

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat No 11282Y Form **990** (2017)

**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:

Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated, patient centered, quality care

**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.

<b>4a</b>	(Code )	(Expenses \$ 1,202,606,119	including grants of \$ 2,539,929 )	(Revenue \$ 1,323,631,361 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$ 84,719,178	including grants of \$ 178,929 )	(Revenue \$ 93,244,962 )
	See Additional Data			

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ▶	1,287,325,297
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28a 28b 28c	No No Yes
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	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)?		No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

**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 instructionsCheck if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 18		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	No
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	Yes

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	OR
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records Peter DiDio Vice-President Controller 190 E Bannock Boise, ID 83712 (208) 706-9585	

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

[illegible]

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 ▶ 0

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine Of Idaho 3080 Gentry Way 210 Meridian, ID 83642	Emergency Medicine Services	24,816,024
Quality Electric Inc 5272 W Irving St Boise, ID 83706	Electrical Services	6,861,739
Anesthesia Associates of Boise 2537 W State St Suite 200 Boise, ID 83702	Anesthesia Services	5,822,912
Woman's Clinic LLP 100 E IdahoSte 400 Boise, ID 83702	Physician Services	4,985,001
RM Mechanical Inc 5998 W Gowen Rd Boise, ID 83709	Mechanical Services	4,694,037

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 210</p>	
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Part VIII Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(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				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	1,454,797			
	e	Government grants (contributions)	1e	306,741			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	232,165			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .	1,993,703				
Program Service Revenue			Business Code				
	2a	Net patient revenue	900099	1,322,970,392	1,322,970,392		
	b	Outpatient Retail RX	446110	50,888,501	31,922,477	18,966,024	
	c	Contract Service Reven	900099	37,214,644	37,214,644		
	d	Joint venture income (	900099	2,839,418	2,839,418		
	e	Management Contract Re	900099	2,673,745	2,673,745		
	f	All other program service revenue		19,255,646	19,255,646		
	g	Total. Add lines 2a-2f . . . . .	1,435,842,346				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	5,664,961		5,664,961	
	4		Income from investment of tax-exempt bond proceeds	4,553,920		4,553,920	
	5		Royalties . . . . .				
	6a	(i) Real	(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .		483,531		483,531	
	7a	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		-3,861,440		-3,861,440	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a			
		b Less direct expenses . . . . .		b			
		c Net income or (loss) from fundraising events . . . . .					
9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
	b Less direct expenses . . . . .		b				
	c Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .		a				
	b Less cost of goods sold . . . . .		b				
	c Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
11a	Cafeteria/Catering/Ven	722514	3,815,582		3,815,582		
b	Laundry	812300	2,035,415		2,035,415		
c	Daycare Service	624410	584,012		584,012		
d	All other revenue . . . . .		35,540		35,540		
e	Total. Add lines 11a-11d . . . . .		6,470,549				
12	Total revenue. See Instructions . . . . .		1,451,147,570	1,416,876,322	21,001,439	11,276,106	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,718,858	2,718,858		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	53,999,729	49,888,669	4,111,060	
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	721,718	716,350	5,368	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,311,630	12,309,466	1,002,164	
<b>12</b> Advertising and promotion.	140,493	139,387	1,106	
<b>13</b> Office expenses.	9,443,993	9,287,959	156,034	
<b>14</b> Information technology.	108,458,048	108,451,933	6,115	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	18,467,449	18,461,899	5,550	
<b>17</b> Travel.	2,517,429	2,288,478	228,951	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	27,711,891	23,515,503	4,196,388	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	91,517,300	85,808,804	5,708,496	
<b>23</b> Insurance.	779	716	63	
<b>24</b> 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):				
<b>a</b> Allocated Wages.	662,051,183	603,186,428	58,864,755	
<b>b</b> Supplies.	238,117,750	236,299,908	1,817,842	
<b>c</b> Allocated SLHS Exp.	98,501,946	73,331,424	25,170,522	
<b>d</b> Contract Service.	35,067,279	28,959,120	6,108,159	
<b>e</b> All other expenses.	48,031,648	31,960,395	16,071,253	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,410,779,123	1,287,325,297	123,453,826	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		5,548	<b>1</b>	2,030
	<b>2</b>	Savings and temporary cash investments . . . . .		28,848,765	<b>2</b>	12,362,036
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		200,205,037	<b>4</b>	179,224,605
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		38,000,442	<b>8</b>	44,771,355
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,121,508	<b>9</b>	2,660,976
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	990,426,150		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	468,589,784		
				679,833,877	<b>10c</b>	521,836,366
	<b>11</b>	Investments—publicly traded securities . . . . .		508,712,688	<b>11</b>	619,778,837
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		8,436,914	<b>12</b>	7,747,074
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		1,117,706	<b>13</b>	1,053,676
	<b>14</b>	Intangible assets . . . . .		37,276,454	<b>14</b>	37,232,588
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		73,136,118	<b>15</b>	201,819,963	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,578,695,057	<b>16</b>	1,628,489,506	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		62,197,882	<b>17</b>	49,223,478
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		2,183,951	<b>19</b>	1,882,198
	<b>20</b>	Tax-exempt bond liabilities . . . . .		781,667,344	<b>20</b>	823,657,082
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		156,695,150	<b>25</b>	129,369,041
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,002,744,327	<b>26</b>	1,004,131,799
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		575,057,188	<b>27</b>	623,447,006
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .		893,542	<b>29</b>	910,701
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		575,950,730	<b>33</b>	624,357,707
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		1,578,695,057	<b>34</b>	1,628,489,506	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,451,147,570
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,410,779,123
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	40,368,447
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	575,950,730
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	509,669
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	7,528,861
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	624,357,707

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 82-0161600  
**Name:** St Luke's Regional Medical Center Ltd

Form 990 (2017)

**Form 990, Part III, Line 4a:**

Medical & Surgical St Luke's Regional Medical Center is comprised of three hospital campuses (Boise, Meridian and Mountain Home), two urgent care centers (Eagle and Fruitland), and a free-standing emergency department in Fruitland, and physician clinics throughout the Treasure Valley The hospitals provide 24-hour emergency care, diagnostic procedures, a variety of inpatient and outpatient care, and maternity and pediatric care Known for its clinical excellence, St Luke's has been recognized for quality and patient safety, and is proud to be designated a Magnet Hospital, the gold standard for nursing care In addition, St Luke's has the only children's hospital in the state of Idaho During FY'18, St Luke's Hospital locations in the Treasure Valley provided inpatient care for 37,172 admissions, covering 143,497 patient days Also, the hospitals provided patient care associated with 557,281 outpatient visits In addition to hospital patient care, the various physician clinics located in the Treasure Valley provided patient care associated with 1,140,347 visits St Luke's provides more heart procedures than any other hospital in Idaho, providing cardiac care for heart patients throughout Idaho, and into parts of Oregon, Nevada, and Utah St Luke's supports the region through partnerships with physicians, hospitals, and regional clinics where patients are cared for in their own communities Classes and screenings are offered to promote heart and vascular health and support those living with cardiovascular disease In addition, St Luke's has provided hundreds of automated external defibrillators (AEDs) to local schools, civic organizations and businesses, and has worked with area hospitals to achieve standardized clinical protocols for heart attack patients Integral to the Heart & Vascular line is St Luke's Cardiology Associates (SLICA), a 18-physician cardiology practice servicing Boise and the surrounding communities within Idaho SLICA specializes in the treatment of diseases and disorders that affect the heart and its associated blood vessels In-office diagnostic services include treadmill stress testing, echocardiography, heart rhythm monitoring, heart catheterization and nuclear cardiology Also included in the practice are special clinics designed to manage irregular heart beats (arrhythmias) pacemakers and defibrillators, blood thinning medications, congestive heart failure, and lipids

## **Form 990, Part III, Line 4b:**

St. Luke's Children's Hospital/Specialty Center St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year, with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit, Pediatric Intensive Care Unit, and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit, Pediatric Emergency Department, and Pediatric Surgery Suites. At our Children's Hospital School, we help our young patients keep pace with their classmates. At CARES (Children at Risk Evaluation Services), medical evaluation, treatment, and documentation in cases of alleged abuse are provided. During FY'18 the Children's Hospital experienced the following patient volumes: Pediatrics Admissions 5,973 Patient Days 14,712 Pediatric Intensive Care Unit Admissions 1,077 Patient Days 12,837.

