

**** PUBLIC DISCLOSURE COPY ****

Extended to August 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**



B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization St. Luke's Regional 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	D Employer identification number 82-0161600
	E Telephone number (208) 381-2222	G Gross receipts \$ 4,425,947,305.
	F Name and address of principal officer: Chris Roth same as C above	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	H(c) Group exemption number ▶
	J Website: ▶ www.stlukesonline.org	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1906 M State of legal domicile: ID

Part I Summary

1	Briefly describe the organization's mission or most significant activities. Provide healthcare services to the community.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	1082
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	59,351,128.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	44,628,256.	24,932,367.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,981,197,728.	2,090,267,485.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,875,243.	4,657,745.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,311,466.	8,410,425.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,073,012,693.	2,128,268,022.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,903,180.	3,806,924.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,869,212,256.	2,100,406,677.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,872,115,436.	2,104,213,601.
	19 Revenue less expenses. Subtract line 18 from line 12	200,897,257.	24,054,421.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,290,381,742.	2,271,369,638.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,093,781,923.	1,146,169,471.
		1,196,599,819.	1,125,200,167.

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 Kathryn Fowler, SVP/CFO/Treasurer Type or print name and title	Date 8/3/23
Paid Preparer Use Only	Print/Type preparer's name John Sadoff Jr. Preparer's signature  Date 8/3/2023 Check if self-employed <input type="checkbox"/> PTIN P00540589	Firm's name ▶ Deloitte Tax LLP Firm's EIN ▶ 86-1065772 Firm's address ▶ 695 Town Center Drive, Suite 1200 Coast Mesa, CA 92626-1924 Phone no. 714-436-7100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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>		X
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>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
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>		X
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>		X
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		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
 Jared Grant, System Controller - (208) 381-2222
 190 E Banonck, Boise, ID 83712

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pamela Lindemoen Former COO	0.00 0.00						X	0.	1,569,276.	9,054.
(2) Edward Duckworth, MD Physician	40.00 0.00					X		0.	1,477,521.	30,328.
(3) Kaitlin Neary, MD Physician	40.00 0.00					X		0.	1,244,714.	33,716.
(4) Jeffrey Menzner, MD Physician	40.00 0.00					X		0.	1,235,383.	42,131.
(5) Chris Roth President & CEO	2.00 52.00	X		X				0.	1,218,717.	51,123.
(6) Marcos Daccarett, MD Physician	40.00 0.00					X		0.	1,203,725.	29,845.
(7) Stephen Brassell, MD Physician	40.00 0.00					X		0.	1,187,126.	34,182.
(8) Jeffrey S. Taylor SVP/CFO/Treasurer (End 9/2022)	2.00 50.00			X				0.	819,813.	388,921.
(9) Christine Neuhoff SVP/Chief Legal Officer/Secretary	2.00 50.00			X				0.	770,299.	41,918.
(10) Sandee Moore Gehrke SVP, Chief Operating Officer	5.00 35.00			X				0.	543,383.	42,945.
(11) Lucie DiMaggio, MD Director	0.50 2.50	X						0.	427,546.	0.
(12) Kathryn Fowler SVP/CFO/Treasurer (Start 8/2022)	2.00 48.00			X				0.	349,149.	24,101.
(13) David Pate Former CEO & President	0.00 0.00						X	0.	154,684.	0.
(14) Bob Lokken Chair	0.50 2.50	X		X				0.	0.	0.
(15) Alan Korn, MD Director	0.50 2.50	X						0.	0.	0.
(16) Andy Scoggin Director	0.50 2.50	X						0.	0.	0.
(17) Arthur F. Oppenheimer Director (End 11/2021)	0.50 4.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bill Whitacre Director	0.50 2.50	X						0.	0.	0.
(19) Brigette Bilyeu Director	0.50 2.50	X						0.	0.	0.
(20) Dan Krahn Director	0.50 2.50	X						0.	0.	0.
(21) Emily Baker Director (Start 11/2021)	0.50 2.50	X						0.	0.	0.
(22) Jon Miller Director	0.50 2.50	X						0.	0.	0.
(23) Karen Vauk Director (End 7/2022)	0.50 2.50	X						0.	0.	0.
(24) Lisa Grow Director	0.50 2.50	X						0.	0.	0.
(25) Mark Durcan Director	0.50 2.50	X						0.	0.	0.
(26) Rich Raimondi Director	0.50 4.50	X						0.	0.	0.
1b Subtotal								0.	12,201,336.	728,264.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	12,201,336.	728,264.

