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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

Doing business as

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

190 E BANNOCK

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

BOISE, ID 83712

F Name and address of principal officer

PAMELA LINDEMOEN
190 E BANNOCK
BOISE, ID 83712

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STLUKESONLINE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVIDE HEALTHCARE SERVICES TO THE COMMUNITY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

17

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

98

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

2,318

Revenue

8 Contributions and grants (Part VIII, line 1h)

547,388

9 Program service revenue (Part VIII, line 2g)

69,172,470

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-122

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

337,287

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

70,057,023

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

833

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶497,969

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

67,120,624

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

67,121,457

19 Revenue less expenses Subtract line 18 from line 12

2,935,566

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

71,086,652

21 Total liabilities (Part X, line 26)

2,969,796

22 Net assets or fund balances Subtract line 21 from line 20

68,116,856

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

PETER DIDIO VICE-PRESIDENT, CONTROLLER

Type or print name and title

2019-08-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 EAST FIFTH STREET SUITE 1900

Phone no (513) 784-7100

CINCINNATI, OH 45202

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 AccomplishmentsCheck 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.

4a	(Code)	(Expenses \$ 45,505,113	including grants of \$	(Revenue \$ 51,200,750)
See Additional Data				

4b	(Code)	(Expenses \$ 12,408,328	including grants of \$	(Revenue \$ 13,961,414)
See Additional Data				

4c	(Code)	(Expenses \$ 5,439,000	including grants of \$	(Revenue \$ 6,119,772)
See Additional Data				









4d	Other program services (Describe in Schedule O)		
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	63,352,441
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:►	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 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)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►PETER DIDIO VICE-PRESIDENT CONTROLLER 190 E BANNOCK ST 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
BIGWOOD ANESTHESIA ASSOC PLLC PO BOX 987 KETCHUM, ID 833400987	ANESTHESIA SERVICES	1,327,678
ALEXANDER ORTHOPAEDICS PA PO BOX 6997 KETCHUM, ID 833400987	PHYSICIAN SERVICES	544,752
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 841081221	LABORATORY SERVICES	164,476
CLEARWATER LANDSCAPING PO BOX 7690 KETCHUM, ID 83340	LANDSCAPING SERVICES	161,406

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	36,513
e Government grants (contributions)	1e	-27,022
f All other contributions, gifts, grants, and similar amounts not included above	1f	380,272
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f		389,763

Program Service Revenue

	Business Code				
2a NET PATIENT REVENUE	900099	69,811,425	69,811,425		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue		1,470,511	1,470,511		
g Total. Add lines 2a-2f		71,281,936			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	(ii) Personal		
	56,868			
b Less rental expenses	0			
c Rental income or (loss)	56,868			
d Net rental income or (loss)			56,868	56,868
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		702		
b Less cost or other basis and sales expenses		51,950		
c Gain or (loss)		-51,248		
d Net gain or (loss)			-51,248	-51,248
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	320,829		320,829
b _____				
c _____				
d All other revenue				
e Total. Add lines 11a-11d		320,829		
12 Total revenue. See Instructions		71,998,148	71,281,936	0
				326,449

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.	2,025,359	1,997,295	750	27,314
b Legal.	300			300
c Accounting.	28,412	1,037		27,375
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	876,747	876,747		
12 Advertising and promotion.	2,363		784	1,579
13 Office expenses.	515,309	500,582	10,658	4,069
14 Information technology.	4,261,152	4,261,152		
15 Royalties.				
16 Occupancy.	261,964	261,964		
17 Travel.	215,338	179,115	28,834	7,389
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,945,964	4,945,964		
23 Insurance.	11,626	11,626		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ALLOCATED WAGES	38,884,817	34,358,230	4,197,027	329,560
b SUPPLIES	9,592,179	9,404,785	148,834	38,560
c ALLOCATED SLHS EXP	4,760,589	4,760,589		
d REPAIRS	1,556,649	487,857	1,068,792	
e All other expenses	1,751,655	1,305,498	384,334	61,823
25 Total functional expenses. Add lines 1 through 24e.	69,690,423	63,352,441	5,840,013	497,969
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		12,089,101	4	11,308,759	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		2,051,171	8	2,158,269	
	9	Prepaid expenses and deferred charges		110,946	9	88,365	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	76,655,542			
	b	Less: accumulated depreciation	10b	39,674,367	38,699,168	10c	36,981,175
	11	Investments—publicly traded securities		213,548	11	213,548	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		168,033	14	160,700	
	15	Other assets. See Part IV, line 11		17,754,685	15	27,244,425	
16	Total assets. Add lines 1 through 15 (must equal line 34)		71,086,652	16	78,155,241		
Liabilities	17	Accounts payable and accrued expenses		1,904,796	17	1,992,288	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,065,000	25	5,738,372	
	26	Total liabilities. Add lines 17 through 25		2,969,796	26	7,730,660	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		68,038,168	27	70,407,977	
	28	Temporarily restricted net assets		78,688	28	16,604	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		68,116,856	33	70,424,581	
	34	Total liabilities and net assets/fund balances		71,086,652	34	78,155,241	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,998,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,690,423
3	Revenue less expenses Subtract line 2 from line 1	3	2,307,725
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,116,856
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,424,581