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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			
Bayo Crownson MD ..... Director	40 00 ..... 6 00	X						0	286,613	33,449
Bishop Brian Thom ..... Director	2 00 ..... 6 00	X						0	0	0
Catherine Reynolds MD ..... Director	2 00 ..... 6 00	X						0	0	0
Chris Keller MD ..... Director	2 00 ..... 6 00	X						0	0	0
Cliff Tenley MD ..... Director	2 00 ..... 46 00	X						0	364,164	43,620
Mr AJ Balukoff ..... Chairman	2 00 ..... 6 00	X		X				0	0	0
Mr Darin DeAngeli ..... Director	2 00 ..... 6 00	X						0	0	0
Mr Dean Hovdey ..... Director	2 00 ..... 6 00	X						0	0	0
Mr George Illif ..... Director	2 00 ..... 6 00	X						0	0	0
Mr Lloyd Knight ..... Director	2 00 ..... 6 00	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			
Mr Mark Robinson ..... Director	2 00 ..... 6 00	X						0	0	0
Mr Mike Mooney ..... Director	2 00 ..... 6 00	X						0	0	0
Mr Paul Lodge ..... Director	2 00 ..... 6 00	X						0	0	0
Mr Ron Sali ..... Director	2 00 ..... 6 00	X						0	0	0
Ms Jill Calhoun ..... Director	2 00 ..... 6 00	X						0	0	0
Ms Kami Faylor ..... Director	2 00 ..... 6 00	X						0	0	0
Ms Kathy Moore ..... CEO-St Luke's West Reg	2 00 ..... 52 00	X		X				0	705,397	36,740
Ms Pamela Lindemoen ..... Vice-President of Acute Care	2 00 ..... 52 00	X		X				0	0	0
Mr Jeffrey S Taylor ..... SR VP/CFO/Treasurer	2 00 ..... 52 00			X				0	1,093,667	229,872
Ms Christine Neuhoff ..... VP/Legal Affairs/Secretary	2 00 ..... 52 00			X				0	566,210	33,512



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			
Colin Poole MD ..... Physician	40 00 ..... 0 00					X		0	1,173,391	40,728
David Stuesse MD ..... Physician	40 00 ..... 0 00					X		0	1,011,157	30,743
Jim Valentine MD ..... Physician	40 00 ..... 0 00					X		0	1,039,766	39,751
Jon Getz MD ..... Physician	40 00 ..... 0 00					X		0	1,003,543	36,866
Ronald Kristensen MD ..... Physician	40 00 ..... 0 00					X		0	1,179,753	45,250
Mr Chris Roth ..... Former CEO & Director	2 00 ..... 48 00						X	0	721,562	40,432

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

St Luke's Regional Medical Center Ltd

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

82-0161600

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

**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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 82-0161600  
Name: St Luke's Regional Medical Center Ltd

**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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493225005449	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization St Luke's Regional Medical Center Ltd				Employer identification number 82-0161600	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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 8/17/06, 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	3,214,519	2,717,587	2,570,009	2,580,057	2,340,079
<b>b</b> Contributions . . . . .	34,822	378,718	117,014	109,364	50,202
<b>c</b> Net investment earnings, gains, and losses	303,959	169,090	78,965	-55,752	233,748
<b>d</b> Grants or scholarships . . . . .	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs . . . . .	46,058	45,472	44,601	56,659	38,724
<b>f</b> Administrative expenses . . . . .	5,935	5,404	3,800	7,001	5,248
<b>g</b> End of year balance . . . . .	3,501,307	3,214,519	2,717,587	2,570,009	2,580,057

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶ 18 000 %**b** Permanent endowment ▶ 82 000 %**c** Temporarily restricted endowment ▶  
The percentages on lines 2a, 2b, and 2c should equal 100%**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by**(i)** unrelated organizations . . . . .**(ii)** related organizations . . . . .**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**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
<b>1a</b> Land . . . . .	6,022,278	18,917,890		24,940,168
<b>b</b> Buildings . . . . .		610,699,864	308,977,028	301,722,836
<b>c</b> Leasehold improvements		2,012,860	705,197	1,307,663
<b>d</b> Equipment . . . . .		221,529,080	158,907,559	62,621,521
<b>e</b> Other . . . . .		131,244,178		131,244,178
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				521,836,366

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Idaho Community Trust Endowment-Humphrey Diabetes	1,102,198
(2) Deposits	12,216
(3) Due From Related Organizations	200,705,549
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . .	201,819,963

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	
Capital Leases	50,869,907
Medicare/Medicaid	37,796,868
CAA II Plan Liability	1,397,870
Accrued Interest Payable-Bonds	3,499,134
Pension Liability	35,155,793
Due to related parties	649,469
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	129,369,041

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 82-0161600  
**Name:** St Luke's Regional Medical Center Ltd

**Supplemental Information**

Return Reference	Explanation
Part V, Line 4	The intended use of the endowment funds are as follows Various programs administered by S t Luke's Children's Hospital CARES Indigent care Hospice Pastoral care Biomedical researc h Nursing scholarships/education opportunities Lecture series for various medical specialt ies Employee/volunteer service recognition programs The Humphreys Diabetes Center Endowmen t Fund was established in 2000 from donations by several Idahoans for the purpose of suppo rting its diabetes based mission in the State of Idaho This fund is to be used only for o ngoing operating needs in service to the diabetic community and to provide assistance for Sweet Kids Camp and other priorities determined by the Board of Directors The fund is in the possession of and administered by The Idaho Community Foundation

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2	<p>Footnote Disclosure-Uncertain Tax Positions Under ASC 740 (Source Consolidated Financial Statements-St Luke's Health System) Income Taxes The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended The Health System accounts for uncertain tax positions in accordance with ASC Topic 740 Income tax liabilities are recorded for the impact of positions taken on income tax returns, which management believes are not more likely than not to be sustained on tax audit Management is not aware of any uncertain tax positions that should be recorded Unrelated Business Income The Health System is subject to federal excise tax on its unrelated business taxable income (UBTI) As of September 30, 2018, the Health System had approximately \$8,701 of UBTI net operating losses from operating losses incurred from 1999 to 2018, which expire in years 2019 to 2039 The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses</p>



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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

St Luke's Regional Medical Center Ltd

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

82-0161600

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

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

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

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 eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7Financial 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)			23,266,877	0	23,266,877	1 650 %
b Medicaid (from Worksheet 3, column a)			164,584,865	138,783,036	25,801,829	1 830 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,161,721	10,073,197	4,088,524	0 290 %
d Total Financial Assistance and Means-Tested Government Programs			202,013,463	148,856,233	53,157,230	3 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,284,178	577,395	4,706,783	0 330 %
f Health professions education (from Worksheet 5)			12,865,655	46,930	12,818,725	0 910 %
g Subsidized health services (from Worksheet 6)			15,999,828	1,739,005	14,260,823	1 010 %
h Research (from Worksheet 7)			6,148,972	2,312,719	3,836,253	0 270 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,143,565	0	3,143,565	0 220 %
j Total. Other Benefits			43,442,198	4,676,049	38,766,149	2 740 %
k Total. Add lines 7d and 7j			245,455,661	153,532,282	91,923,379	6 510 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			8,001	0	8,001	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			24,633	0	24,633	0 %
<b>7</b> Community health improvement advocacy			455,521	0	455,521	0 030 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			488,155		488,155	0 030 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	22,110,212	
<b>3</b> 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.	<b>3</b>	0	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	177,842,362
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	278,773,242
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-100,930,880
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> 1 Ortho Neuro Management LLC	MSO-Provides consulting services fro Ortho Neuro	58 180 %		41 820 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)  
 Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.stlukesonline.org/about-st-lukes/supporting-the-community</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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)**

Facility Reporting Group - A

**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			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.stlukesonline.org/resources/before-your-visit/financial-care</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.stlukesonline.org/resources/before-your-visit/financial-care</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.stlukesonline.org/resources/before-your-visit/financial-care</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]



