	0	Yes		51 %
(4) SAINT LUKES-GI DIAGNOSTICS 4321 WASHINGTON STE 5700 KANSAS CITY, MO 64111 27-4142549	HEALTH CARE	MO	NA	N/A								
(5) KANSAS CITY ORTHOPAEDIC INSTITUTE LLC 3651 COLLEGE BLVD LEAWOOD, KS 66211 48-1197295	HEALTH CARE	KS	NA	N/A								
(6) SAINT LUKES RADIATION THERAPY-LIBERTY LLC 901 E 104TH ST KANSAS CITY, MO 64131 47-3793070	HEALTH CARE	MO	NA	N/A								

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) SAINT LUKES HEALTH SYSTEM RISK RETENTION GROUP 901 E 104TH ST KANSAS CITY, MO 64131 37-1471890	INSURANCE	SC	NA	C Corporation					No
(2) ST LUKES HEALTH VENTURES INC 901 E 104TH ST KANSAS CITY, MO 64131 43-1278476	ACCOUNTING	MO	NA	C Corporation					No
(3) MEDICAL PLAZA MANAGEMENT INC 4320 WORNALL ROAD STE 714 KANSAS CITY, MO 64111 43-1352317	MEDICAL OFFICE BUILDING MANAGEMENT	MO	NA	C Corporation					No
(4) VENTURE FINANCIAL SERVICES INC 9500 EAST 63RD ST STE 202 RAYTOWN, MO 64133 43-1605740	COLLECTIONS	MO	NA	C Corporation					No
(5) SAINT LUKES HEALTH SYSTEM INSURANCE LTD	CAPTIVE	CJ	NA	C Corporation					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	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
(1) SAINT LUKE'S SOUTH SURGERY CENTER	S	910,671	CASH DISTRIBUTION

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part V, Line 1 TRANSACTIONS WITH RELATED ORGANIZATIONS	SAINT LUKE'S HEALTH SYSTEM (SYSTEM) AND ITS AFFILIATED ENTITIES OPERATE AS A HIGHLY INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE SYSTEM MANAGES AND OPERATES RELATED HOSPITALS AND THEIR AFFILIATES AS A COMMON MISSION ORIENTED HEALTH CARE SYSTEM IN ORDER TO BETTER SERVE THE HEALTH-RELATED NEEDS OF GREATER KANSAS CITY AND SURROUNDING AREAS. AS A RESULT, THERE ARE NUMEROUS INTERCOMPANY INTERACTIONS INCLUDING CENTRALIZED SUPPORT SERVICES AND SHARING OF RESOURCES AND COSTS.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 48-1203262
Name: Saint Lukes South Hospital Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
901 E 104TH ST KANSAS CITY, MO 64131 43-1747502	HEALTH SYSTEM	KS	501(c)(3)	Type III-FI	N/A		No
4401 WORNALL ROAD KANSAS CITY, MO 64111 44-0545297	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
5830 NW BARRY RD KANSAS CITY, MO 64154 44-0565393	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
100 NE SAINT LUKES BLVD LEES SUMMIT, MO 64086 56-2488077	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
901 E 104TH ST KANSAS CITY, MO 64131 43-1598353	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
901 E 104TH ST KANSAS CITY, MO 64131 43-1127200	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
191 IOWA BLVD TRENTON, MO 64683 43-1707306	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
421 SOUTH MAPLE GARNETT, KS 66032 74-2849611	HEALTH CARE	KS	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
2799 N WASHINGTON CHILLICOTHE, MO 64601 43-1735565	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
711 MARSHALL LEAVENWORTH, KS 66048 48-0543792	HEALTH CARE	KS	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
901 E 104TH ST KANSAS CITY, MO 64131 26-0185090	HEALTH CARE	MO	501(c)(3)	Type II	SAINT LUKES HEALTH SYSTEM		No
4401 WORNALL ROAD KANSAS CITY, MO 64111 43-1609584	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
624 WESTPORT ROAD KANSAS CITY, MO 64111 27-2716128	POST SECONDARY NURSING EDUCATION	MO	501(c)(3)	2	ST LUKES HOSPITAL OF KANSIS CITY		No
901 E 104TH ST KANSAS CITY, MO 64131 45-4725529	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
901 E 104TH ST KANSAS CITY, MO 64131 45-3851008	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
4301 MADISON AVENUE KANSAS CITY, MO 64111 43-1139083	RETIREMENT COMMUNITY	MO	501(c)(3)	10	SAINT LUKES HEALTH SYSTEM		No
4301 MADISON AVENUE KANSAS CITY, MO 64111 20-5284328	HEALTH CARE	MO	501(c)(3)	10	BISHOP SPENCER PLACE		No
901 E 104th Street Kansas City, MO 64131 44-6014699	Foundation	MO	501(c)(3)	7	SAINT LUKES HEALTH SYSTEM		No
3066 N Kentucky St Iola, KS 66749 84-3362602	Health Care	KS	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No