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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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

C Name of organization
St Lukes Hospital of Kansas City

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 4401 Wornall Road | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Kansas City, MO 64111

D Employer identification number
44-0545297

E Telephone number
(816) 932-2000

G Gross receipts $ 1,214,341,008

F Name and address of principal officer:
JANI JOHNSON
4401 Wornall Road
Kansas City, MO 64111

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: 1882

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TERTIARY CARE TEACHING 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**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	4,951
6	Total number of volunteers (estimate if necessary)	**6**	66
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,001,674
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	57,791,936	15,769,883
9	Program service revenue (Part VIII, line 2g)	892,544,700	1,003,264,721
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,801,863	50,468,652
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	894,306	1,138,742
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	967,032,805	1,070,641,998
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	101,737,558	97,187,602
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)	281,754,808	315,113,789
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶21,211		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	520,799,712	558,098,519
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	904,292,078	970,399,910
19	Revenue less expenses. Subtract line 18 from line 12	62,740,727	100,242,088

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,625,227,945	1,771,100,748
21	Total liabilities (Part X, line 26)	498,753,738	473,805,117
22	Net assets or fund balances. Subtract line 21 from line 20	1,126,474,207	1,297,295,631

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

****** 2022-11-11
Signature of officer Date

AMY NACHTIGAL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00482834

Firm's name ▶ FORVIS LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT STE 1700
KANSAS CITY, MO 641062246 — Phone no. (816) 221-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SAINT LUKE'S HOSPITAL IS A NOT-FOR-PROFIT TERTIARY REFERRAL CENTER COMMITTED TO THE HIGHEST LEVELS OF EXCELLENCE IN PROVIDING HEALTH SERVICES TO ALL PATIENTS IN A CARING ENVIRONMENT. WE ARE DEDICATED TO MEDICAL RESEARCH AND EDUCATION. AS A MEMBER OF THE 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 $ 873,124,807 including grants of $ 97,187,602) (Revenue $ 1,003,264,721)

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** ▶ 873,124,807

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,951		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	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?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the 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? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	No
6	Did the organization have members or stockholders?			6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9	No

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶AMY NACHTIGAL 4401 WORNALL ROAD KANSAS CITY, MO 64111 (816) 932-2000

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,620,298	4,542,589	1,531,449

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 ▶ 378

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
Vizient Inc 290 E John Carpenter Freeway Irving, TX 75062	Temporary Labor	19,642,078
UNIVERSITY OF MISSOURI - KANSAS CITY PO BOX 805111 KANSAS CITY, MO 64180	MEDICAL SERVICES	11,737,887
George Clinical Inc 10975 Benson Drive Building 12 Suite 200 Overland Park, KS 66210	MEDICAL SERVICES	7,780,091
MIDWEST TRANSPLANT NETWORK 1900 W 47TH PLACE STE 400 WESTWOOD, KS 66205	MEDICAL SERVICES	7,551,598
P1 GROUP 16210 W 108TH ST LENEXA, KS 66219	FACILITIES MANAGEMENT	5,906,452

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 ▶ 70

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	67,857			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	6,881,402			
	e Government grants (contributions)	1e	6,851,539			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,969,085			
	g Noncash contributions included in lines 1a - 1f:$	1g	0			
	h **Total.** Add lines 1a-1f ▶		15,769,883			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	622110	891,823,522	891,823,522		
	b PHARMACY REVENUE	446110	30,211,345	30,211,345		
	c REGIONAL LAB SERVICES	621500	28,120,199	28,120,199		
	d					
	e					
	f All other program service revenue.		53,109,655	53,109,655	0	0
	g **Total.** Add lines 2a–2f. ▶	1,003,264,721				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		9,188,855		-1,001,674	10,190,529
	4 Income from investment of tax-exempt bond proceeds ▶		2,358			2,358
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	1,138,742				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c	1,138,742	0			
	d Net rental income or (loss) ▶			1,138,742		1,138,742
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	184,976,449				
	b Less: cost or other basis and sales expenses 7b	143,699,010				
	c Gain or (loss) 7c	41,277,439	0			
	d Net gain or (loss) ▶			41,277,439		41,277,439
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d ▶		0			
	12 **Total revenue.** See instructions ▶		1,070,641,998	1,003,264,721	-1,001,674	52,609,068

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	97,187,602	97,187,602		
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	3,743,697	331,851	3,411,846	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	29,090		29,090	
7 Other salaries and wages	244,976,294	234,711,471	10,264,823	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,282,795	11,333,989	948,806	
9 Other employee benefits	35,871,164	34,358,350	1,512,707	107
10 Payroll taxes	18,210,749	17,207,360	1,003,389	
11 Fees for services (non-employees):				
a Management				
b Legal	115,767		115,767	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,673,086		1,673,086	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,078,581	107,811,917	3,260,524	6,140
12 Advertising and promotion	189,942	179,519	10,423	
13 Office expenses	12,610,805	9,838,199	2,758,206	14,400
14 Information technology	4,362,572	664,237	3,698,335	
15 Royalties				
16 Occupancy	19,426,526	18,476,662	949,864	
17 Travel	498,014	486,470	11,544	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	96,962	90,579	6,208	175
20 Interest	8,318,347	7,816,018	502,329	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,367,156	38,536,927	829,840	389
23 Insurance	7,045,714	6,265,865	779,849	
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	225,364,759	225,354,252	10,507	
b Shared Expense	103,738,661	38,455,922	65,282,739	
c Bad Debt	21,664,680	21,664,680		
d				
e All other expenses	2,546,947	2,352,937	194,010	0
25 **Total functional expenses.** Add lines 1 through 24e	970,399,910	873,124,807	97,253,892	21,211
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 ▶ ☐ 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		242,587,049	1	221,112,419
	2	Savings and temporary cash investments		21,920,605	2	19,742,014
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		124,289,341	4	160,888,273
	5	Loans and other receivables from 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		19,371,799	8	19,906,733
	9	Prepaid expenses and deferred charges		2,653,930	9	3,147,430
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,021,888,115			
	b	Less: accumulated depreciation	10b 593,753,978	436,148,494	10c	428,134,137
	11	Investments—publicly traded securities		150,188,593	11	187,273,222
	12	Investments—other securities. See Part IV, line 11		382,827,099	12	461,181,090
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		24,767,132	14	25,797,045
	15	Other assets. See Part IV, line 11		220,473,903	15	243,918,385
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,625,227,945	16	1,771,100,748
Liabilities	17	Accounts payable and accrued expenses		72,403,609	17	85,593,909
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		297,269,348	20	288,310,778
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			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			23	
	24	Unsecured notes and loans payable to unrelated third parties			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		129,080,781	25	99,900,430
	26	**Total liabilities.** Add lines 17 through 25		498,753,738	26	473,805,117
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		930,707,395	27	1,075,942,706
	28	Net assets with donor restrictions		195,766,812	28	221,352,925
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		1,126,474,207	32	1,297,295,631
	33	Total liabilities and net assets/fund balances		1,625,227,945	33	1,771,100,748

Part XI Reconcilliation 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	1,070,641,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	970,399,910
3	Revenue less expenses. Subtract line 2 from line 1	3	100,242,088
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,126,474,207
5	Net unrealized gains (losses) on investments	5	46,190,028
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	24,389,308
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,297,295,631

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

Form 990, Part III, Line 4a:

HOSPITAL CARE: ALL PROGRAM SERVICE EXPENSES WERE INCURRED IN FURTHERANCE OF OUR MISSION, WHICH IS TO ENSURE THE HIGHEST LEVELS OF EXCELLENCE IN PROVIDING HEALTH CARE SERVICES TO ALL PATIENTS IN A CARING ENVIRONMENT. SAINT LUKE'S HOSPITAL IS A FULL-SERVICE HEALTH CARE FACILITY FEATURING AWARD-WINNING HEART SURGERY, NATIONALLY RECOGNIZED TRANSPLANT PROGRAMS, A STATE-OF-THE-ART WOMEN'S HEALTH CENTER, TRAUMA SERVICES, ADOLESCENT AND FAMILY MENTAL HEALTH TREATMENT SERVICES, AND MORE. THE HOSPITAL PARTICIPATES IN THE MEDICAID AND MEDICARE PROGRAMS AND HAS A FINANCIAL ASSISTANCE POLICY FOR ASSISTING PEOPLE WITHOUT ADEQUATE MEANS TO PAY FOR THEIR CARE. THE HOSPITAL HAS OVER 500 ACTIVE PHYSICIANS AND CONTINUES TO ADVANCE TREATMENT OPTIONS THROUGH LANDMARK RESEARCH STUDIES. RESEARCH, EDUCATION, AND TEACHING: IN ADDITION TO THE SUBSTANTIAL AMOUNT OF FREE CARE PROVIDED, SAINT LUKE'S HOSPITAL HAS MADE A MAJOR COMMITMENT TO MEDICAL AND NURSING EDUCATION. THIS INCLUDES THE SIGNIFICANT FUNDING REQUIREMENTS TO MAINTAIN AN ACCREDITED TEACHING AFFILIATION AND PROVIDE FOR THE TRAINING OF RESIDENTS IN VARIOUS MEDICAL SPECIALTIES OR SUB-SPECIALTIES. SAINT LUKE'S HOSPITAL ALSO PROVIDES TRAINING PROGRAMS FOR MEDICAL IMAGING, CHAPLAINS, PATIENT CARE TECHNICIANS AND PHLEBOTOMY. SAINT LUKE'S HOSPITAL IS ALSO ACCREDITED TO OFFER CONTINUING MEDICAL EDUCATION PROGRAMS FOR PRACTICING PHYSICIANS. SAINT LUKE'S HOSPITAL IS CONCERNED ABOUT THE LONG-TERM WELFARE OF THE COMMUNITY AND MAKES AN ADDITIONAL INVESTMENT IN THE FUTURE OF HEALTH CARE THROUGH RESEARCH ACTIVITIES. The hospital collaborated with other Saint Luke's Health System entities, the Missouri and Kansas Hospital Associations, and Mid-America Regional council to implement initiatives for establishing COVID testing sites, vaccine distribution, expanding virtual visits, and post-discharge follow-up for COVID-19 patients in addition to expanding coverage for the increase in hospitalized patients. The health system realigned its care and services to continue to treat and care for COVID-19 patients while protecting its employees.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID POWELL BOARD MEMBER-SECRETARY	2.0 0	X		X				0	0	0
J GRANT BURCHAM BOARD MEMBER - VICE PRES	2.0 0	X		X				0	0	0
JANI JOHNSON CEO & ASSIST SECR & BOD MBR	45.0 5.0	X		X				867,767	0	181,625
RICHARD OWEN BOARD MEMBER-TREASURER	2.0 0	X		X				0	0	0
THE RT REV MARTIN FIELD BOARD MEMBER-CHAIR	2.0 0.0	X		X				0	0	0
THOMAS WILLARD BOARD MEMBER-PRESIDENT	2.0 0.0	X		X				0	0	0
ALISON ARMISTEAD BOARD MEMBER	2.0 0	X						0	0	0
AMY MCANARNY BOARD MEMBER	2.0 0	X						0	0	0
BLAKE HODGES BOARD MEMBER	2.0 0	X						0	0	0
CAMILLE HONESTY MD BOARD MEMBER	2.0 40.0	X						0	292,101	19,584

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN KYNARD BOARD MEMBER - TERM BEG 2021	2.0 0	X						0	0	0
CAROLYN DOWNHAM BOARD MEMBER	2.0 0	X						0	0	0
CHEERAG UPADHYAYA MD BOARD MEMBER	2.0 40.0	X						0	971,722	25,241
CICI ROJAS BOARD MEMBER	2.0 0	X						0	0	0
DAVID HALL BOARD MEMBER	2.0 0	X						0	0	0
ELAINE KOCH BOARD MEMBER	2.0 0	X						0	0	0
JEFF KRUM BOARD MEMBER-TERM END DURING 2021	2.0 0	X						0	0	0
JOHN HELZBERG MD BOARD MEMBER	2.0 40.0	X						0	542,236	40,058
JOHN MATTHEWS BOARD MEMBER	2.0 0	X						0	0	0
KALISTA ENGELMAN BOARD MEMBER TERM BEG 2021	2.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEANNA MOSHER MD BOARD MEMBER	2.0 ..... 20.0	X						0	364,550	0
LISA HARDWICK BOARD MEMBER	2.0 0	X						0	0	0
MARC MD LARSEN MD BOARD MEMBER	2.0 ..... 2.0	X						0	14,860	157
NIKKI NEWTON BOARD MEMBER	2.0 0	X						0	0	0
RUBEN ALONSO III BOARD MEMBER	2.0 0	X						0	0	0
TERRI CURRAN BOARD MEMBER	2.0 0	X						0	0	0
WAYNE AUER BOARD MEMBER	2.0 0	X						0	0	0
WILLIAM ALIBER BOARD MEMBER	2.0 0	X						0	0	0
AMY NACHTIGAL CHIEF FINANCIAL OFFICER	45.0 ..... 5.0			X				577,708	0	103,872
CHARLES V ROBB ASSISTANT SECRETARY	1.0 ..... 51.0			X				0	1,423,242	583,647

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA WILSON VP & CHIEF NURSING OFFICER	50.0 0			X				466,190	0	72,981
DONNA KUNZ VP-HUMAN RESOURCES	40.0 0			X				311,138	0	13,547
JAMIE ALLEN VP & ASSIST SECRETARY	20.0 30.0			X				0	363,215	51,360
JANE PECK CHIEF OPERATING OFFICER	25.0 25.0			X				521,345	0	46,476
JANET GORDON VP-PROVIDER BASED CLINICS	25.0 25.0			X				211,721	0	37,476
PETER HOLT MD VP-MEDICAL AFFAIRS	34.0 0.0			X				297,045	0	34,805
JEFF LITTLE PHARMACY DIRECTOR	40.0 0					X		206,912	0	28,627
JOHN SPERTUS MD PHYSICIAN	40.0 0					X		466,822	0	23,206
LISA BURTIN RN	40.0 0					X		225,231	0	39,461
SHAWN MOOREHEAD CHIEF MEDICAL PHYSICIST	40.0 0					X		245,805	0	38,077

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TROY SYDZYIK CHIEF PERFUSIONIST	40.0 0					X		222,615	0	43,954
DORIS ROGERS FMR VP-HUMAN RESOURCES TERM END 4/2020	0.0 ..... 50.0						X	0	570,664	147,293

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SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

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).)