**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 63

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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
Part I, Line 7	The cost to charge ratio was used to calculate the financial assistance provided to the community Other Community benefits come from a data repository maintained by St Luke's Employees that tracks community benefit costs and hours
Part I, Line 7g	Subsidized services represent unreimbursed costs incurred (excluding impact of unreimbursed Medicare and Medicaid) for the following services Home CareMaternal Fetal MedicinePalliative Care and MedicineRent Free space provided at various locations to County Emergency Medical Services Emergency Response/Standby

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	<p>(A) St. Luke's does provide charity care services to patients who meet one or both of the following guidelines based on income and expenses</p> <p>1 Income: Patients whose family income is equal to or less than 400% of the then current Federal Poverty Guideline are eligible for possible fee elimination or reduction on a sliding scale</p> <p>2 Expenses: Patients may be eligible for charity care if his or her allowable medical expenses have so depleted the family's income and resources that he or she is unable to pay for eligible services. The following two qualifications must apply:</p> <p>a Expenses: The patient's allowable medical expenses must be greater than 30% of the family income. Allowable medical expenses are the total of the family medical bills that, if paid, would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the expenses exceed the IRS-required threshold for taking the deduction. Paid and unpaid bills may be included.</p> <p>b Resources: The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence, the first motor vehicle, and a resource exclusion of the first \$4,000 of other assets for an individual, or \$6,000 for a family of two, and \$1,500 for each additional family member.</p> <p>(B) Service Exclusions</p> <p>1 Services that are not medically necessary (e.g., cosmetic surgery) are not eligible for charity care.</p> <p>2 Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient, driver, and/or owner of the motor vehicle had a motor vehicle liability policy, and only if a claim for payment has been properly submitted to the motor vehicle liability insurer, where applicable.</p> <p>(C) Eligibility Approval Process</p> <p>1 St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program, St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying for benefits under such a program.</p> <p>2 The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.</p> <p>3 St. Luke's verifies reported family income and compares to the latest Poverty Guidelines published by the U.S. Department of Health and Human Services.</p> <p>4 St. Luke's verifies reported assets.</p> <p>5 St. Luke's provides a written notice of determination of eligibility to the patient or the responsible party within 10 business days of receiving a completed application and the required supporting documentation.</p> <p>6 St. Luke's reserves the right to run a credit report on all patients applying for charity care services.</p> <p>(D) Eligibility Period: The determination that an individual is approved for charity care will be effective for six months from the date the application is submitted, unless during that time the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.</p>
Part II, Community Building Activities	<p>St. Luke's is an active participant in the community, and provides support to address public health issues, and works with coalitions to address local health needs. St. Luke's takes on initiatives as need arises to help the long-term development of the community particularly to shape and improve public health and access to medical services.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The Cost to Charge ratio method was used to calculate bad debt expense at cost
Part III, Line 3	St Luke's has a very robust financial assistance program, therefore, no estimate is made for bad debt attributable to patients eligible under the financial assistance policy

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4	Per the audited financial statements in footnote four St Luke's grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party agreements The allowance for estimated uncollectible amounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions
Part III, Line 8	The source of the information is the Medicare Cost Report for fiscal year 2018 The amount is calculated by comparing the total Medicare apportioned costs (allowable costs) to interim payments received during FY'18 St Luke's provides medical care to all patients eligible for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for paying the full cost of Medicare

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b	All subsidiaries within the St Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services In addition, the collection policies and practices in place within the St Luke's Health System provide guidance to patients on how to apply for this assistance Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts
Part VI, Line 2	A Community Health Needs Assessment (CHNA) was conducted for fiscal year ending 9/30/2015 Information related to the 2015 CHNA is shown in the responses to questions 3 and 7 of "Part V, Section B, Facility Policies and Practices" A complete copy of the CHNA assessments for all of the hospitals operating within the St Luke's Health System can be found at the following website <a href="http://www.stlukesonline.org/about-st-lukes/supporting-the-community">www.stlukesonline.org/about-st-lukes/supporting-the-community</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	(A) St Luke's Regional Medical Center provides notice of the availability of financial assistance via 1 Signage 2 Patient brochure 3 Billing Statement 4 Written collection action letter 5 Online at <a href="http://www.stlukesonline.org/billing">www.stlukesonline.org/billing</a> (B) All notices are translated into the following language Spanish(C) St Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability (D) For cases in which St Luke's independently determines patient eligibility for financial assistance, St Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation
Part VI, Line 4	St Luke's Regional Medical Center (SLRMC) serves Idaho's Ada, Canyon and Elmore Counties, with its secondary service area covering southwest and south central Idaho and Eastern Oregon Certain tertiary areas routinely provide care to residents from throughout Idaho and into its surrounding states SLRMC's primary service area includes Ada and Canyon counties and are used to define the community served The criteria used in selecting this area was to include the entire population of the counties where greater than 70% of the inpatients reside The residents of these counties comprise about 82% of the inpatients with approximately 62% of the inpatients living in Ada County and 20% in Canyon County Ada and Canyon counties are part of Idaho Health Districts 3 and 4 Both Idaho and the service territory are comprised of about 95% white population while the nation as a whole is 78% white The Hispanic population in Idaho represents 12% of the overall population and about 13% of the defined service area Canyon County is approximately 24% Hispanic, and Ada County is 8% Hispanic Idaho experienced a 25% increase in population from 2000 to 2013 ranking it is one of the fastest growing states in the country Ada and Canyon Counties followed that trend, experiencing an even more rapid 42% increase in population within the timeframe St Luke's Regional Medical Center is constantly working to manage the volume and scope of its services in order to meet the needs of an increasing population Over the past ten years the 45 to 64 year old age group was the fastest growing segment of the community Over the next ten years, however, the 65 years or older age group is expected to grow by over 50%, making it the fastest growing segment Currently, about 11% of the people in the community are over the age of 65 and by 2020 about 13% of the population in the community is expected to be over the age of 65 The official United States poverty rate increased from 12.5% in 2003 to 15.6% in 2013 Our service area poverty rate has increased more rapidly than the national average since 2003 especially in Canyon County The poverty rate in Canyon County is currently over 20% The poverty rate in our community for children under the age of 18 is well below the national average for Ada County and slightly above the national average for Canyon County Although both Ada and Canyon County poverty rates have started to level out, they are still well above where they were prior to the recession in 2008 Median income in the United States has risen by 20% since 2003 However, growth in income was slower in Idaho and in our service area during that period Median income in Canyon County is well below the national median and lower than Idaho's median income Median income in Ada County is still slightly higher than the national median income