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

	Yes	No
1 Accounting method used to prepare the Form 990 <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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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: 84-1421665
Name: ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

Form 990 (2017)

Form 990, Part III, Line 4a:
MEDICAL & SURGICALSERVICES AT ST LUKE'S WOOD RIVER MEDICAL CENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY, DIAGNOSTICS, MATERNITY SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, MAMMOGRAPHY, INTENSIVE CARE AND MEDICAL/SURGICAL UNITS DURING FISCAL YEAR 2018, ST LUKE'S WOOD RIVER MEDICAL CENTER PROVIDED QUALIFIED INPATIENT CARE FOR 1,289 ADMISSIONS THEY ALSO PROVIDED PATIENT CARE ASSOCIATED WITH 34,074 OUTPATIENT VISITS

Form 990, Part III, Line 4b:

PHYSICIAN SERVICESWOOD RIVER HAS MEDICAL PRACTICES SERVING THE FOLLOWING AREAS INTERNAL MEDICINE, OBGYN, FAMILY MEDICINE, PEDIATRICS,
DERMATOLOGY, GASTROENTEROLOGY, MENTAL HEALTH, NEUROLOGY, ORTHOPEDICS, AND SPORTS MEDICINE IN FISCAL YEAR 2018, THE PRACTICES HAD 70,884
VISITS

Form 990, Part III, Line 4c:

EMERGENCY AND TRANSPORTTHE EMERGENCY DEPARTMENT RECENTLY WAS DESIGNATED A LEVEL IV TRAUMA CENTER AND IS STAFFED 24/7 BY BOARD-CERTIFIED
EMERGENCY MEDICINE PHYSICIANS AIR ST LUKE'S IS ALSO AVAILABLE TO MOVE PATIENTS IN CRITICAL SITUATIONS VIA HELICOPTER, FIXED WING OR GROUND
TRANSPORT TO OUR URBAN LOCATIONS DURING FISCAL YEAR 2018, THE 24-HOUR EMERGENCY DEPARTMENT HAD 8,854 PATIENT VISITS

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			
BANU SYMINGTON MD DIRECTOR	2 00 42 00	X						0	337,936	462
BRIAN FORTUIN MD DIRECTOR	2 00 42 00	X						0	122,410	0
DAVID A MCCLUSKY III MD DIRECTOR	2 00 42 00	X						0	368,865	20,812
MR CHARLES COINER CHAIRMAN	2 00 2 00	X		X				0	0	0
MR GEORGE KIRK DIRECTOR	2 00 2 00	X						0	0	0
MR PETER BECKER DIRECTOR	2 00 2 00	X						0	0	0
MR SCOTT STANDLEY DIRECTOR	2 00 2 00	X						0	0	0
MR TERRY KRAMER DIRECTOR	2 00 2 00	X						0	0	0
MR TERRY RING DIRECTOR	2 00 2 00	X						0	0	0
MR TODD R BLASS DIRECTOR	2 00 2 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			
MS CYNTHIA MURPHY DIRECTOR	2 00 2 00	X		X				0	0	0
MS JANE MILLER DIRECTOR	2 00 2 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
MS ROSA DAVILA DIRECTOR	2 00 2 00	X						0	0	0
MS TRACEY JONES DIRECTOR	2 00 2 00	X						0	0	0
ROBERT WASSERSTROM MD DIRECTOR	2 00 42 00	X						0	11,050	0
MR CHRIS ROTH SR VP, CHIEF OPERATING OFFICER	2 00 48 00			X				0	721,562	40,432
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			
MR CODY LANGBEHN SITE ADMINISTRATOR	40 00 0 00				X			0	309,466	44,130
ALISON KINSLER MD PHYSICIAN	40 00 0 00					X		0	388,592	18,640
DAN FAIRMAN MD PHYSICIAN	40 00 0 00					X		0	386,108	31,187
JAMES TORRES MD PHYSICIAN	40 00 0 00					X		0	376,363	24,943
MATTHEW KOPPLIN MD PHYSICIAN	40 00 0 00					X		0	560,031	33,464
MATTHEW REECK MD PHYSICIAN	40 00 0 00					X		0	395,643	22,032