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 331/3% 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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2020 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***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.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

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SCHEDULE C (Form 990)

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

2021

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	Employer identification number
St Lukes Hospital of Kansas City	44-0545297

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.		
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-.		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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) Yes	(a) No	(b) 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		81,403
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			81,403
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	PORTION OF DUES PAID TO HOSPITAL, MEDICAL, & CIVIC ASSOCIATIONS USED TOWARD LOBBYING ACTIVITIES.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,590,367	14,395,729	13,264,423	14,082,395	12,881,613
b Contributions	1,650,568	1,562,468	1,453,909	1,562,774	1,444,060
c Net investment earnings, gains, and losses	1,474,883	1,204,119	1,645,154	-646,969	1,715,325
d Grants or scholarships					
e Other expenditures for facilities and programs	1,029,359	1,571,949	1,967,757	1,733,777	1,958,603
f Administrative expenses					
g End of year balance	17,686,459	15,590,367	14,395,729	13,264,423	14,082,395

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

a Board designated or quasi-endowment ▶ 70.61 %

b Permanent endowment ▶ 29.39 %

c Term 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:

	Yes	No
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations		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	306,933	13,543,987		13,850,920
b Buildings		595,468,714	270,889,036	324,579,678
c Leasehold improvements		14,341,141	7,797,696	6,543,445
d Equipment		381,430,734	306,121,618	75,309,116
e Other		16,796,606	8,945,628	7,850,978
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				428,134,137

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		
See Additional Data Table		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	461,181,090	

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)		
(10)		
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 AFFILIATES	17,005,035
(2)RECEIVABLE FROM AFFILIATES	13,753,915
(3)OTHER ASSETS	2,697,922
(4)BENEFICIAL INTEREST IN ASSETS OF FOUNDATION	205,378,713
(5)RIGHT OF USE ASSET	5,082,800
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	243,918,385

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	
(2) ACCELERATED PAYMENTS	63,091,979
(3) OTHER NONCURRENT LIABILITIES	1,028,757
(4) PAYABLE TO AFFILIATES	20,677,652
(5) ESTIM 3RD PARTY PAYOR SETTLEMENTS	10,019,242
(6) RIGHT OF USE LEASE OBLIGATION	5,082,800
(7) OTHER CURRENT LIABILITIES	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	99,900,430

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: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Financial Square Trust Government Fund	3,970,125	F
Silchester International Value Equity Trust	39,528,808	F
Catalyst Fund Limited Partnership V	1,198,914	F
SSGA Russell 1000 Index	140,673,622	F
SSGA 1-3 Year US Credit Index Non Lending CTF	43,055,647	F
Castlelake V Limited Partnership	2,317,249	F
Columbia Capital Equity Partners VII	924,512	F
Contrarian Distressed Real Estate Debt Fund IV LP	1,462,765	F
Equus Investment Partnership XI Limited Partnership	1,695,979	F
GSO Energy Select Opportunities Fund II Limited Partnership	457,321	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
L Catterton Growth IV Limited Partnership	2,127,758	F
Magnitude International Class A Eligible	40,206,867	F
Tailwater Energy Fund III Limited Partnership	1,788,993	F
Tailwater Energy Fund IV LP	1,618,494	F
Acl Alternative Fund	27,185,102	F
Accel-Kkr Gwth Capital Partners III	1,819,236	F
Ae Industrial Partners Fund II-A	2,097,508	F
Ae Industrial Partners Fund	1,300,096	F
Castlelake IV - Limited Partnership	3,127,278	F
Crown Global Secondaries III PLC	1,423,799	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Dover Street VIII Cayman Fund LP	715,484	F
Pantheon USA Fund VII LP	1,059,723	F
Park Street Capital Natural Resource	1,935,528	F
Siguler Guff Bric Opportunities Fund III LP	2,221,021	F
Siguler Gulf Distressed Opportunities Fund IV	1,052,257	F
1607 Capital International Equity Fund	49,618,602	F
Cash - Agency Accounts	3,938,553	F
Accrued Interest	199,219	F
Lsv Emerging Markets Equity Fund Limited Partnership	30,392,741	F
Trinity Street Commingled EAFE Equity Fund LP	21,721,158	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Aether Real Assets I LP	496,895	F
Aether Real Assets III LP	1,526,250	F
Brightstar Capital Partners Fund II Limited Partnership	826,249	F
Centana Growth Partners II LP	374,636	F
Related Re Fund III Jersey Feeder	791,076	F
Sageview III B LP	961,742	F
Siguler Guff Distressed Opportunities Fund III	188,568	F
Ares Corporate Opp Fund VI LP	902,410	F
Stepstone Vc Secondaries Fund I Limited Partnership	5,211,783	F
Stepstone Vc Secondaries Fund II Limited Partnership	3,481,046	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
Stepstone Vc Secondaries Fund III Limited Partnership	6,552,520	F
Stepstone Vc Secondaries Fund IV Limited Partnership	3,742,615	F
Stepstone Vc Secondaries Fund V Limited Partnership	845,578	F
Accel-Kkr Capital Partners VI LP	459,660	F
Ae Ind Partners Ext Value Fund LP	919,479	F
Concord Innovation Fund II LP	1,166,630	F
Gryphon Partners VI-A LP	1,099,512	F
Omega Fund VII LP	800,082	F

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI PARTS 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	SAINT LUKE'S HOSPITAL'S ENDOWMENT FUNDS ARE PRIMARILY INTENDED TO COVER HOSPITAL EXPENSES FOR PATIENTS WHO ARE UNINSURED/UNDERINSURED AND CANNOT AFFORD TREATMENT, GENERAL OPERATION S OF THE HOSPITAL AND CAPITAL EXPENDITURES FOR EQUIPMENT.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America (Canada & Mexico only)	0	0	Investments		1,800,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,800,000
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			1,800,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315049172

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			20,282,945		20,282,945	2.08 %
b Medicaid (from Worksheet 3, column a)			161,480,271	106,374,344	55,105,927	5.64 %
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	181,763,216	106,374,344	75,388,872	7.72 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,785,771	870,978	914,793	0.09 %
f Health professions education (from Worksheet 5)			24,534,026	9,760,777	14,773,249	1.51 %
g Subsidized health services (from Worksheet 6)			3,358,703		3,358,703	0.34 %
h Research (from Worksheet 7)			3,162,791	2,808,146	354,645	0.04 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			257,712	4,287	253,425	0.03 %
j **Total.** Other Benefits	0	0	33,099,003	13,444,188	19,654,815	2.01 %
k **Total.** Add lines 7d and 7j	0	0	214,862,219	119,818,532	95,043,687	9.73 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0	0	0 %
2 Economic development			0	0	0	0 %
3 Community support			0	0	0	0 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			4,821	0	4,821	0 %
7 Community health improvement advocacy			0	0	0	0 %
8 Workforce development			16,138	0	16,138	0 %
9 Other			0	0	0	0 %
10 Total	0	0	20,959	0	20,959	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?		1		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.	2	22,029,897		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
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	203,914,531		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	234,918,087		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-31,003,556		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	KANSAS CITY ORTHOPAEDIC INSTITUTE LLC	ORTHOPAEDIC SERVICES	51 %		40.91 %
2	SAINT LUKES GI DIAGNOSTICS LLC	GASTROENTEROLOGY SERVICES	51 %		49 %
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?
2

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST LUKES HOSPITAL OF KANSAS CITY

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 20			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): www.saintlukeskc.org/community-health-needs-assessments-implementation-plans			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): www.saintlukeskc.org/community-health-needs-assessments-implementation-plans			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ST LUKES HOSPITAL OF KANSAS CITY

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 300.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ST LUKES HOSPITAL OF KANSAS CITY

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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

ST LUKES HOSPITAL OF KANSAS CITY

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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)