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 5	<p>The people who serve on the various boards for subsidiaries within the St Luke's Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. St Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St Luke's for many decades, and will continue to guide us well into the future. As a not-for-profit organization, 100% of St Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff, buildings, or new technology. Also, St Luke's Regional Medical Center maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards for St Luke's Regional Medical Center.</p>
Part VI, Line 6	<p>As the only Idaho-based not-for-profit health system, St Luke's Health System is part of the communities we serve, with local physicians and boards who further our organization's mission "To improve the health of people in the communities we serve." Working together, we share resources, skills, and knowledge to provide the best possible care, no matter which of our hospitals provide that care. St Luke's Health System is nationally recognized for excellence in patient care, with prestigious awards and designations reflecting the exceptional care that is synonymous with the St Luke's name. St Luke's Health System provides facilities and services across the region, covering a 150-mile radius that encompasses southern and central Idaho, northern Nevada, and eastern Oregon-bringing care close to home and family. The following entities are part of the St Luke's Health System: (1) St Luke's Regional Medical Center, Ltd. with the following locations: --St Luke's Boise Hospital --St Luke's Meridian Hospital --St Luke's Children's Hospital --St Luke's Boise/Meridian/Caldwell/Fruitland Physician Clinics --St Luke's Eagle Urgent Care --St Luke's Elmore Hospital with physician clinic --St Luke's Fruitland Emergency Department/Urgent Care (2) St Luke's Wood River Medical Center, Ltd. which consists of a critical access hospital located in Ketchum, Idaho as well as various physician clinics (3) St Luke's Magic Valley Regional Medical Center, Ltd. which consists of the following: --St Luke's Magic Valley Hospital-Twin Falls, Idaho --Various St Luke's Physician Clinics in Twin Falls --Canyon View-(Behavioral Health) --St Luke's Jerome Hospital-Jerome, Idaho --Various Physician clinics in Jerome (4) St Luke's McCall, Ltd. which consists of a critical access hospital located in McCall, Idaho as well as various physician clinics (5) St Nampa Medical Center, Ltd. which consists of a new hospital located in Nampa, Idaho, which opened 10/01/2017 for patient care (6) Mountain States Tumor Institute (MSTI) is the region's largest provider of cancer services and a nationally recognized leader in cancer research. MSTI provides advanced care to thousands of cancer patients each year at clinics in Boise, Fruitland, Meridian, Nampa, and Twin Falls, Idaho. MSTI is home to Idaho's only cancer treatment center for children, only federally sponsored center for hemophilia, and only blood and marrow transplant program. MSTI's services and therapies include breast care services, blood and marrow transplant, chemotherapy, genetic counseling, hematology, hemophilia treatment, hospice, integrative medicine, marrow donor center, mobile mammography, mole mapping, nutritional counseling, PET/CT scanning, patient/family support, pediatric oncology, radiation therapy, rehabilitation, research and clinical trials, Schwartz Center Rounds for Caregivers, spiritual care, support groups/classes, tumor boards, and Wound Ostomy, and Continence Nursing. MSTI is expanding as rapidly as today's cancer treatment. Patients can now visit a MSTI clinic or Breast Cancer detection center at 13 different locations in southwest Idaho and Eastern Oregon. Locations include Boise, Meridian, Nampa, Twin Falls, and Fruitland. St Luke's physician clinics and services are provided in partnership with area physicians and other health care professionals. These include Cardiovascular, Child Abuse and Neglect Evaluation, Endocrinology, Ear, Nose, and Throat, Family Medicine, Gastroenterology, General Surgery, Hypertensive Disease, Internal Medicine, Maternal/Fetal Medicine, Medical Imaging, Metabolic and Bariatric Surgery, Nephrology, Neurology, Neurosurgery, Obstetrics/Gynecology, Occupational Medicine, Orthopedics, Outpatient Rehabilitation, Plastic Surgery, Psychiatry and Addiction, Pulmonary Medicine, Sleep Disorders, and Urology. In addition, St Luke's works with other regional facilities through management service contracts. These facilities include (1) Challis Area Health Center (2) North Canyon Medical Center (3) Salmon River Clinic (4) Weiser Memorial Hospital.</p>



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	ID

**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 82-0161600  
**Name:** St Luke's Regional Medical Center Ltd

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>											
Name, address, primary website address, and state license number											
1	St Luke's Regional Medical Center 190 E Bannock Boise, ID 83712 www.stlukesonline.org State of Idaho License #03	X	X	X				X			A
2	St Luke's Elmore 895 N 6th E Street Mountain Home, ID 83647 www.stlukesonline.org State of Idaho License #05	X	X			X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

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
Facility Reporting Group A consists of	- Facility 1 St Luke's Regional Medical Center, - Facility 2 St Luke's Elmore

**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
Group A-Facility 1 -- St Luke's Regional Medical Center Part V, Section B, line 5	<p>A series of in-depth interviews with people representing the broad interests of our community were conducted in order to assist us in defining, prioritizing, and understanding our most important community health needs. Many representatives participating in our process are individuals who have devoted decades to helping others lead healthier, more independent lives. The representatives we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds, we included multiple representatives from each of these categories:</p> <p>Category I: Persons with special knowledge of public health. This includes persons from state, local, and/or regional governmental public health departments with knowledge, information, or expertise relevant to the health needs of our community.</p> <p>Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.</p> <p>Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.</p> <p>Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or we had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.</p> <p>Community Representatives Contacted:</p> <ul style="list-style-type: none"> <li>1 U.S. Department of Veterans Affairs &amp; Boise VA Medical Center</li> <li>2 Family Medicine Residency of Idaho</li> <li>3 Idaho Department of Health and Welfare</li> <li>4 Idaho Office of Refugees</li> <li>5 Community Council of Idaho</li> <li>6 Idaho Central District Health, District 47</li> <li>7 Southwest District Health, Idaho</li> <li>8 District 3</li> <li>9 Idaho Department of Labor</li> <li>10 Idaho Health and Welfare</li> <li>11 Learning Lab</li> <li>12 Boise Rescue Mission</li> <li>13 Garden City Community Clinic &amp; A Project of Genesis World Mission</li> <li>14 Canyon County Community Council</li> <li>15 Idaho Office for Refugees</li> <li>16 Terry Reilly Health Services</li> <li>17 Treasure Valley Family YMCA</li> <li>18 United Way of Treasure Valley</li> <li>19 IDACORP &amp; Idaho Power</li> <li>20 Valley Regional Transit or Compass</li> <li>21 Community Planning Association (COMPASS)</li> <li>22 Meridian School District</li> <li>23 Nampa School District</li> <li>24 City of Nampa</li> <li>25 Idaho Foodbank</li> <li>26 MWI Veterinary Supply</li> <li>27 ClickBank</li> <li>28 Micron Technology</li> </ul>

**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
Group A-Facility 1 -- St Luke's Regional Medical Center Part V, Section B, line 5	chnology28 NAMI National Alliance on Mental Illness - Boise29 Women's and Children's Al liance (WCA)30 St Luke's Health System

**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
Group A-Facility 1 -- St Luke's Regional Medical Center Part V, Section B, line 11	<p>We organized our significant health needs into the following groups</p> <p>Group #1 Improve the Prevention, Detection, and Treatment of Obesity and Diabetes</p> <p>Group #2 Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide</p> <p>Group #3 Improve Access to Affordable Health Care and Affordable Health Insurance</p> <p>Next we looked at how to best address each significant health need To make this determination, we focused on resources available and whether the health need was in alignment with St Luke's mission and strengths Where a significant health need was in alignment with our mission and strengths, we developed our own programs and/or collaborated with community-based organizations to address the health need We have provided a list of implementation plan programs designed to address our significant health needs below</p> <p>Program Group 1 Improve the Prevention, Detection, and Treatment of Obesity and Diabetes</p> <p>1 Investment in Programs Supporting the Prevention, Detection, and Treatment of Obesity and Diabetes through St Luke's CHI Fund</p> <p>2 The Hill</p> <p>3 Promise Partnerships (Community Schools)</p> <p>4 YEAH! (Youth Engaged in Activities for Health)</p> <p>5 St Luke's Health Coaching</p> <p>6 Built Environment Initiatives</p> <p>7 Cooking Matters</p> <p>8 St Luke's Metabolic Syndrome Clinic</p> <p>9 Healthy Habits Healthy U (HHU)</p> <p>10 The Years Healthy Living Center and Diabetes Prevention Program</p> <p>11 Breastfeeding and Childhood Obesity</p> <p>12 FitOne</p> <p>Program Group 2 Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide</p> <p>13 Investment in Programs Supporting the Prevention, Detection, and Management of Mental Illness and Reduce Suicide through St Luke's CHI Fund</p> <p>14 Financial Support of Allumbaugh House</p> <p>15 Behavioral Health Integration into St Luke's Clinics</p> <p>16 Psychiatrists Recruitment and Retention</p> <p>17 Transforming Idaho with Child and Adolescent Training in Evidence-Based Psychotherapies (CATIE)</p> <p>18 Psychiatric Wellness Services</p> <p>19 St Luke's Children's Center for Neurobehavioral Medicine</p> <p>20 Housing 1st Single Site Initiative</p> <p>21 Region 4 Mental Health Crisis Center</p> <p>22 Youth Substance Abuse Prevention</p> <p>23 Supportive Oncology at St Luke's Mountain States Tumor Institute (MSTI)</p> <p>24 Children's Counseling Collaborative</p> <p>25 Ada County Psychiatric Emergency Team (PET)</p> <p>26 SHIP's Community Health EMS</p> <p>Program Group 3 Improve Access to Affordable Health Care and Affordable Health Insurance</p> <p>27 Investment in Programs Supporting Improvement of Access to Affordable Health Care and Affordable Health Insurance through St Luke's CHI Fund</p> <p>28 Health Window</p> <p>29 SHIBA Senior Health Insurance Benefits Advisors</p> <p>30 Rides 2 Wellness</p> <p>31 St Luke's Financial Care Program</p> <p>32 SHIP's Community Health Emergency Medical Services (CHEMS)</p> <p>33 Your Health Idaho/Smart Choice</p>