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

Employer identification number
84-1421665

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-1421665

Name: ST LUKE'S WOOD RIVER 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

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DLN: 93493225004189

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

Employer identification number
84-1421665

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

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
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,518,111		4,518,111
b Buildings		52,626,056	27,336,691	25,289,365
c Leasehold improvements				
d Equipment		18,184,885	12,337,676	5,847,209
e Other		1,326,490		1,326,490
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				36,981,175

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) DEPOSITS	5,475
(2) DUE FROM RELATED ORGANIZATIONS	27,238,950
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	27,244,425

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		
AP MEDICARE-MEDICAID PROG	5,738,372	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	5,738,372	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-1421665

Name: ST LUKE'S WOOD RIVER MEDICAL CENTER
LTD

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	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

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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 WOOD RIVER MEDICAL CENTER LTD

Employer identification number
84-1421665

► 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.

Part I

Financial 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

☐ 100% ☐ 150% ☒ 200% ☐ Other %

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

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

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

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

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

6a

No

b

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

6b

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,321,077	0	2,321,077	3 330 %
b Medicaid (from Worksheet 3, column a)			2,420,074	1,987,111	432,963	0 620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			455,910	195,897	260,013	0 370 %
d Total Financial Assistance and Means-Tested Government Programs			5,197,061	2,183,008	3,014,053	4 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			358,771	69,220	289,551	0 420 %
f Health professions education (from Worksheet 5)			404,020	0	404,020	0 580 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			59,449	0	59,449	0 090 %
j Total. Other Benefits			822,240	69,220	753,020	1 090 %
k Total. Add lines 7d and 7j			6,019,301	2,252,228	3,767,073	5 410 %

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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	886,147	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	17,927,415	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	22,909,369	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-4,981,954	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
ST LUKE'S WOOD RIVER MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.STLUKESONLINE.ORG/ABOUT-ST-LUKES/SUPPORTING-THE-COMMUNITY</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ST LUKE'S WOOD RIVER MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW STLKESONLINE ORG/RESOURCES/BEFORE-YOUR-VISIT/FINANCIAL-CARE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW STLKESONLINE ORG/RESOURCES/BEFORE-YOUR-VISIT/FINANCIAL-CARE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW STLKESONLINE ORG/RESOURCES/BEFORE-YOUR-VISIT/FINANCIAL-CARE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

ST LUKE'S WOOD RIVER MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

ST LUKE'S WOOD RIVER MEDICAL CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 3