Name of hospital facility or letter of facility reporting group KANSAS CITY ORTHOPAEDIC INSTITUTE LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): www.saintlukeskc.org/community-health-needs-assessments-implementation-plans			
b	☑ Other website (list url): WWW.KCOI.COM			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): www.saintlukeskc.org/community-health-needs-assessments-implementation-plans			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

KANSAS CITY ORTHOPAEDIC INSTITUTE LLC

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?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 133.0 % and FPG family income limit for eligibility for discounted care of 133.0 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☐	Residency			
h ☑	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?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): www.saintlukeskc.org/financial-assistance			
b ☑	The FAP application form was widely available on a website (list url): www.saintlukeskc.org/financial-assistance			
c ☑	A plain language summary of the FAP was widely available on a website (list url): www.saintlukeskc.org/financial-assistance			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	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 ☑	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 ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

KANSAS CITY ORTHOPAEDIC INSTITUTE LLC

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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

KANSAS CITY ORTHOPAEDIC INSTITUTE LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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? **0**

Name and address	Type of Facility (describe)
1	
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 3c ASSISTANCE ELIGIBILITY	THE HOSPITAL USES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. IN ADDITION, MEDICAL INDIGENCY MAY BE DETERMINED ON AN INDIVIDUAL BASIS FOR INCOME ABOVE THE FEDERAL POVERTY LEVEL WHEN A SINGLE ILLNESS OR INJURY CAUSES HARDSHIP.
Schedule H, Part I, Line 7g Subsidized Health Services	SUBSIDIZED HEALTH SERVICES AE FOR THE TRANSPLANT SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	21664680
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	COST OF CHARITY CARE AND UNREIMBURSED HEALTH SERVICES ARE CALCULATED USING THE APPOPRIATE COST TO CHARGE RATIO FORM THE HOSPITAL'S COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	THE ORGANIZATION WORKS WITH SEVERAL COMMUNITY ORGANIZATIONS THAT ARE DEDICATED TO THE IMPROVEMENT OF LIFE IN THE COMMUNITY. THIS INCLUDES SUPPORT OF STAFF/WORKFORCE DEVELOPMENT IN THE COMMUNITY AND PARTICIPATING IN COALITIONS TO IMPROVE COMMUNITY HEALTH, EDUCATION AND PATIENT SUPPORT.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	PATIENT RELATED BAD DEBT IS REPORTED CONSISTENT WITH THE FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	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.
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 HOSPITALS 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	IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE THE ACCOUNT IS ADJUSTED ACCORDINGLY. ANY REMAINING BALANCE WOULD BE COLLECTED UNDER THE DEBT COLLECTION POLICY. OUR COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. 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	- ST LUKES HOSPITAL OF KANSAS CITY: Line 16a URL: WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE; - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC: 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	- ST LUKES HOSPITAL OF KANSAS CITY: Line 16b URL: WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE; - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC: Line 16b URL: www.saintlukeskc.org/financial-assistance;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST LUKES HOSPITAL OF KANSAS CITY: Line 16c URL: WWW.SAINTLUKESKC.ORG/FINANCIAL-ASSISTANCE; - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC: 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. For this community health assessment, Saint Luke's Hospital of Kansas City collaborated with the following Saint Luke's hospitals: Saint Luke's South Hospital, Saint uke's East Hospital, and Saint Luke's North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	SAINT LUKE'S HOSPITAL FOLLOWS THE SAINT LUKE'S HEALTH SYSTEM POLICIES FOR FINANCIAL ASSISTANCE, PATIENT BILLING AND COLLECTION. IN ADDITION TO THESE POLICIES, SAINT LUKE'S HOSPITAL PROVIDES EDUCATION ON FINANCIAL ASSISTANCE ELIGIBILITY TO PATIENTS AND PERSONS WHO MAY BE BILLED FOR SERVICES THROUGH MANY SOURCES INCLUDING THE SLHS WEB SITE, 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. SAINT LUKE'S 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 HOSPITAL IS LOCATED IN THE URBAN CORE OF KANSAS CITY, MISSOURI. IT IS A MAJOR TEACHING AND RESEARCH FACILITY, AND PROVIDES TERTIARY AND QUATERNARY LEVEL PATIENT CARE SERVICES TO THE METROPOLITAN KANSAS CITY AREA, AND SERVES AS A MAJOR REFERRAL HOSPITAL FOR THE SURROUNDING COUNTIES. FOR purposes of THE CHNA, The community was defined by considering the geographic origins of the hospital's discharges and Emergency room visits in calendar year 2019. On that basis, SLH's community was defined as a five-county area that includes Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas. The community accounted for 72 percent of the hospital's 2019 inpatient volumes and 90 percent of its emergency room visits.
Schedule H, Part VI, Line 5 Promotion of community health	THE BOARD OF DIRECTORS IS MADE UP OF MEDICAL AND BUSINESS PROFESSIONALS, ALMOST ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THEY ARE INVOLVED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS AND IN GENERAL STEWARDSHIP. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. THE HOSPITAL UTILIZES SURPLUS FUNDS TO MAINTAIN ACCESS TO PATIENT SERVICES AND TO EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITY. SEE HOW THE HOSPITAL IS ADDRESSING THE ACCESS TO CARE NEED IN SCH H, PART V, LINE 11 DETAIL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	SAINT LUKE'S HOSPITAL IS AFFILIATED WITH SAINT LUKE'S HEALTH SYSTEM, WHICH CONSISTS OF 16 AREA HOSPITAL FACILITIES AND MULTIPLE 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: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ST LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL ROAD KANSAS CITY, MO 64111 WWW.SAINTLUKESKC.ORG 87-57	X	X		X		X	X			
2	KANSAS CITY ORTHOPAEDIC INSTITUTE LLC 3651 COLLEGE BLVD LEAWOOD, KS 66211 WWW.KCOI.COM	X	X							ORTHOPAEDIC SPECIALTY SERVICES	

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 - ST LUKE'S HOSPITAL OF KANSAS CITY. Primary data were gathered through key stakeholder interviews and online meetings. Six community meetings were conducted: one in each county and one focused on the Kansas City region. Another meeting was held with Saint Luke's Hospital of Kansas City ("SLH")staff members. Interviews were conducted by phone and meetings were conducted by online video conferences. Twenty-six (26) interviews were conducted with 28 stakeholders participating to learn about community health issues in the SLH community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations. Questions focused first on identifying and discussing health issues in the community before theCOVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks. Eighty-five (85) stakeholders participated in the six community meetings. These individuals represented organizations such as local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems. Seventy-nine (79) Saint Luke's Health System staff participated in the internal meetings. Individuals from administration, nursing, case management, social services, emergency departments, and other similar departments participated. Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators. Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify "three to five" they consider to be most significant.