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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- St Luke's Regional Medical Center Part V, Section B, line 13b	<p>Financial Care Eligible applicants will receive the following assistance</p> <p>1 Full Discount The full amount for eligible services will be covered under the Financial Care Policy for any uninsured or underinsured patient or guarantor, whose combination of household income and assets is at or below 200 percent of the federal poverty level</p> <p>2 Partial Discount A sliding fee schedule will be used to determine the amount eligible for financial care assistance for any uninsured or underinsured patient or guarantor For such applicants, assistance will be provided based on a combination of household income and assets Partial discounts will be provided if the combination of income and assets is greater than 200 percent but equal to or less than 400 percent of the FPL Assistance is granted only after all third-party reimbursement possibilities available to the applicant have been exhausted</p> <p>3 If the patient balance exceeds 30 percent of household income, patients will qualify for a one-time reduction</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
Group A-Facility 1 -- St Luke's Regional Medical Center Part V, Section B, line 16j	A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information

**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
Group A-Facility 2 -- St Luke's Elmore Part V, Section B, line 5	<p>A series of in-depth interviews with people representing the broad interests of our community were conducted in order to assist us in defining, prioritizing, and understanding our most important community health needs. Many representatives participating in our process are individuals who have devoted decades to helping others lead healthier, more independent lives. The representatives we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds, we included multiple representatives from each of these categories:</p> <p>Category I: Persons with special knowledge of public health. This includes persons from state, local, and/or regional governmental public health departments with knowledge, information, or expertise relevant to the health needs of our community.</p> <p>Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.</p> <p>Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.</p> <p>Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or we had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.</p> <p>Community Representatives Contacted:</p> <ul style="list-style-type: none"> <li>1 U.S. Department of Veterans Affairs - Boise VA Medical Center</li> <li>2 Family Medicine Residency of Idaho</li> <li>3 Idaho Department of Health and Welfare</li> <li>4 Idaho Central District Health, District 45</li> <li>5 Idaho Department of Labor</li> <li>6 Idaho Health and Welfare</li> <li>7 Elmore County Drug and DUI Court</li> <li>8 Elmore County</li> <li>9 The Tooth Dome's Smile Enhancement Service</li> <li>10 Central District health</li> <li>11 Idaho Department of Health and Welfare</li> <li>12 Mountain Home Senior Center</li> <li>13 Various physician clinics, St. Vincent DePaul, Idaho Foodbank</li> <li>14 Various community events</li> <li>15 Glenns Ferry Health Clinic</li> <li>16 Thrifty Car Rental, Mountain Home High School, Idaho Elite AAU</li> <li>17 Pine's Featherville EMS/ Elmore Ambulance Service</li> <li>18 LG Davidson and Sons</li> <li>19 Glenns Ferry School District</li> <li>20 Glenns Ferry Health Clinic, Elmore County 9-1-1, Elmore County Fair &amp; Rodeo, Veterans of Foreign Affairs Auxiliary</li> <li>21 D</li> </ul>

**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
Group A-Facility 2 -- St Luke's Elmore Part V, Section B, line 5	Doctors Clinic of Elmore County22 Idaho Department of Labor's Mountain Home23 Department of Veteran's Affairs' Mountain Home Outpatient Clinic

**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
Group A-Facility 2 -- St Luke's Elmore Part V, Section B, line 11	<p>We organized our significant health needs into the following groups Group #1 Improve the Prevention and Management of Obesity and Diabetes Group #2 Improve Mental Health and Reduce Suicide Group #3 Prevent and Reduce Tobacco Use</p> <p>Next we looked at how to best address each significant health need To make this determination, we focused on resources available and whether the health need was in alignment with St Luke's mission and strengths Where a significant health need was in alignment with our mission and strengths, we developed our own programs and/or collaborated with community-based organizations to address the health need We have provided a list of implementation plan programs designed to address our significant health needs below</p> <p>Group #1 Improve the Prevention and Management of Obesity and Diabetes</p> <p>1 Health and Wellness Day (Health Fair) 2 St Luke's Elmore Children's Health Fair 3 Sports Physicals 4 SLHS Healthy U 5 Foot Clinic 6 Diabetes Prevention Program 7 Mayor/School Walking Challenge 8 Step it up 9 First Teeth Matter 10 Fitness RX-Prescription for improved physical health 11 Heighten Your Health 12 Step it up</p> <p>Group # 2 Mental Health Programs 13 Health and Wellness Day (Health Fair) 14 Step it up 15 Heighten Your Health 16 Fitness RX-Prescription for improved physical health</p> <p>Group #3 Prevent and Reduce Tobacco Use</p> <p>17 Extreme Challenge 18 Health and Wellness Day (Health Fair) 19 You Can Quit Tobacco</p>

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

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

Form and Line Reference	Explanation
Group A-Facility 2 -- St Luke's Elmore Part V, Section B, line 13b	<p>Financial Care Eligible applicants will receive the following assistance</p> <p>1 Full Discount The full amount for eligible services will be covered under the Financial Care Policy for any uninsured or underinsured patient or guarantor, whose combination of household income and assets is at or below 200 percent of the federal poverty level</p> <p>2 Partial Discount A sliding fee schedule will be used to determine the amount eligible for financial care assistance for any uninsured or underinsured patient or guarantor For such applicants, assistance will be provided based on a combination of household income and assets Partial discounts will be provided if the combination of income and assets is greater than 200 percent but equal to or less than 400 percent of the FPL Assistance is granted only after all third-party reimbursement possibilities available to the applicant have been exhausted</p> <p>3 If the patient balance exceeds 30 percent of household income, patients will qualify for a one-time reduction</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
Group A-Facility 2 -- St Luke's Elmore Part V, Section B, line 16j	A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - St Luke's Meridian Medical Center 520 S Eagle Rd Meridian, ID 83642	Emergency Department, Surgery, Inpatient Care, Physician & Specialty Clinics
<b>1</b> 2 - St Luke's Children's Specialty Cent 100 E Idaho St Boise, ID 83712	Specialty Pediatric and Physician Clinics
<b>2</b> 3 - St Luke's Fruitland Medical Plaza 1210 NW 16th St Fruitland, ID 83619	Emergency Department, Surgery Center, Physician and Specialty Clinics
<b>3</b> 4 - St Luke's Clinic 600 N Robbins Rd Boise, ID 83702	Rehab/Orthopedics/Rheumatology Physician Clinics
<b>4</b> 5 - St Luke's Eagle Medical Plaza 3101 E State St Eagle, ID 83616	Specialty Physician Clinics, Imaging and Lab Services
<b>5</b> 6 - St Luke's Clinic 3277 E Louise Dr Meridian, ID 83642	Specialty Physician Clinics
<b>6</b> 7 - St Luke's Clinic 3525 E Louise Dr Meridian, ID 83642	Specialty Physician Clinics
<b>7</b> 8 - St Luke's Anderson Plaza Clinics 222 N 2nd St Boise, ID 83702	Specialty Physician and Pediatric Clinics
<b>8</b> 9 - St Luke's Clinic 333 N 1st St Boise, ID 83702	Surgery Center and Specialty Physician Clinics
<b>9</b> 10 - St Luke's Clinic 3399 E Louise Dr Meridian, ID 83642	Surgery Center and Specialty Physician Clinics
<b>10</b> 11 - St Luke's Clinic 703 S Americana Blvd Boise, ID 83702	Imaging Services and Specialty Physician Clinics
<b>11</b> 12 - St Luke's Clinic 701 E Parkcenter Blvd Boise, ID 83706	Pain Management, Pediatrics, Family Medicine, Phlebotomy
<b>12</b> 13 - St Luke's Clinic 125 E Idaho St Boise, ID 83702	Specialty Physician Clinics and Surgery Center
<b>13</b> 14 - St Luke's Clinic 4949 S Hillsdale Ave Meridian, ID 83642	Family Medicine, Pediatrics, Rehabilitation
<b>14</b> 15 - St Luke's Clinic Meridian Gala St 2347 E Gala St Meridian, ID 83642	Family Medicine, Pulmonology, Sleep Medicine