Name and address	Type of Facility (describe)
1 1 - ST LUKE'S CLINIC 1450 AVIATION DR HAILEY, ID 83333	FAMILY MEDICINE AND PHYSICIAN CLINICS
2 2 - ST LUKE'S CLINIC DERMATOLOGY 191 W 5TH ST KETCHUM, ID 83340	DERMATOLOGY
3 3 - ST LUKE'S CLINIC FAMILY MEDICINE 21 E MAPLE HAILEY, ID 83333	PHYSICIAN CLINIC
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 3C	(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 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 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 A EXPENSES- THE PATIENTS 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 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 (B) SERVICE EXCLUSIONS 1 SERVICES THAT ARE NOT MEDICALLY NECESSARY (E G COSMETIC SURGERY) ARE NOT ELIGIBLE FOR CHARITY CARE 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 (C) ELIGIBILITY APPROVAL PROCESS 1 ST LUKE'S SCREENS PATIENT 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, THEN 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 2 THE PATIENT MUST COMPLETE A FINANCIAL ASSISTANCE APPLICATION AND PROVIDE REQUIRED SUPPORTING DOCUMENTATION IN ORDER TO BE ELIGIBLE 3 ST LUKE'S VERIFIES REPORTED FAMILY AND COMPARES TO THE LATEST POVERTY GUIDELINES PUBLISHED BY THE U S DEPARTMENT OF HEALTHAND HUMAN SERVICES 4 ST LUKE'S VERIFIES REPORTED ASSETS 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 6 ST LUKE'S RESERVES THE RIGHT TO RUN A CREDIT REPORT ON ALL PATIENTS APPLYING FOR CHARITY CARE SERVICES (D) ELIGIBILITY PERIOD THE DETERMINATION THAT AN INDIVIDUAL IS APPROVED FOR CHARITY CARE WILL BE EFFECTIVE FOR SIX MONTHS FROM THE DATE THEAPPLICATION IS SUBMITTED,UNLESS DURING THAT TIME THE PATIENT'S FAMILY INCOME OR INSURANCE STATUS CHANGES TO SUCH AN EXTENT THAT THE PATIENT BECOMES INELIGIBLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD IS NOT REQUIRED UNDER IDAHO LAW TO FILE A COMMUNITY BENEFIT REPORT, SINCE ITS TOTAL LICENSED BEDS ARE LESS THAN THE MINIMUM 150 BED REQUIREMENT THRESHOLD (WOOD RIVER HAS 25 LICENSED BEDS) MOREOVER,THE ACTIVITY OF ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD IS NOT INCLUDED IN THE COMMUNITY BENEFIT REPORT WITHIN ANY OF ITS RELATED ORGANIZATIONS WITHIN THE ST LUKE'S HEALTH SYSTEM
PART III, LINE 2	THE COST TO CHARGE RATIO METHOD WAS USED TO CALCULATE BAD DEBT EXPENSE AT COST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
PART III, LINE 4	ST LUKE'S PREPARES IT FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) MORE INFORMATION CAN BE FIND IN FOOTNOTE NUMBER 3 AND 4 ON PAGES 14 -16 OF ST LUKE'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ATTACHED TO THIS RETURN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V, SECTION A	LOCATED WITHIN THE ST LUKE'S WOOD RIVER HOSPITAL COMPLEX ARE VARIOUS PROVIDER-BASED PHYSICIAN CLINICS THAT PROVIDE SERVICES IN THE AREAS OF FAMILY MEDICINE,INTERNAL MEDICINE,GENERAL SURGERY,AND OBSTETRICS AND GYNECOLOGY THE ADDRESS FOR THIS LOCATION IS ST LUKE'S WOOD RIVER MEDICAL CENTER100 HOSPITAL DRIVEKETCHUM,IDAHO 83340
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 WWW STLUKESONLINE ORG/ABOUT-ST-LUKES/SUPPORTING-THE-COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	(A) ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD 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 WWW.STLUKESONLINE.ORG/BILLING(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 WOOD RIVER MEDICAL CENTER, LTD SERVES THE HEALTH CARE NEEDS OF PEOPLE LIVING IN THE GREATER BLAINE COUNTY AREA THE CRITERIA USED IN SELECTING THIS AREA AS THE COMMUNITY SERVED WAS TO INCLUDE THE ENTIRE POPULATION OF THE COUNTIES WHERE APPROXIMATELY 70% OF INPATIENTS RESIDE THE RESIDENTS OF BLAINE COUNTY COMPRISE ABOUT 70% OF INPATIENTS BOTH IDAHO AND OUR SERVICE TERRITORY ARE COMPRISED OF ABOUT A 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 20% OF OUR DEFINED SERVICE AREA IDAHO EXPERIENCED A 25% INCREASE IN POPULATION FROM 2000 TO 2013, RANKING IT AS ONE OF FASTEST GROWING STATES IN THE COUNTRY BLAINE COUNTY'S POPULATION INCREASED BY 12% DURING THAT TIMEFRAME, WHICH IS ABOUT THE SAME POPULATION GROWTH RATE AS THE NATION ST LUKE'S WOOD RIVER IS WORKING TO MANAGE THE VOLUME AND SCOPE OF SERVICES IN ORDER TO MEET THE NEEDS OF A GROWING POPULATION OVER THE PAST TEN YEARS THE 45 YEAR OR OLDER AGE GROUP WAS THE FASTEST GROWING SEGMENT OF OUR COMMUNITY CURRENTLY, ABOUT 13% OF THE PEOPLE IN OUR COMMUNITY ARE 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 IS WELL BELOW THE NATIONAL AVERAGE THE POVERTY RATE IN OUR COMMUNITY FOR CHILDREN UNDER THE AGE OF 18 IS ALSO LOWER THAN THE NATIONAL AVERAGE ALTHOUGH POVERTY HAS STARTED DECLINING IN OUR SERVICE AREA, POVERTY RATES ARE STILL ABOVE THE LEVELS THEY WERE AT PRIOR TO THE RECESSION IN 2008 MEDIAN INCOME IN THE UNITED STATES HAS RISEN BY 20% SINCE 2003 AND BY 29% IN OUR SERVICE AREA DURING THAT PERIOD MEDIAN INCOME IN OUR SERVICE AREA IS WELL ABOVE NATIONAL AND IDAHO MEDIAN INCOME LEVELS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	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 WOOD RIVER MEDICAL CENTER, LTD MAINTAINS AN OPEN MEDICAL STAFF ANY PHYSICIAN CAN APPLY FOR PRACTICING PRIVILEGES AS LONG AS THEY MEET THE STANDARDS FOR ST LUKE'S WOOD RIVER MEDICAL CENTER
PART VI, LINE 6	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 EACH ST LUKE'S HEALTH SYSTEM HOSPITAL 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 LUKE'S NAMPA MEDICAL CENTER, LTD WHICH CONSISTS OF A HOSPITAL LOCATED IN NAMPA, IDAHO AS WELL AS VARIOUS PHYSICIAN CLINICS (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