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 11 Facility , 1	Facility , 1 - ST LUKE'S HOSPITAL OF KANSAS CITY. THE COMMUNITY HEALTH NEEDS ASSESSMENT ID ENTIFIED FIVE PRIORITY HEALTH NEEDS: ACCESS TO CARE To address this need, SLH will impleme nt the following initiatives: 1. Support SLHS initiatives to expand access for Medicaid re cipients to Convenient Care Clinics. 2. Support SLHS initiatives to extend the Financial A ssistance Policy to Convenient Care Clinics. 3. Support SLHS strategy to expand availabili ty of Telehealth services across the Kansas City region. 4. Continue providing Telehealth services to victims of domestic violence at the Safehome Shelter. 5. Support SLHS advocacy efforts to assure successful implementation of Medicaid expansion in Missouri in advance of July 1, 2021. 6. Support SLHS advocacy efforts to expand Medicaid eligibility in Kansas . 7. Evaluate opportunity to provide community education regarding Medicaid enrollment. 8. Help community residents enroll in Medicaid during hospital episodes of care (use Humanar c). 9. Continue providing case management for high-utilizer and vulnerable patients with r eferrals to health care and social services. 10. Continue providing education and training for the community and for health care through Advanced Comprehensive Stroke community edu cation, Fifth grade stroke education program, advanced stroke life support and other commu nity based health education & support groups. 11. Continue the hospital's Medication Assis tance Access Program for patients who are underinsured and/or uninsured. 12. Continue prov iding taxicab and Uber/Lyft vouchers for low-income patients who need transportation post- discharge. 13. Continue providing Graduate Medical Education (GME) and Allied Health Profe ssions training programs which contribute to the supply of health professionals across the region. 14. Continue operating the SLH Internal Medicine Clinic as a health professions t raining site that enhances access to care for Medicaid, Medicare, and other patients. 15. Continue active efforts to recruit mental health professionals, including psychiatrists an d social workers. 16. Continue offering Care Connection Team services that connect under-r esourced patients to social and medical services post-discharge. 17. Continue participatio n in SLHS (and Saint Luke's Physician Group) initiatives to recruit providers that represe nt under-represented racial and ethnic cohorts. 18. Continue collaborations with Kansas Ci ty-area Federally Qualified Health Centers, including the Care Coordination collaboration between SLHS and KC Care Health Center that places a 0.5 FTE Community Health Worker in th e Emergency Department. COVID-19 PANDEMIC To address this need, SLH will implement the fol lowing initiatives: 1. Work with the Missouri Hospital Association and the Kansas Hospital Association on COVID-19 vaccination distribution plans. 2. Continue operating COVID-19 te sting at SLH and expanding testing at community sites. 3. Continue conducting post-dischar ge follow-up with COVID-19 pat

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 11 Facility , 1	ients (care coordinator contacts SLPG patients; non-SLPG patients are contacted by a care coordinator or social worker on days 1, 3, 7, and 10). 4. Participate in Mid-America Regio nal Council (MARC) COVID-19 initiatives. 5. Continue developing and utilizing the "COVID-1 9 Care-Companion Platform." 6. Continue providing COVID-19 information on the Saint Luke's Community Resource Hub. MATERNAL AND CHILD HEALTH To address this need, SLH will undertak e the following program initiatives: 1. Continue operating the SLH OBGYN Clinic as a healt h professions training site that enhances access to care for Medicaid, Medicare, and other patients 2. Continue supporting members of the SLH Medical Staff as they participate in r egional, state-wide, and national quality-related and community health improvement activit ies. 3. Continue providing Missouri Show-Me 5 evidence-based maternity care practices show n to support breastfeeding initiation and duration; seek formal designation (certification) for the program in 2021. 4. Continue implementing a Centering Pregnancy Program (a care model that provides pregnancy and birth education in a group setting) once group meetings (suspended due to the pandemic) can be resumed. 5. Continue providing maternal and child h ealth patients with access to Social Workers and with referrals to wrap-around services (m ental health, nutrition, other). 6. Develop a collaborative strategy for enhancing access to prenatal care for Black and other mothers and for addressing above average teen pregnan cy rates. 7. Expand Crittenton's partnership with Sesame Street in Communities to include SLH mothers and babies. 8. Continue involving Rose Brooks Center social worker(s) in mater nal and child health community health programs. MENTAL AND BEHAVIORAL HEALTH To address th is need, SLH will implement the following initiatives: 1. Continue operating a variety of Crittenton on-site clinical programs (subsidized health services) including inpatient hosp italization, residential treatment, adolescent substance use, and outpatient clinic. 2. Co ntinue providing Crittenton In-Home services. 3. Seek additional funding via state contrac ts and grants to expand intensive in-home therapeutic and case management services for chi ldren and families experiencing mental/behavioral health and other trauma-related concerns . 4. Implement a virtual (and eventually in-person) intensive outpatient program for child ren and families struggling with anxiety and depression. 5. Expand the nationally-recogniz ed Crittenton Trauma Smart program which is designed to help children heal from complex or repetitive trauma. 6. Evaluate the ability to offer virtual suicide risk assessments to s chools within the Greater Kansas City Region. 7. Continue providing Foster Care case manag ement and Adoption programs. 8. Continue working with the Saint Luke's College of Nursing/ Rockhurst to develop classes to train and certify Behavioral Health Technicians (BHTs). 9. Provide Crisis Intervention T

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 11 Facility , 1	raining for law enforcement on how to work with children with mental illness and trauma. 1 0. Continue to utilize Sesame Street in Communities materials and resources to help childr en and families understand racism, trauma, homelessness, foster care, and other topics tha t impact health and wellness, social-emotional skills, and school readiness. 11. Evaluate the opportunity to expand behavioral health services for SLHS employees and their families . 12. Provide trauma-informed mental health training and support to law enforcement throug h Crisis Intervention Team and other initiatives. 13. Continue operating the SLH Behaviora l Assessment Center, which operates 24/7 for any patient experiencing a behavioral health crisis including patients who present in the Emergency Department. 14. Continue providing Social Workers in the SLH Emergency Department, so patients can be referred for placement or other needed services. 15. SLH's social workers will continue assisting Medical Educati on Internal Medicine (Primary Care) and OB/GYN clinics and Emergency Room Department patie nts who require additional mental health support and social determinants of health support . 16. Continue collaborating with the Kansas City Assessment and Triage Center to provide community mental health, drug, alcohol, and medical detoxification services. 17. Seek fund ing to provide trauma-informed education to middle and high schools in Center School Distr ict. POVERTY AND SOCIAL DETERMINANTS OF HEALTH To address this need, SLH will implement th e following initiatives: 1. Participate in SLHS Anchor Institution strategies to be includ ed in the SLHS Destination 2025 Strategic Plan. 2. Implement a base wage of $15 per hour f or SLHS employees. 3. Expand programs to interest (and begin to train) high-school aged st udents in the health professions. 4. Expand the Bluford Leadership Program, an internship opportunity for minority students with college and university health care degrees. 5. Cont inue offering the Saint Luke's Community Resource Hub to expand patient, employee, and com munity awareness of available health and social services. 6. Continue screening all patien ts for social determinants of health issues. 7. Identify a strategy to address food insecu rity. 8. Continue providing post-discharge transportation and housing for homeless patient s over the age of 18 and in need of services through the Bodhi Housing Program. SLH does n ot intend to address two of the eight significant community health needs identified throug h its 2020 CHNA, Needs of Growing Senior Population and Unhealthy Behaviors. SLH already o ffers a wide array of acute and continuing care services for this growing senior populatio n and anticipates continuing to meet its health care needs. For Unhealthy Behaviors, the c ommittee charged with developing this implementation strategy identified six other needs a s higher priorities for the 2021-2023 SLH implementation strategy.

