

Amended Return- Section 512(a)(7) Repeal

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

2017

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions.)
St. Luke's Health Foundation, Ltd.

Number, street, and room or suite no. If a P.O. box, see instructions.
190 E. Bannock

City or town, state or province, country, and ZIP or foreign postal code
Boise, ID 83712

D Employer identification number (Employees' trust, see instructions)
81-0600973

E Unrelated business activity codes (See instructions)

C Book value of all assets at end of year
54,142,799.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **No Unrelated Business Activity**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Yes No

J The books are in care of Peter DiDio, Vice-President, Contr Telephone number 208-706-9585

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	c Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)	0		0
13	Total. Combine lines 3 through 12	0		0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

SCANNED MAY 21 2021

G

RECEIVED
AUG 24 2020
IRS KANSAS CITY, MO

GS

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and.		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>50,000.</u> (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	544.
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	544.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	544.
50 Enter the amount of line 49 you want Credited to 2018 estimated tax <u>233.</u> Refunded	50	311.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Peter Adair Date: 1/8/13/20 Title: Vice-President, Controller

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	John Sadoff	<u>John W. Sadoff, P.</u>	07/27/2020		P00540589
	Firm's name <u>Deloitte Tax LLP</u>	Firm's EIN <u>86-1065772</u>			
	Firm's address <u>695 Town Center Drive, Suite 1200 Costa Mesa, CA 92626-1924</u>	Phone no. <u>(714) 436-7100</u>			

Form 990-T Parent Corporation's Name and Identifying Number Statement 1

Corporation's Name

Identifying No

St. Luke's Health System, Ltd.

56-2570681

Form 990-T	Explanation of Amendment Changes		Statement 2
	<u>Original Return</u>	<u>Amended Return</u>	<u>Explanation</u>
Line 12	\$ 2,593.00	\$ -	Repeal of Section 512(a)(7)
Line 13	\$ 2,593.00	\$ -	Repeal of Section 512(a)(7)
Line 30	\$ 2,593.00	\$ -	Repeal of Section 512(a)(7)
Line 32	\$ 2,593.00	\$ -	Repeal of Section 512(a)(7)
Line 34	\$ 1,593.00	\$ -	Repeal of Section 512(a)(7)
Line 35c	\$ 311.00	\$ -	Repeal of Section 512(a)(7)
Line 40	\$ 311.00	\$ -	Repeal of Section 512(a)(7)
Line 42	\$ 311.00	\$ -	Repeal of Section 512(a)(7)
Line 44	\$ 311.00	\$ -	Repeal of Section 512(a)(7)
Line 49	\$ 233.00	\$ 544.00	Repeal of Section 512(a)(7)
Line 50(Refund)\$	-	\$ 311.00	Repeal of Section 512(a)(7)