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 84-1421665

Name: ST LUKE'S WOOD RIVER MEDICAL CENTER
LTD

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST LUKE'S WOOD RIVER MEDICAL CENTER 100 HOSPITAL DRIVE KETCHUM, ID 83340 WWW.STLUKESONLINE.ORG STATE OF IDAHO LICENSE #HH-62	X	X			X		X			

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
ST LUKE'S WOOD RIVER MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 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. 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. CATEGORY II: INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING THE INTERESTS OF THE MEDICALLY UNDESERVED, LOW-INCOME, AND MINORITY POPULATIONS IN OUR COMMUNITY. MEDICALLY UNDESERVED 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. 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. 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. THE FOLLOWING COMMUNITY LEADERS/REPRESENTATIVES WERE CONTACTED: (1) BLAINE COUNTY (2) BLAINE COUNTY SCHOOL DISTRICT (3) ST. CHARLES BORROMEO AND OUR LADY OF THE SNOWS, CATHOLIC CHURCHES (4) THE SENIOR CONNECTION (5) BLAINE COUNTY CENTER FOR THE COLLEGE OF SOUTHERN IDAHO (6) HAILEY/BELLEVUE POLICE (7) IDAHO DEPARTMENT OF HEALTH AND WELFARE (8) FIFTH JUDICIAL DISTRICT IN IDAHO (9) SOUTH CENTRAL PUBLIC HEALTH (10) HOSPICE AND PALLIATIVE CARE OF THE WOOD RIVER (11) THE ADVOCATES FOR SURVIVORS OF DOMESTIC VIOLENCE (12) ST. LUKE'S CENTER FOR COMMUNITY HEALTH (13) BOISE VA MEDICAL CENTER (14) IDAHO DEPARTMENT OF LABOR OBTAINED UNEMPLOYMENT INFORMATION (15) BLAINE COUNTY COMMUNITY DRUG COALITION (16) FAMILY MEDICINE RESIDENCY OF IDAHO (17) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGION X (18) COORDINATOR OF THE CARES (C</p>

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
ST LUKE'S WOOD RIVER MEDICAL CENTER	HILDREN AT RISK EVALUATION SERVICES) AT ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER (19) ALTURAS ELEMENTARY SCHOOL(20) THE HUNGER COALITION(21) DEPARTMENT OF HEALTH AND WELFARE, REGION V(22) BLAINE COUNTY RECREATION DISTRICT(23) WOOD RIVER YMCA(24) SUN VALLEY COMPANY