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 - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC:. A wide range of primary and secondary data was used to identify the top three health priorities in KCOI's community. Priorities were identified based on recurrent themes from interviews conducted with key contributors, alignment with national and local priorities and the ability of KCOI to address the health need. Hospital leaders and community stakeholders were engaged to better understand the needs of the community. Secondary quantitative data was analyzed from multiple community and hospital sources to better understand the impact of each of the identified needs. Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators. Secondary Data Sources: * Centers for Disease Control and Prevention * City Data * County Health Rankings * Healthy Kansans 2020 * Healthy People 2020 * Johnson County Government Data * Kansas Department of Health and Environment * Kansas Health Matters * Medicare's Hospital Compare * National Institute of Mental Health * Truven Health Analytics * U.S. Census Bureau

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 11 Facility , 1	Facility , 1 - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC. Kansas City Orthopaedic Institute (KCOI) and Saint Luke's Health System (SLHS) leadership reviewed the significant needs identified via interviews, input received from community representatives and local and national data and considered how KCOI can address each. In addition, KCOI and SLHS leadership determined which of the top priority health issues to pursue in a more strategic and targeted approach over the next three years. The following represent the three resulting prioritized needs. Priority 1: Behavioral Health Care KCOI is committed to providing services to support behavioral health in Johnson County. KCOI will provide the following services in addressing behavioral health as a priority need: - KCOI physicians can help identify those patients who show signs of broken bones caused by domestic violence or abuse. Staff members at KCOI follow a robust policy put into place to ensure any patient indicating a need for advocacy, protection or shelter will be referred to the appropriate resources. - KCOI will continue to provide education on this topic to staff members. KCOI will continue to refer patients to SAFEHOME should the need be assessed. SAFEHOME is a local organization dedicated to providing shelter, advocacy, counseling and education to domestic violence victims within the community. Priority 2: Improve Access to Care KCOI will work to expand access to comprehensive, quality health care services for low-income individuals. KCOI will implement the following strategies in addressing access to care as a priority need: - KCOI has in place Charity Care and Financial Assistance protocols and will make those processes readily available for those who qualify in order to increase access - KCOI will advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population. - Aid a number of Wy/Jo Care cases per year that KCOI supports through provision of care and services. - Continue to provide access to care through the urgent care clinic with extended appointment hours. - KCOI will host the local chapter of the National Association for Orthopaedic Nurses' medical Education program for mid-level clinicians that provide access to care for allpatients. Priority 3: Increase Access to Physical Activity and Nutrition KCOI will work to improve the access to physical activity and healthy nutrition in Johnson County. kCOI will provide the following services dedicated to nutrition and physical activity: - Continue strategies for optimizing patients for surgery such as incorporating nutrition and physical activity themes in preoperative education to patients. - Provide resources and education for primary service area regarding physical activity. THERE ARE NO NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT BEING ADDRESSED.

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 13 Facility , 1	Facility , 1 - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC:. THE HOSPITAL PROVIDES ELECTIVE SERVICES. FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON THE FEDERAL POVERTY GUIDELINE AND OTHER FINANCIAL RESOURCES. IN ALL CASES, THE PATIENT'S AND RESPONSIBLE PARTY'S OVERALL FINANCIAL POSITION AND HOUSEHOLD SIZE AND INCOME ARE CONSIDERED WHEN DETERMINING FINANCIAL ASSISTANCE. FPL% GUIDELINES ARE APPLIED AS FOLLOWS: HOSPITAL SERVICES - UNSCHEDULED PATIENTS: 133% OR LESS FPL, 100% CHARITY 0% PATIENT RESPONSIBILITY HOSPITAL SERVICES - SCHEDULED PATIENTS: 133% OR LESS FPL, 75% CHARITY 25% PATIENT RESPONSIBILITY

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 13 Facility , 1	Facility , 1 - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC:. THE HOSPITAL PROVIDES ELECTIVE SERVICES. FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON THE FEDERAL POVERTY GUIDELINE AND OTHER FINANCIAL RESOURCES. IN ALL CASES, THE PATIENT'S AND RESPONSIBLE PARTY'S OVERALL FINANCIAL POSITION AND HOUSEHOLD SIZE AND INCOME ARE CONSIDERED WHEN DETERMINING FINANCIAL ASSISTANCE. FPL% GUIDELINES ARE APPLIED AS FOLLOWS: HOSPITAL SERVICES - UNSCHEDULED PATIENTS: 133% OR LESS FPL, 100% CHARITY 0% PATIENT RESPONSIBILITY HOSPITAL SERVICES - SCHEDULED PATIENTS: 133% OR LESS FPL, 75% CHARITY 25% PATIENT RESPONSIBILITY.

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 20 Facility , 1	Facility , 1 - KANSAS CITY ORTHOPAEDIC INSTITUTE, LLC:. THERE WAS NO EXTRAORDINARY COLLECTION ACTIVITY IN 2021.

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 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 FOR THE GENERAL OPERATION OF QUALIFIED CHARITIES AND COMMUNITY PROGRAMS AND ARE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE CHARITABLE ORGANIZATION. SUCH GRANTS FURTHER OR SUPPORT A CHARITABLE PURPOSE OF SAINT LUKE'S HOSPITAL OF KANSAS CITY.

Additional Data

Software ID: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

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 LUKES PHYSICIAN GROUP 901 E 104th Street Kansas City, MO 64131	43-1598353	501c3	97,083,560				SUPPORT FOR HEALTH CARE NEEDS
Rockhurst University 1100 Rockhurst Rd Kansas City, MO 64110	44-0545813	501c3	40,000				Community Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of Kansas City Missouri 511 E 11th Street Kansas City, MO 64106		GOVT	58,979				Community Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		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 accured 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, 1099-MISC compensation, and/or 1099-NEC			**(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 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 EXECUTIVES AND OFFICERS. 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 PHILOSPHY 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.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	457(F) PARTICIPANT AND AMOUNT INCLUDED IN COLUMN C FOR THE PLAN: CHARLES ROBB: $452,179 FOR THE VARIOUS 457(F) PLANS, A PARTICIPANT'S BENEFIT IS PAID AT VESTING. VESTING GENERALLY OCCURS AT RETIREMENT AGE AND MAY BE SUBJECT TO CERTAIN RESTRICTIVE COVENANTS.
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.
Schedule J, Part II PART II	CHARLES ROBB, DORIS ROGERS, JOHN HELZBERG, CHEERAG UPADHYAYA, CAMILLE HONESTY, MARC LARSEN, AND LEANNA MOSHER 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. REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS FOR JAMIE ALLEN IS FOR SERVICES RENDERED TO THE FILING AND RELATED ORGANIZATIONS.