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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - St Luke's Clinic 1000 E Park Blvd Suite 120 Boise, ID 83712	Physician Clinics Internal Medicine Palliative Care
<b>1</b> 17 - St Luke's Clinic 1906 Fairview Ave Caldwell, ID 83605	Rehabilitation and Specialty Physician Clinic
<b>2</b> 18 - St Luke's Clinic 300 E Jefferson St Boise, ID 83712	Specialty Physician and Pediatric Clinics
<b>3</b> 19 - St Luke's Clinic 3950 17th St Baker City, OR 97814	Specialty Physician Clinics
<b>4</b> 20 - St Luke's Clinic 510 N 2nd St Boise, ID 83702	Hearing, Balance, Vestibular Clinic And Urology
<b>5</b> 21 - St Luke's Clinic Bariatrics and G 115 Main St Boise, ID 83702	Specialty physician Clinics Bariatric Nutrition and General Surgery
<b>6</b> 22 - St Luke's Clinic Idaho Cardiology 215 E Hawaii Ave Nampa, ID 83686	Cardiology and Phlebotomy
<b>7</b> 23 - St Luke's Clinic Rehabilitation a 1109 W Myrtle Boise, ID 83702	Sports Medicine and Rehabilitation
<b>8</b> 24 - Idaho Elks Hearing and Balance Cente 1182 SW 4th Ave Ontario, OR 97914	Hearing, Balance, Vestibular Clinic
<b>9</b> 25 - Idaho Elks Hearing and Balance Cente 172 2nd St S Nampa, ID 83651	Hearing, Balance, Vestibular Clinic
<b>10</b> 26 - St Lukes Outpatient Surgery Center 500 S Eagle Road Meridian, ID 83642	Surgery Center
<b>11</b> 27 - St Luke's Breast Cancer Detection C 247 W Washington St Boise, ID 83712	Cancer detection and Care
<b>12</b> 28 - St Luke's Breast Cancer Detection C 8050 W Rifleman St Boise, ID 83704	Cancer detection and Care
<b>13</b> 29 - St Luke's Breast Cancer Detection C 909 NW 16th St Suite C Fruitland, ID 83619	Cancer detection and Care
<b>14</b> 30 - St Luke's Center for Breast Imaging 100 E Bannock St Boise, ID 83712	Imaging Services and Specialty Physician Clinics

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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> 31 - St Luke's Center for Lifestyle Medi 5155 S Hillsdale Ave Meridian, ID 83642	Lifestyle Medicine (located in the YMCA)
<b>1</b> 32 - St Luke's Children's Neurobehaviora 1075 E Park Blvd South Entrance Boise, ID 83712	Neurobehavioral
<b>2</b> 33 - St Luke's Children's Pediatrics 1620 S Kimball Ave Caldwell, ID 83605	Rehabilitation
<b>3</b> 34 - St Luke's Children's Rehabilitation 170 2nd St S Nampa, ID 83651	Rehabilitation(pediatric)
<b>4</b> 35 - St Luke's Children's Rehabilitation 405 W Myrtle Boise, ID 83702	Rehabilitation
<b>5</b> 36 - St Luke's Children's Treasure Valle 1620 S Celebration Ave Meridian, ID 83642	Pediatric Medicine
<b>6</b> 37 - St Luke's Clinic Family Health 3140 W Milano Dr Suite 150 Meridian, ID 83646	Family Health
<b>7</b> 38 - St Luke's Clinic Acute Care Surge 100 E Warm Springs Ave Suite B Boise, ID 83712	Physician Clinic-Surgery
<b>8</b> 39 - St Luke's Clinic Elmore Specialty 840 N 4th East Mountain Home, ID 83647	Specialty Physician Clinics
<b>9</b> 40 - St Luke's Clinic Family Health 12080 W McMillan Rd Boise, ID 83713	Family Medicine
<b>10</b> 41 - St Luke's Clinic Family Medicine 1520 W State Street Suite 100 Boise, ID 83702	Family Medicine
<b>11</b> 42 - St Luke's Clinic Family Medicine 3165 E Greenhurst Rd Nampa, ID 83686	Family Medicine
<b>12</b> 43 - St Luke's Clinic Family Medicine 805 N 6th East Mountain Home, ID 83647	Family Medicine
<b>13</b> 44 - St Luke's Clinic Idaho Cardiology 287 W Jefferson St Boise, ID 83702	Cardiology
<b>14</b> 45 - St Luke's Clinic Idaho Endocrinol 403 S 11th St Suite 100 Boise, ID 83702	Specialty Physician Clinic

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? \_\_\_\_\_

Name and address	Type of Facility (describe)
46 - St Luke's Clinic Idaho Family Phy 130 E Boise Ave Boise, ID 83706	Family Medicine
1 47 - St Luke's Clinic Idaho Pulmonary 2051 E Summersweet Dr Boise, ID 83716	Pulmonary Specialty
2 48 - St Luke's Clinic Internal Medicin 4840 N Cloverdale Rd Boise, ID 83713	Internal Medicine
3 49 - St Luke's Clinic Mountain View Me 3301 N Sawgrass Wy Boise, ID 83704	Family Medicine
4 50 - St Luke's Clinic Nephrology 10601 S Walton Rd LaGrande, OR 97820	Specialty physician Clinic Nephrology
5 51 - St Luke's Clinic Outpatient Servi 890 N 6th East St Mountain Home, ID 83647	Physician Clinics
6 52 - St Luke's Clinic Specialty Servic 3345 Pocahontas Road Suite A Baker City, OR 97814	Specialty Physician Clinics
7 53 - St Luke's Clinic St Luke's Famil 2083 Hospitality Ln Boise, ID 83716	Family Medicine
8 54 - St Luke's Clinic Trinity Mountain 465 McKenna Dr Mountain Home, ID 83647	Family Medicine & OB/GYN clinic
9 55 - St Luke's Clinic Urology 1202 E Locust Street Emmett, ID 83617	Specialty physician Clinic Urology
10 56 - St Luke's Cystic Fibrosis Center of 610 W Hays Street Boise, ID 83702	Cystic Fibrosis Center
11 57 - St Luke's Humphreys Diabetes Center 1226 W River St Boise, ID 83702	Diabetes Center
12 58 - St Luke's Orthopedic Surgery Center 1425 River Street Boise, ID 83702	Orthopedic Surgery Center
13 59 - St Luke's Rehabilitation 1001 S Bridgeway Place Eagle, ID 83616	Rehabilitation
14 60 - St Luke's Rehabilitation 2475 Apple St Suite 200 Boise, ID 83706	Rehabilitation

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>61</b> 61 - St Luke's Rehabilitation 290 W Georgia Ave Nampa, ID 83686	Rehabilitation
<b>1</b> 62 - St Luke's Rehabilitation 2999 N Lakeharbor Ln Suite 120 Boise, ID 83703	Rehabilitation
<b>2</b> 63 - St Luke's Treasure Valley Pediatric 450 W State Street Suite 100 Eagle, ID 83616	Pediatric Medicine

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
St Luke's Regional Medical Center Ltd

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
82-0161600

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 . . . . . 7

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
Part I, Line 2	The organization endeavors to monitor its grants to ensure that such grants are used for proper purposes and not otherwise diverted from their intended use. This is accomplished by requesting recipient organizations to affirm that funds must be used solely in accordance with the grant request and budget on which the grant was based and that funds not expended for the stated purpose are to be returned to the organization. Reports are requested from time to time as deemed appropriate.

Additional Data

Software ID:  
Software Version:  
EIN: 82-0161600  
Name: St Luke's Regional Medical Center Ltd

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
Blue Cross of Idaho Foundation 3000 E Pine Ave Meridian, ID 83642	26-0024334	501(c)(3)	10,000				Support the Blue Cross of Idaho Foundation
Boys & Girls Club of Nampa 316 Stampede Dr Nampa, ID 83687	82-0504332	501(c)(3)	6,000				Operate boys and girls club for local youth with emphasis on youth at risk

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 Nampa 401 3rd Street South Nampa, ID 83651	82-6000231	Government Entity	6,100				Support the City of Nampa
Jerome Joint School District 261 125 4th Ave West Jerome, ID 83338	82-6003634	Government Entity	15,000				Support the Jerome School District



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
West Ada Education Foundation Joint School District PO Box 563 Meridian, ID 83680	82-0421800	Government Entity	15,000				Support the West Ada Education Foundation
St Luke's Health Foundation 190 E Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	1,659,979				Provide support for overall operational needs of St Luke's Health Foundation, Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands of Hope Northwest Inc 1201 Powerline Rd Nampa, ID 83686	84-1398889	501(c)(3)		850,467	FMV	Medical Equipment	Provide durable medical equipment and medical supplies to people in need in the Treasure Valley

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization St Luke's Regional Medical Center Ltd	Employer identification number 82-0161600
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**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<b>3</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> 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.	<b>7</b>	No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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.