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
ST LUKE'S WOOD RIVER MEDICAL CENTER	PART V, SECTION B, LINE 11 WE ORGANIZED ALL OF OUR SIGNIFICANT HEALTH NEEDS INTO THE FOLLOWING GROUPS GROUP #1 IMPROVE MENTAL HEALTH AND REDUCE SUICIDE AND SUBSTANCE ABUSE GROUP #2 IMPROVE THE PREVENTION AND MANAGEMENT OF OBESITY GROUP #3 IMPROVE ACCESS TO AFFORDABLE HEALTH INSURANCENEXT 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 GROUP #1 IMPROVE MENTAL HEALTH AND REDUCE SUICIDE AND SUBSTANCE ABUSE -COUNSELING SCHOLARSHIP FUND -MENTAL HEALTH SERVICES SCHOLARSHIP FUND -ST LUKE'S CLINIC-MENTAL HEALTH SERVICES GROUP #2 IMPROVE THE PREVENTION AND MANAGEMENT OF OBESITY -YEAH (YOUTH ENGAGED IN ACTIVITIES FOR HEALTH) -COOKING MATTERSGROUP #3 IMPROVE ACCESS TO AFFORDABLE HEALTH INSURANCE -FINANCIAL CARE -INFORMATION AND REFERRAL SERVICES THROUGH THE ST LUKE'S CENTER FOR COMMUNITY HEALTH -COMPASSIONATE CARE PROGRAM -HEART OF THE MATTER HEALTH SCREENING -ST LUKE'S CENTER FOR COMMUNITY HEALTH BROWN BAG TALKS -BREAST SCREENING FOR THE UNINSURED AND UNDERINSURED WOMEN PROJECT

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
ST LUKE'S WOOD RIVER MEDICAL CENTER	PART V, SECTION B, LINE 13B FINANCIAL CARE ELIGIBLE APPLICANTS WILL RECEIVE THE FOLLOWING ASSISTANCE 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 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 3 IF THE PATIENT BALANCE EXCEEDS 30 PERCENT OF HOUSEHOLD INCOME, PATIENTS WILL QUALIFY FOR A ONE-TIME REDUCTION

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
ST LUKE'S WOOD RIVER MEDICAL CENTER	PART V, SECTION B, LINE 16J A FINANCIAL CARE APPLICATION IS PROVIDED TO THE PATIENT WHICH CONTAINS PATIENT FINANCIAL ADVOCATE CONTACT INFORMATION

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.

Name of the organization
ST LUKE'S WOOD RIVER MEDICAL CENTER
LTD

Employer identification number
84-1421665

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>	4a	No
<div style="margin-left: 20px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? </div>	4b	Yes
<div style="margin-left: 20px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> a The organization? </div>	5a	No
<div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> a The organization? </div>	6a	No
<div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

[illegible]

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 WOOD RIVER 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 WOOD RIVER MEDICAL CENTER, LTD. 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 INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED EXECUTIVE RETIREMENT PLAN: SERP. SERP-GROSS UP TOTAL: JEFFREY TAYLOR \$226,077 \$183,112 \$409,190.
PART II-COLUMN (C)	DURING CY'17, THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE BASIC PENSION PLAN: DUE TO ENHANCED BENEFITS ADOPTED IN 2017 AND CHANGES IN ACTUARIAL ASSUMPTIONS, THIS INDIVIDUAL EXPERIENCED AN INCREASE IN THE VESTED BALANCE OF THE PLAN: JEFFREY TAYLOR \$183,092 16.
PART I, LINE 4B	DURING CY'17, JEFFREY S. TAYLOR WAS A PARTICIPANT IN THE SUPPLEMENTAL NON-QUALIFIED EXECUTIVE RETIREMENT PLAN. THERE WERE NO ADDITIONAL BENEFITS ACCRUED DURING CY'17 ON BEHALF OF THE PARTICIPANT.

Additional Data

Software ID:

Software Version:

EIN: 84-1421665

Name: ST LUKE'S WOOD RIVER 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				
1BANU SYMINGTON MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	336,276	0	1,660	462	0	338,398	0
1DAVID A MCCLUSKY III MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	340,306	27,749	810	4,128	16,684	389,677	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 CHRIS ROTH SR VP, CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	654,694	0	66,868	20,484	19,948	761,994	0
4MR 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
5MS 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
6MR CODY LANGBEHN SITE ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	261,301	0	48,165	16,356	27,774	353,596	0
7ALISON KINSLER MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	337,838	14,388	36,366	12,228	6,412	407,232	0
8DAN FAIRMAN MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	303,929	54,615	27,564	20,172	11,015	417,295	0
9JAMES TORRES MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	316,364	33,677	26,322	12,228	12,715	401,306	0
10MATTHEW KOPPLIN MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	507,721	34,076	18,234	12,228	21,236	593,495	0
11MATTHEW REECK MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	290,405	86,428	18,810	12,228	9,804	417,675	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S WOOD RIVER 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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