Additional Data

Software ID: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1JANI JOHNSON	(i)	619,954	185,039	62,774	152,317	29,308	1,049,392	42,700
CEO & ASSIST SECR & BOD MBR	(ii)	0	0	0	0	0	0	0
1CAMILLE HONESTY MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	266,114	24,606	1,381	18,850	734	311,685	0
2JOHN HELZBERG MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	533,768	2,000	6,468	14,500	25,558	582,294	0
3CHEERAG UPADHYAYA MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	970,522	0	1,200	13,050	12,191	996,963	0
4LEANNA MOSHER MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	364,550	0	0	0	0	364,550	0
5DORIS ROGERS	(i)	0	0	0	0	0	0	0
FMR VP-HUMAN RESOURCES TERM END 4/2020	(ii)	402,238	134,525	33,901	118,764	28,529	717,957	18,775
6DONNA KUNZ	(i)	240,000	42,950	28,188	11,600	1,947	324,685	0
VP-HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
7CHARLES V ROBB	(i)	0	0	0	0	0	0	0
ASSISTANT SECRETARY	(ii)	671,852	311,608	439,783	558,589	25,058	2,006,889	198,847
8DEBRA WILSON	(i)	329,766	99,809	36,615	50,065	22,917	539,171	23,642
VP & CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
9AMY NACHTIGAL	(i)	404,856	118,175	54,677	70,703	33,169	681,580	45,500
CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
10JAMIE ALLEN	(i)	0	0	0	0	0	0	0
VP & ASSIST SECRETARY	(ii)	295,930	64,939	2,346	36,100	15,261	414,575	0
11PETER HOLT MD	(i)	293,073	1,000	2,972	13,050	21,755	331,851	0
VP-MEDICAL AFFAIRS	(ii)	0	0	0	0	0	0	0
12JANE PECK	(i)	380,000	102,914	38,431	43,450	3,026	567,821	0
CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
13JANET GORDON	(i)	185,398	24,342	1,981	8,810	28,666	249,197	0
VP-PROVIDER BASED CLINICS	(ii)	0	0	0	0	0	0	0
14TROY SYDZYIK	(i)	219,128	2,000	1,487	15,108	28,846	266,569	0
CHIEF PERFUSIONIST	(ii)	0	0	0	0	0	0	0
15JOHN SPERTUS MD	(i)	404,244	2,000	60,577	18,850	4,356	490,028	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
16LISA BURTIN	(i)	207,891	1,000	16,340	13,980	25,481	264,692	0
RN	(ii)	0	0	0	0	0	0	0
17JEFF LITTLE	(i)	204,654	2,000	259	9,643	18,984	235,539	0
PHARMACY DIRECTOR	(ii)	0	0	0	0	0	0	0
18SHAWN MOOREHEAD	(i)	243,586	2,000	219	11,421	26,655	283,881	0
CHIEF MEDICAL PHYSICIST	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SYDNEY WILSON	FAMILY MEMBER OF DEBRA WILSON, OFFICER	29,091	SYDNEY WILSON IS EMPLOYED BY ST LUKES HOSPITAL OF KANSAS CITY		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315049172

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a NUMBER REPORTED IN BOX 3 OF FORM 1096	ST LUKES HOSPITAL OF KANSAS CITY (SLH) IS PART OF SAINT LUKE'S HEALTH SYSTEM, AN INTEGRATE D HEALTH SYSTEM. THE MAJORITY OF SLH 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 PROCESS FOR EXECUTIVE 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 EXECUTIVES AND OFFICERS. 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 PHILOSPHY 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURES	THE ORGANIZATION PARTICIPATES IN JOINT VENTURES ESTABLISHED SEVERAL YEARS AGO. THE ORGANIZ ATION'S PROCEDURES INCLUDE OVERSIGHT AND REVIEW OF ANY JOINT VENTURES TO ENSURE EXEMPT STA TUS IS PROTECTED. THE ORGANIZATION HAS MAJORITY CONTROL AND OPERATING AGREEMENT REQUIREMEN TS FOR THE VENTURE TO OPERATE IN A MANNER CONSISTENT WITH THE ORGANIZATION'S EXEMPT MISSIO N AND FOR THE VENTURE TO NOT ENGAGE IN POLITICAL CANDIDATE CAMPAIGN ACTIVITY OR OTHER ACTI VITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S EXEMPTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	CHARLES ROBB, CAMILLE HONESTY, CHEERAG UPADHYAYA, AND JOHN HELZBERG HAVE A BUSINESS RELATI ONSHIP BECAUSE THEY ARE DIRECTORS, OFFICERS, AND/OR EMPLOYEES OF AFFILIATED TAX-EXEMPT ORG ANIZATIONS. - Business relationship, AMY MCANARNEY AND DAVE HALL ARE OFFICERS AND/OR A DIR ECTOR OF THE SAME ENTITY. - Business relationship

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 AR TICLES 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 A ND 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 SYST EM (SYSTEM) TAX STAFF. THE RETURN IS REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM AND THE EN TITY'S CFO OR CEO BEFORE FILING. A SUMMARY OF KEY 990 INFORMATION WAS PRESENTED TO THE AUD IT COMMITTEE OF THE SYSTEM BOARD OF DIRECTORS AND THE 990 DRAFT WAS MADE AVAILABLE TO THE COMMITTEE FOR REVIEW. THE 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD MEMBERS BEFORE FILI NG WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	SAINT LUKE'S HEALTH SYSTEM AND ITS AFFILIATES, INCLUDING THE FILING ORGANIZATION, HAVE COM PREHENSIVE WRITTEN CONFLICT OF INTEREST POLICIES APPLICABLE TO ALL DIRECTORS, OFFICERS, AN D EMPLOYEES. ANY ACTUAL, POSSIBLE OR PERCEIVED CONFLICT OF INTEREST IS EXPECTED TO BE HAND LED THROUGH FULL AND TIMELY DISCLOSURE OF ANY SUCH INTEREST, TOGETHER WITH ABSENCE OF PERS UASION IN ANY DISCUSSION AND IN ANY VOTE WHEREIN THE INTEREST IS INVOLVED. DISCLOSURE IS T O 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 QUESTIONNAIR E. THE SYSTEM VICE PRESIDENT OF INTERNAL AUDIT REVIEWS COMPLETED QUESTIONNAIRES AND FURTHE R INVESTIGATES POSSIBLE CONFLICTS OF INTEREST. A REPORT IS PROVIDED TO THE AUDIT COMMITTEE OF THE SYSTEM BOARD OF DIRECTORS AND ANY IDENTIFIED CONFLICT OF INTEREST IS REPORTED TO T HE APPLICABLE ENTITY.

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 THROUGH THE SECRETARY OF STATE. THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEME NTS OF SAINT LUKE'S HEALTH SYSTEM INC THAT ARE AVAILABLE THROUGH EMMA AND 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
PART VII, AVERAGE HOURS AND COMPENSATION	DIRECTORS ARE NOT COMPENSATED FOR SERVING AS A DIRECTOR OR BOARD OFFICER. CHARLES ROBB, DO RIS ROGERS, JOHN HELZBERG, CHEERAG UPADHYAYA, CAMILLE HONESTY, MARC LARSEN, AND LEANNA MOS HER DID NOT RECEIVE COMPENSATION FOR DUTIES AS A DIRECTOR OR OFFICER OF THE FILING ORGANIZ ATION BUT RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE RE LATED ORGANIZATIONS. REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS FOR JAMIE ALLEN IS FOR SERVICES RENDERED TO THE FILING AND RELATED ORGANIZATIONS. AVERAGE HOURS REPORTED FOR A RELATED ORGANIZATION ARE THE AVERAGE HOURS DURING THE TIME EMPLOYED BY THE RELATED ORGA NIZATION OR IN A SEPARATE ROLE FOR THE RELATED ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Service Revenue - Total Revenue: 53109655, Related or Exempt Function Revenue: 53109655, 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	Clinical Purchased Services - Total Expense: 42167295, Program Service Expense: 42167295, Management and General Expenses: , Fundraising Expenses: ; Clinical Repairs and Maintenanc e - Total Expense: 882694, Program Service Expense: 874732, Management and General Expense s: 7812, Fundraising Expenses: 150; Clinical Service Contracts - Total Expense: 4872008, P rogram Service Expense: 4872008, Management and General Expenses: , Fundraising Expenses: ; Consulting - Total Expense: 895465, Program Service Expense: 722509, Management and Gene ral Expenses: 172956, Fundraising Expenses: ; Organ Acquisition - Total Expense: 12378439, Program Service Expense: 12378439, Management and General Expenses: , Fundraising Expense s: ; Other Purchased Services - Total Expense: 6758074, Program Service Expense: 3881297, Management and General Expenses: 2870787, Fundraising Expenses: 5990; Physician Remunerati on - Total Expense: 12754899, Program Service Expense: 12545930, Management and General Ex penses: 208969, Fundraising Expenses: ; Research Services - Total Expense: 349550, Program Service Expense: 349550, Management and General Expenses: , Fundraising Expenses: ; Tempo rary Help - Total Expense: 13324489, Program Service Expense: 13324489, Management and Gen eral Expenses: , Fundraising Expenses: ; Foster Care Services - Total Expense: 5217999, Pr ogram Service Expense: 5217999, Management and General Expenses: , Fundraising Expenses: ; HSKC Services - Total Expense: 11477669, Program Service Expense: 11477669, Management an d General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Se rvice Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expens e: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundrais ing Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expen ses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management an d General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Se rvice Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expens e: , 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 BONDS ALLOCATED TO ST LUKES HOSPITAL OF KANSAS CITY. REQUIRED INFORMATION FOR THE BONDS, INCLUD ING SCHEDULE K, IS REPORTED IN THE SAINT LUKE'S HEALTH SYSTEM (EIN: 43-1747502) IRS FORM 9 90.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION SETTLEMENT/LIABILITY TRANSFER - 284897; TRANSFER FROM RESTRICTED ACCTS NOT RECORDE D IN OPERATING ACCTS - -4491; CHANGE IN THE BENEFICIAL INTEREST IN ASSETS OF FOUNDATION - 23490022; RRG SSA Dividend - -952; Rounding - 1; TRANSFER OF INVESTMENTS FROM SAINT LUKES CUSHING HOSPITAL INC - 619831;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV FOREIGN FORMS	ALL APPLICABLE FOREIGN FORMS HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T FOR 2021.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Lukes Hospital of Kansas City