See Additional Data Table**Schedule J (Form 990) 2017**

**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
Part I, Line 3	Compensation for the organization's CEO is determined by St. Luke's Health System, Ltd. (System), sole member of St. Luke's Regional Medical Center, Ltd. The System board approves the compensation amount per the recommendation of its compensation committee, and the decision is then reviewed and ratified by the board of directors for St. Luke's Regional Medical Center. In determining compensation for the CEO, the System board utilizes the following criteria: Compensation Committee; Independent compensation consultant; Compensation survey or study; Approval by the board or compensation committee.
Part I, Line 4b	During CY'17, the following individuals participated in a supplemental non-qualified executive retirement plan: SERP SERP-Gross Up Total Jeffrey Taylor \$226,077 \$183,112 \$409,190 Gary Fletcher received \$184,556 of benefits for prior service in a supplemental retirement plan.
Part II, Column (f)	Reportable compensation is based on the total amount paid during calendar year 2017, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions. As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year when paid.

Additional Data

Software ID:

Software Version:

EIN: 82-0161600

Name: St Luke's Regional Medical Center Ltd

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Bayo Crownson MD Director	(i)	0	0	0	0	0	0	0
	(ii)	246,646	25,725	14,242	14,756	18,693	320,062	0
1Cliff Tenley MD Director	(i)	0	0	0	0	0	0	0
	(ii)	279,174	58,668	26,322	24,612	19,008	407,784	0
2Ms Kathy Moore CEO-St Luke's West Reg	(i)	0	0	0	0	0	0	0
	(ii)	634,773	0	70,624	16,356	20,384	742,137	0
3Mr Jeffrey S Taylor SR VP/CFO/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	637,583	0	456,084	207,704	22,168	1,323,539	0
4Ms Christine Neuhoﬀ VP/Legal Affairs/Secretary	(i)	0	0	0	0	0	0	0
	(ii)	540,972	0	25,238	16,356	17,156	599,722	0
5Colin Poole MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	864,156	264,913	44,322	24,612	16,116	1,214,119	0
6David Stuesse MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	895,523	47,250	68,384	20,484	10,259	1,041,900	0
7Jim Valentine MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	660,270	337,674	41,822	16,356	23,395	1,079,517	0
8Jon Getz MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	769,043	190,178	44,322	24,612	12,254	1,040,409	0
9Ronald Kristensen MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	901,782	214,933	63,038	24,612	20,638	1,225,003	0
10Mr Chris Roth Former CEO & Director	(i)	0	0	0	0	0	0	0
	(ii)	654,694	0	66,868	20,484	19,948	761,994	0

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As Filed Data -

DLN: 93493225005449

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
St Luke's Regional Medical Center Ltd

Employer identification number  
82-0161600

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Idaho Health Facilities Authority	82-6051863	451295VN6	07-11-2012	75,896,250	Capital Projects for Health Care Facilities		X		X		X
B Idaho Health Facilities Authority	82-6051863	451295WT2	08-20-2014	176,779,592	Capital projects for Healthcare Facilities		X		X		X
C Idaho Health Facilities Authority	82-6051863	000000000	05-18-2016	50,000,000	Equipment Financing for Health Care Facilities		X		X		X
D Idaho Health Facilities Authority	82-6051863	451295ZB8	08-09-2018	389,965,755	Current Refunding of Bonds and capital projects for Healthcare Facilities		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .			740,000		10,498,684			
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	76,185,209		178,529,644		50,030,528		390,049,994	
4	Gross proceeds in reserve funds . . . . .	130		490				231,853	
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .							101,906,484	
7	Issuance costs from proceeds . . . . .	776,952		1,798,967		165,622			
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	75,408,257		176,730,677		49,864,906		17,048,585	
11	Other spent proceeds . . . . .							206,850,000	
12	Other unspent proceeds . . . . .							64,244,925	
13	Year of substantial completion . . . . .	2013		2018		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X			X	X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X			X	X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X			X	X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %		0 %		0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X	X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Idaho Health Facilities Authority Date the Rebate Computation was Performed 07/11/2017

Return Reference	Explanation
Part II, Line 4, 2018 D & E Bonds	Amounts presented consist of Debt Service Fund Deposits

Return Reference	Explanation
Part 1, column (c), Line D	Form 8038 lists this CUSIP and also 451295ZC6

Return Reference	Explanation
Schedule K, Part I and Part II, Line 3, Columns A, B, C, & D	Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings

Schedule L  
(Form 990 or 990-EZ)

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.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
St Luke's Regional Medical Center Ltd

Employer identification number  
82-0161600

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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	No

2 Enter the amount of tax incurred by 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	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) Syringa Family Medicine PA	Board Member is a member of Syringa Family Medicine, P A	161,739	Catherine Reynolds, M D , is a member of Syringa Family Medicine, P A Compensation for Dr Reynolds was paid to Syringa Family Medicine under a Professional Service Agreement		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Luke's Regional Medical Center Ltd

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

82-0161600

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part V, Lines 1 & 2	Accounts payable and payroll process are consolidated at the supporting organization level (St Luke's Health System, Ltd) Therefore, corresponding reporting for 1099's and W-2's occurs at that level

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	St Luke's Health System, Ltd is the sole member of St Luke's Regional Medical Center Ltd



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	St Luke's Health System, Ltd (Member) and St Luke's Regional Medical Center, Ltd (Corporation) cooperatively select and employ the CEO of the Corporation St Luke's Health System, Ltd , is the sole member of the Corporation

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>St Luke's Regional Medical Center, Ltd (Member) maintains approval and implementation authority over St Luke's Regional Medical Center (Corporation) Actions requiring approval authority may be initiated by either the Corporation or its Member, but must be approved by both the Corporation (by action of its Board of Directors) and the Member Actions requiring approval authority of the Member include (a) Amendment to the Articles of Incorporation, (b) Amendment to the Bylaws of the Corporation, (c) Appointment of members of the Corporation's Board of Directors, other than ex officio directors, (d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member then serves as the sole corporate member (e) Approval of operating and capital budgets of the Corporation, and deviations to an approved budget over the amounts established from time to time by the Member, and (f) Approval of the strategic/tactical plans and goals and objectives of the Corporation Implementation Authority means those actions which the Member may take without the approval or recommendation of the Corporation This authority will not be utilized until there has been appropriate communication between the Member and the Corporation's Board of Directors and its Chief Executive Officer Actions requiring implementation authority include (a) Changes to the Statements of mission, philosophy, and values of the Corporation, (b) Removal of an individual from the Corporation's Board of Directors if and when the Member determines in good faith that the Director is failing to meet the Approved Board of Member Expectations This authority to remove Directors shall not be used merely because there is a difference in business judgment between the Director and the Corporation or the Member, and shall never be used to remove one or more Directors from the Corporation's Board of Directors in order to change a decision made by the Corporation's Board of Directors, (c) Employment and termination of the Chief Executive Officer of the Corporation, (d) Appointment of the auditor for the Corporation and the coordination of the Corporation's annual audit, (e) Sales, lease, exchange, mortgage, pledge, creation of a security interest in or other disposition of real or personal property of the Corporation if such property has a fair market value in excess of a limit set from time to time by the Member and that is not otherwise contained in an Approved Budget, (f) Sale, merger, consolidation, change of membership, sale of all or substantially all of the assets of the corporation, or closure of any facility operated by the Corporation, (g) The dissolution of</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	f the Corporation, (h) Incurrence of debt by or for the Corporation in accordance with req uirements established from time to time by the Member and that is not otherwise contained in an Approved Budget, and (i) Authority to establish policies to promote and develop an i ntegrated, cohesive health care delivery system across all corporations for which the Memb er serves as the corporate member