84-1421665

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART V, LINE 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 WOOD RIVER MEDICAL CENTER, LTD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ST LUKE'S WOOD RIVER MEDICAL CENTER,LTD CORPORATION)AND ST LUKE'S HEALTH SYSTEM,LTD (MEMBER) 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 HEALTH SYSTEM,LTD (MEMBER) MAINTAINS APPROVAL AND IMPLEMENTATION AUTHORITY OVE R ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD (CORPORATION), WHICH IS GOVERNED BY ST LUKE' S EAST REGION BOARD ACTIONS REQUIRING APPROVAL AUTHORITY MAY BE INITIATED BY EITHER THE C ORPORATION OR ITS MEMBER, BUT MUST BE APPROVED BY BOTH THE CORPORATION (BY ACTION OF ITS B OARD OF DIRECTORS)AND THE MEMBER ACTIONS REQUIRING APPROVAL AUTHORITY OF THE MEMBER INCLU DE (A) AMENDMENT TO THE ARTICLES OF INCORPORATION, (B) AMENDMENT TO THE BYLAWS OF THE COR PORATION, (C) APPOINTMENT OF MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, OTHER THAN E X OFFICIO DIRECTORS, (D) REMOVAL OF AN INDIVIDUAL FROM THE CORPORATION'S BOARD OF DIRECTOR S 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 SERVIC E ON THE CORPORATION'S BOARD OF DIRECTORS THAT ARE ESTABLISHED BY THE MEMBER AND ARE UNIFO RM 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 CORPOR ATION, 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 UTI LIZED UNTIL THERE HAS BEEN APPROPRIATE COMMUNICATION BETWEEN THE MEMBER AND THE CORPORATIO N'S BOARD OF DIRECTORS AND ITS CHIEF EXECUTIVE OFFICER ACTIONS REQUIRING IMPLEMENTATION A UTHORITY 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 APPROVE D BOARD OF MEMBER EXPECTATIONS THIS AUTHORITY TO REMOVE DIRECTORS SHALL NOT BE USED MEREL Y BECAUSE THERE IS A DIFFERENCE IN BUSINESS JUDGMENT BETWEEN THE DIRECTOR AND THE CORPORAT ION OR THE MEMBER, AND SHALL NEVER BE USED TO REMOVE ONE OR MORE DIRECTORS FROM THE CORP ORATION'S BOARD OF DIRECTORS IN ORDER TO CHANGE A DECISION MADE BY THE CORPORATION'S BOARD O F DIRECTORS, (C) EMPLOYMENT AND TERMINATION OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORAT ION, (D) APPOINTMENT OF THE AUDITOR FOR THE CORPORATION AND THE COORDINATION OF THE CORPOR ATION'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 OP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ERATED BY THE CORPORATION, (G) THE DISSOLUTION OF THE CORPORATION, (H) INCURRENCE OF DEBT BY OR FOR THE CORPORATION IN ACCORDANCE WITH REQUIREMENTS ESTABLISHED FROM TIME TO TIME BY THE MEMBER AND THAT IS NOT OTHERWISE CONTAINED IN AN APPROVED BUDGET, AND (I) AUTHORITY T O ESTABLISH POLICIES TO PROMOTE AND DEVELOP AN INTEGRATED, COHESIVE HEALTH CARE DELIVERY S YSTEM ACROSS ALL CORPORATIONS FOR WHICH THE MEMBER 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 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	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