Employer identification number
44-0545297

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
(1) CRITTENTON LLC 10918 ELM AVENUE KANSAS CITY, MO 64134 83-3310535	HEALTHCARE	MO	0	0	ST LUKES HOSPITAL OF KANSAS CITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MEDICAL PLAZA PARTNERS LP 4320 WORNALL ROAD STE 714 KANSAS CITY, MO 64111 43-1357824	OWN & OPERATE MEDICAL OFFICE BUILDING	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	992,120	9,894,417		No			No	34.44 %
(2) ST 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	NA	N/A								
(4) SAINT LUKES-GI DIAGNOSTICS 4321 WASHINGTON STE 5700 KANSAS CITY, MO 64111 27-4142549	HEALTH CARE	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	650,568	584,917		No			No	51 %
(5) KANSAS CITY ORTHOPAEDIC INSTITUTE LLC 3651 COLLEGE BLVD LEAWOOD, KS 66211 48-1197295	HEALTH CARE	KS	ST LUKES HOSPITAL OF KANSAS CITY	Related	12,084,309	39,568,101		No			No	51 %
(6) SAINT LUKES RADIATION THERAPY-LIBERTY LLC 901 E 104TH ST KANSAS CITY, MO 64131 47-3793070	HEALTH CARE	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	267,901	3,950,576		No			No	51 %
(7) Saint Luke's South Pain Management 7651 W 159th Street Overland Park, KS 66223 86-3451115	HEALTH CARE	KS	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	(i) 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	ST LUKES HOSPITAL OF KANSAS CITY	C Corporation		3,518,294	100 %	Yes	
(3)MEDICAL PLAZA MANAGEMENT INC 4320 WORNALL ROAD STE 714 KANSAS CITY, MO 64111 43-1352317	MEDICAL OFFICE BUILDING MANAGEMENT	MO	ST LUKES HEALTH VENTURES	C Corporation		-1,310,593	100 %	Yes	
(4)SAINT LUKES HEALTH SYSTEM INSURANCE LTD	CAPTIVE	CJ	NA	C Corporation					No
(5)HEART SURGEONS OF KANSAS CITY 4320 WORNALL ROAD STE 50 KANSAS CITY, MO 64111 26-4663332	MEDICAL PRACTICE	MO	SAINT LUKES HOSPITAL OF KANSAS CITY	C Corporation	14,858	2,052,634	100 %	Yes	

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

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

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
Schedule R, Part V, Line 1 PART V, LINE 1	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: 21014044
Software Version: 2021v4.2
EIN: 44-0545297
Name: St Lukes Hospital of Kansas City

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
5830 NW BARRY ROAD KANSAS CITY, MO 64154 44-0565393	HEALTH CARE	MO	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
12300 METCALF AVE OVERLAND PARK, KS 66213 48-1203262	HEALTH CARE	KS	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	KS	501(c)(3)	3	SAINT LUKES HEALTH SYSTEM		No
901 E 104TH STREET 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
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	THE 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
4435 MAIN ST KANSAS CITY, MO 64111 85-0768692	MEDICAL RESEARCH	MO	501(c)(3)	4	SAINT LUKES HEALTH SYSTEM		No
4401 WORNALL ROAD WORNALL ROAD, MO 64111 27-2716128	POST SECONDARY NURSING EDUCATION	MO	501(c)(3)	2	ST LUKES HOSPITAL OF KANSAS CITY		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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	
MEDICAL PLAZA PARTNERS LP 4320 WORNALL ROAD STE 714 KANSAS CITY, MO 64111 43-1357824	OWN & OPERATE MEDICAL OFFICE BUILDING	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	992,120	9,894,417		No			No	34.44 %
ST LUKES SURGICENTER-LEES SUMMIT LLC 11221 ROE AVE STE 230 OVERLAND PARK, KS 66211 47-0853481	HEALTH CARE	MO	NA	N/A								
SAINT LUKES SOUTH SURGERY CENTER LLC 11221 ROE AVE STE 230 OVERLAND PARK, KS 66211 20-1721929	HEALTH CARE	KS	NA	N/A								
SAINT LUKES-GI DIAGNOSTICS 4321 WASHINGTON STE 5700 KANSAS CITY, MO 64111 27-4142549	HEALTH CARE	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	650,568	584,917		No			No	51 %
KANSAS CITY ORTHOPAEDIC INSTITUTE LLC 3651 COLLEGE BLVD LEAWOOD, KS 66211 48-1197295	HEALTH CARE	KS	ST LUKES HOSPITAL OF KANSAS CITY	Related	12,084,309	39,568,101		No			No	51 %
SAINT LUKES RADIATION THERAPY-LIBERTY LLC 901 E 104TH ST KANSAS CITY, MO 64131 47-3793070	HEALTH CARE	MO	ST LUKES HOSPITAL OF KANSAS CITY	Related	267,901	3,950,576		No			No	51 %
Saint Luke's South Pain Management 7651 W 159th Street Overland Park, KS 66223 86-3451115	HEALTH CARE	KS	NA	N/A								

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEDICAL PLAZA PARTNERS	K	3,426,516	COST
MEDICAL PLAZA PARTNERS	O	125,572	COST
SAINT LUKES RADIATION THERAPY - LIBERTY LLC	Q	1,618,963	COST
SAINT LUKES RADIATION THERAPY-LIBERTY LLC	S	1,187,280	COST
MEDICAL PLAZA PARTNERS	Q	568,230	COST
MEDICAL PLAZA PARTNERS	S	554,142	COST
Saint Luke's - GI Diagnostics LLC	S	561,000	Cost
KANSAS CITY ORTHPAEDIC INSTITUTE LLC	S	13,489,500	COST
HEART SURGEONS OF KANSAS CITY	Q	626,049	COST
MEDICAL PLAZA PARTNERS	R	65,432	COST