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 (Form) is reviewed by an independent public accounting firm based on audited financial statements of the St Luke's Health System and with the assistance of the organization's finance and accounting staff. A complete copy of the Form 990 is made available to the Board of Directors prior to filing.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees, and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any conflicts of interest that have been disclosed by a covered person, or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists, the affected parties must recuse themselves from participating in any discussion related to the conflict.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>Executive compensation is set by St. Luke's Board of Directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of targeting overall compensation of the executive group at the 50th percentile of those surveyed. These surveys are usually done every two years, with the most recent compensation survey completed during calendar year 2017. St. Luke's Health System is committed to providing the highest quality medical care to all people regardless of their ability to pay. To keep that commitment, St. Luke's puts a great deal of time and effort into recruiting and retaining the top physicians in a variety of medical fields. Our relationships with physicians range from having privileges at the hospital to full employment. For those physicians who choose to be employed, St. Luke's must offer competitive pay and benefits. Physician compensation is based on a range of criteria and can be influenced by a number of variables including -Community need for medical specialty -Experience -Productivity -Geography -National surveys adjusted for local conditions -Willingness to serve regardless of patients' ability to pay -Duration of relationship and contractual terms -Performance on quality metrics. To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St. Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements. Given the growing national shortage of physicians, recruiting and retaining physicians is more critical than ever to guarantee that people seeking care at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance provider.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy, and financial statements are not available to the public. Form 990 is available for public inspection on our website, which contains financial information.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VII Section A	<p>The total hours worked and compensation reported for the following individuals represent services rendered to organizations within the St Luke's Health System Pam Lindemoen St Luke's Health System,Ltd St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Magic Valley Regional Medical Center,Ltd St Luke's Wood River Medical Center,Ltd St Luke's Clinic Coordinated Care,Ltd St Luke's Nampa Medical Center, Ltd Kathy Moore St Luke's Health System,Ltd St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Health Foundation,Ltd St Luke's Magic Valley Regional Medical Center,Ltd St Luke's Wood River Medical Center,Ltd St Luke's Clinic Coordinated Care,Ltd St Luke's Nampa Medical Center, Ltd Chris Roth St Luke's Health System,Ltd St Luke's Health Foundation,Ltd St Luke's Magic Valley Regional Medical Center,Ltd St Luke's Wood River Medical Center,Ltd St Luke's Clinic Coordinated Care,Ltd Jeff Taylor St Luke's Health System,Ltd St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Magic Valley Regional Medical Center,Ltd St Luke's Wood River Medical Center,Ltd St Luke's Clinic Coordinated Care,Ltd St Luke's Nampa Medical Center, Ltd Christine Neuhoﬀ St Luke's Health System,Ltd St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Magic Valley Regional Medical Center,Ltd St Luke's Wood River Medical Center,Ltd St Luke's Clinic Coordinated Care,Ltd St Luke's Nampa Medical Center, Ltd Bayo Crownson, M D St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Nampa Medical Center, Ltd Ron Jutzy, M D St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Nampa Medical Center, Ltd Cliff Tenley, MD St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Nampa Medical Center, Ltd Catherine Reynolds, M D St Luke's Regional Medical Center,Ltd Mountain States Tumor Institute,Inc St Luke's McCall,Ltd St Luke's Nampa Medical Center, Ltd In addition,Catherine Reynolds, M D is a member of Syringa Family Medicine, P A , (Syringa) a physician practice that has a professional service agreement with St Luke's Regional Medical Center, Ltd (SLRMC) Dr Reynolds works at least 40 hours per week on behalf of this practice for SLRMC During CY '17, SLRMC paid Syringa \$161,739 for services rendered to St Luke's patients Also, it should be noted that the hours reported for the directors (employed by St Luke's) officers, key employees, and highest-paid employees are based on a minimum 40 hour work week However,due to the demands of their roles within the St Luke's Health System, the hours worked by these individuals often ex</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VII Section A	ceed the minimum required 40 hours

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Change in Minimum Liability-Defined Benefit Plan 7,528,861

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.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
St Luke's Regional Medical Center Ltd

Employer identification number  
82-0161600

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) St Luke's Clinic-Treasure Valley LLC 190 E Bannock Boise, ID 83712 45-2716222	Physician Clinic Services	ID	257,866,641	126,641,337	St Luke's Regional Medical Center

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> SL Phys Realty-LouiseLLC 190 E Bannock Boise, ID 83712 26-3731325	Real Estate Lease	ID		Related	1,201,034	2,439,712	Yes			Yes		86 680 %
<b>(2)</b> 1500 ShorelineLLC 190 E Bannock Boise, ID 83712 27-0681501	Real Estate Lease	ID		Related	460,259	1,519,395	Yes			Yes		54 730 %
<b>(3)</b> 3399 E Louise MOBLLC 190 E Bannock Boise, ID 83712 27-0848198	Real Estate Lease	ID		Related	797,544	2,388,952	Yes			Yes		67 160 %
<b>(4)</b> Medical Building Investment GroupLLC PO Box 1271 Ketchum, ID 83340 26-3667995	Real Estate Lease	ID		Related	-52,989	-746,735	Yes				No	64 650 %
<b>(5)</b> Ortho Neuro Management LLC 190 E Bannock Boise, ID 83712 26-4483076	Mgmt Consulting	ID		Related	-51,395	1,573,320		No			No	58 300 %
<b>(6)</b> Idaho Cytogenetics Diagnostic LaboratoryLLC 190 E Bannock Boise, ID 83712 33-1012210	Healthcare	ID		Related	354,275	890,938		No			No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> Anderson Plaza Medical Building Inc 190 E Bannock St Boise, ID 83702 82-0448741	Medical Offices	ID		C					No
<b>(2)</b> St Luke's Office Plaza 190 E Bannock St Boise, ID 83702 82-0389626	Medical Offices	ID		C					No
<b>(3)</b> St Luke's Elmore Medical Building Inc 190 E Bannock St Boise, ID 83702 81-3992116	Medical Offices	ID		C					No

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2017

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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
Part V, Line 1r and 1s	The initial constructions cost related to the newly developed St. Luke's Nampa Medical Center hospital campus and related equipment were incurred by St. Luke's Regional Medical Center, Ltd. (SLRMC). St. Luke's Health System, Ltd., the parent organization for both entities determined that it was most appropriate to form a new legal entity for the Nampa campus- St. Luke's Nampa Medical Center, Ltd. (SLN). As such, the assets related to that newly constructed Nampa hospital campus were transferred from SLRMC to SLN, during fiscal year 2018. St. Luke's Nampa Medical Center opened for patient services on 10/1/2017, the start of fiscal year 2018.





Additional Data

Software ID:  
Software Version:  
EIN: 82-0161600  
Name: St Luke's Regional Medical Center Ltd

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
190 E Bannock Boise, ID 83712 82-0295026	Healthcare Services	ID	501(c)(3)	3	St Luke's Regional Medical Center		No
190 E Bannock Boise, ID 83712 45-5195864	Accountable Care Organization	ID	501(c)(3)	10	St Luke's Health System Ltd		No
190 E Bannock Boise, ID 83712 81-0600973	Fundraising	ID	501(c)(3)	7	St Luke's Health System Ltd		No
190 E Bannock Boise, ID 83712 56-2570681	Supporting Organization	ID	501(c)(3)	12C, III-FI	N/A		No
190 E Bannock Boise, ID 83712 56-2570686	Healthcare Services	ID	501(c)(3)	3	St Luke's Health System Ltd		No
190 E Bannock Boise, ID 83712 27-3311774	Healthcare Services	ID	501(c)(3)	3	St Luke's Health System Ltd		No
190 E Bannock Boise, ID 83712 82-1162805	Healthcare Services	ID	501(c)(3)	3	St Luke's Health System Ltd		No
190 E Bannock Boise, ID 83712 84-1421665	Healthcare Services	ID	501(c)(3)	3	St Luke's Health System Ltd		No

**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
St Luke's Health Foundation Ltd	B	1,633,349	Subsidy to SLHF
St Luke's Health Foundation Ltd	C	1,454,797	Donations Specified for SLRMC
Ortho Neuro Management LLC	P	3,088,426	Per Management Agreement
SL Phys Realty-LouiseLLC	K	2,048,402	Per Master Lease Agreement
1500 ShorelineLLC	K	1,012,364	Per Master Lease Agreement
3399 E Louise MOBLLC	K	1,804,704	Per Master Lease Agreement
St Luke's Nampa Medical Center Ltd	R	125,825,284	Transfer of newly constructed hos
St Luke's Nampa Medical Center Ltd	S	125,825,284	Intercompany receivable created f