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 OUR WEBSITE, WHICH CONTAINS FINANCIAL INFORMATION

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 PLACING EXECUTIVES IN 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 VII SECTION A	<p>ALLOCATION OF COMPENSATION AND HOURS THE TOTAL HOURS WORKED AND COMPENSATION REPORTED FOR THE FOLLOWING INDIVIDUALS REPRESENT SERVICES RENDERED TO ORGANIZATIONS WITHIN THE ST LUK E'S HEALTH SYSTEM PAM LINDEMOEN ST LUKE'S HEALTH SYSTEM,LTD ST LUKE'S REGIONAL MEDICA L 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 INSTITUT E,INC ST LUKE'S MCCALL,LTD ST LUKE'S HEALTH FOUNDATION,LTD ST LUKE'S MAGIC VALLEY REG IONAL MEDICAL CENTER,LTD ST LUKE'S WOOD RIVER MEDICAL CENTER,LTD ST LUKE'S CLINIC COOR DINATED CARE,LTD ST LUKE'S NAMPA MEDICAL CENTER, LTD BRIAN FORTUIN,M D ST LUKE'S MAG IC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD ROBERT WASSERSTROM, M D ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RI VER MEDICAL CENTER, LTD RON E MCGARRIGLE, M D ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD DAVID A MCCLUSKY, M D ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RIVER MEDICAL CENTER, LTD ERI C CASSIDY, D O ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RIVE R MEDICAL CENTER, LTD JEFF TAYLOR ST LUKE'S HEALTH SYSTEM, LTD ST LUKE'S REGIONAL MED ICA L 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 CHRISTINE NEUHOFF ST LUKE'S HEALTH SYSTEM, LTD ST LUKE'S REGIONAL MEDICAL CENTER, LTD MOUNTAIN STATES TUMOR INSTITUTE, INC ST LUKE'S MC CALL, LTD ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD ST LUKE'S WOOD RIVER MED ICA L CENTER, LTD ST LUKE'S CLINIC COORDINATED CARE, LTD ALSO, IT SHOULD BE NOTED THAT T HE 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 DEMA NDS OF THEIR ROLES WITHIN THE ST LUKE'S HEALTH SYSTEM, THE HOURS WORKED BY THESE INDIVIDU ALS OFTEN EXCEED THE MINIMUM REQUIRED 40 HOURS COMPENSATION OF PHYSICIAN BOARD MEMBERS TH E FOLLOWING PHYSICIAN BOARD MEMBERS ARE MEMBERS OF VARIOUS PHYSICIAN PRACTICES THAT CONTRA CT WITH ST LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD (SLMV) FOR THE PURPOSE OF PR OVIDING PHYSICIAN SERVICES TO SLMV PATIENTS BRIAN FORTUIN, M D IDAHO MEDICINE ASSOCIATES ROBERT WASSERSTROM, M D SOUTHERN IDAHO RADIOLOGY THESE PHYSICIANS WORK AT LEAST 40 HOURS PER WEEK ON BEHALF OF THESE PRACTICES FOR PHYSICIAN SERVICES PROVIDED TO ST LUKE'S PATIE NTS DURING CY'17, SLMV MADE PAYMENTS TO THESE PRACTICES FOR THE FOLLOWING AMOUNTS PHYSIC IAN PRACTICE AMOUNT PAID IDAHO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII SECTION A	MEDICINE ASSOCIATES, LLC \$3,549,353 SOUTHERN IDAHO RADIOLOGY \$5,609,204 DR FORTUIN IS AL SO A MEMBER OF ST LUKE'S MAGIC VALLEY SLEEP INSTITUTE, LLC (SLEEP INSTITUTE), A PHYSICIAN PRACTICE THAT CONTRACTS WITH SLMV TO PROVIDE PHYSICIAN SERVICES TO SLMV PATIENTS DURING CY'17 SLMV MADE PAYMENTS TOTALING \$273,916 DURING CY'17, DR FORTUIN WAS COMPENSATED DIRE CTLY BY SLMV FOR SERVING ON THE MAGIC VALLEY PHYSICIAN LEADERSHIP COUNCIL THE AMOUNT PAID FOR THESE SERVICES WAS \$122,410 AND IS REPORTED IN PART VII,SECTION A DURING CY'17, DR WASSERSTROM WAS COMPENSATED DIRECTLY BY SLMV FOR SERVING ON THE MAGIC VALLEY PHYSICIAN LEA DERSHIP COUNCIL THE AMOUNT PAID FOR THESE SERVICES WAS \$11,050 AND IS REPORTED IN PART VI I, SECTION A

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

Employer identification number
84-1421665

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-WOOD RIVER LLC 190 E BANNOCK BOISE, ID 83712 45-2715973	PHYSICIAN CLINIC SERVICES	ID	13,626,749	1,221,590	ST LUKE'S WOOD RIVER MEDICAL CENTER LTD

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	

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

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

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

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

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)

Additional Data

Software ID:
Software Version:
EIN: 84-1421665
Name: ST LUKE'S WOOD RIVER 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 82-0161600	HEALTHCARE SERVICES	ID	501(C)(3)	3	ST LUKE'S HEALTH SYSTEM LTD		No
PO BOX 3525 KETCHUM, ID 83340 23-7103805	FUNDRAISING	ID	501(C)(3)	12C, III-FI	N/A		No