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine of Idaho 3080 Gentry Way #210, Meridian, ID 83642	Emergency Medicine Services	24,253,645.
Rightsourcing Inc 9 Executive Cir #290, Irvine, CA 92614	Medical Staffing	21,992,297.
Layton Construction Co 9090 S Sandy Parkway, Sandy, UT 84070	Construction Services	16,128,203.
Anesthesia Associates of Boise 2537 W State St Suite 200, Boise, ID 83702	Anesthesia Services	9,998,572.
Qualivis, LLC, 2000 Center Point Rd. Ste. 2360, Columbia, SC 29210	Medical Staffing	7,352,971.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **163**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	3,448,422.				
	e	Government grants (contributions)	1e	20,234,769.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,249,176.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			24,932,367.			
Program Service Revenue	2 a	Net patient revenue	Business Code	900099	1,874,424,115.	1,874,424,115.		
	b	Contract Service Reven		900099	96,646,472.	96,646,472.		
	c	Outpatient Retail RX		446110	94,041,304.	35,321,859.	58,719,445.	
	d	SLHS Allocated Revenue		900099	17,247,191.	17,247,191.		
	e	Premium Revenue		900099	3,975,750.	3,975,750.		
	f	All other program service revenue		900099	3,932,653.	3,932,653.		
	g	Total. Add lines 2a-2f			2,090,267,485.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			14,548,761.		14,548,761.
4		Income from investment of tax-exempt bond proceeds			486,719.		486,719.	
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
			6a	2,651,376.				
			6b	1,087,374.				
c		Rental income or (loss)	6c	1,564,002.				
d		Net rental income or (loss)			1,564,002.		1,564,002.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	2285410546.	803,628.			
			7b	2296105712.	486,197.			
c		Gain or (loss)	7c	10,695,166.	317,431.			
d		Net gain or (loss)			-10,377,735.		-10,377,735.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
			8b					
	c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
		9b						
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a						
		10b						
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Catering	Business Code	722514	3,340,266.		3,340,266.	
	b	Laundry		812300	2,434,016.	631,683.	1,802,333.	
	c	Daycare Service		624410	1,001,263.		1,001,263.	
	d	All other revenue		900099	70,878.		70,878.	
	e	Total. Add lines 11a-11d			6,846,423.			
12	Total revenue. See instructions			2,128,268,022.	2,031,548,040.	59,351,128.	12,436,487.	

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 ...	3,806,924.	3,806,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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 (nonemployees):				
a Management	68,100,228.	66,883,908.	1,216,320.	
b Legal	161,500.		161,500.	
c Accounting	87,700.	48,000.	39,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	930,455.	930,455.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	106,277,287.	105,084,415.	1,192,872.	
12 Advertising and promotion	30,456.	30,456.		
13 Office expenses	10,670,193.	10,526,842.	143,351.	
14 Information technology	123,423,853.	115,058,801.	8,365,052.	
15 Royalties				
16 Occupancy	21,330,674.	20,243,300.	1,087,374.	
17 Travel	2,286,050.	2,133,700.	152,350.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	29,453,042.	29,453,042.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,431,829.	57,423,157.	21,008,672.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Allocated SLHS Wages	871,460,142.	801,895,600.	69,564,542.	
b Supplies	467,954,188.	464,173,085.	3,781,103.	
c Allocated SLHS Expenses	222,950,458.	222,950,458.		
d Contract Service	45,088,033.	32,782,336.	12,305,697.	
e All other expenses	51,770,589.	33,776,923.	17,993,666.	
25 Total functional expenses. Add lines 1 through 24e	2,104,213,601.	1,967,201,402.	137,012,199.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	2,129,877.
	2 Savings and temporary cash investments	33,578,858.	2	58,433,703.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	278,256,292.	4	338,854,062.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	31,294,903.	8	34,591,395.
	9 Prepaid expenses and deferred charges	3,331,517.	9	3,351,946.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,635,317,828.		
	b Less: accumulated depreciation	10b 700,707,808.		
	11 Investments - publicly traded securities	847,074,664.	10c	934,610,020.
	12 Investments - other securities. See Part IV, line 11	1,032,130,860.	11	855,337,535.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	26,062,811.	13	
	15 Other assets. See Part IV, line 11	38,651,837.	14	22,339,552.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,290,381,742.	15	21,721,548.	
		16	2,271,369,638.	
Liabilities	17 Accounts payable and accrued expenses	60,128,827.	17	46,129,600.
	18 Grants payable		18	
	19 Deferred revenue	1,662,006.	19	1,651,050.
	20 Tax-exempt bond liabilities	798,409,803.	20	888,004,806.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,684,022.	23	11,363,416.
	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	221,897,265.	25	199,020,599.
	26 Total liabilities. Add lines 17 through 25	1,093,781,923.	26	1,146,169,471.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,179,647,991.	27	1,109,965,796.
	28 Net assets with donor restrictions	16,951,828.	28	15,234,371.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,196,599,819.	32	1,125,200,167.
33 Total liabilities and net assets/fund balances	2,290,381,742.	33	2,271,369,638.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,128,268,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,104,213,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,054,421.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,196,599,819.
5	Net unrealized gains (losses) on investments	5	-108,574,327.
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 on Schedule O)	9	13,120,254.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,125,200,167.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

St. Luke's Regional Medical Center, Ltd.

Employer identification number

82-0161600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 19,849,676.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 3,448,422.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 655,293.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 512,210.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 323,457.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 81,673.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 61,636.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization St. Luke's Regional Medical Center, Ltd. **Employer identification number** 82-0161600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	16,951,828.	3,122,782.	3,096,822.	3,073,558.	2,917,539.
b Contributions	1,130,721.	11,013,430.	62,072.	55,988.	34,753.
c Net investment earnings, gains, and losses	-2,323,728.	3,896,868.	98,065.	91,622.	242,720.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	516,401.	1,074,034.	127,636.	118,102.	115,519.
f Administrative expenses	8,050.	7,218.	6,541.	6,244.	5,935.
g End of year balance	15,234,370.	16,951,828.	3,122,782.	3,096,822.	3,073,558.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.0000 %
 - b Permanent endowment 99.0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----|
| (i) Unrelated organizations | 3a(i) X | |
| (ii) Related organizations | 3a(ii) X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b X | |
- 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	8,642,038.	41,288,434.		49,930,472.
b Buildings	202,187.	891,447,217.	422,022,384.	469,627,020.
c Leasehold improvements		1,977,060.	1,146,718.	830,342.
d Equipment		339,547,562.	258,164,157.	81,383,405.
e Other		352,213,330.	19,374,549.	332,838,781.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				934,610,020.

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. (Col. (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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital Leases	45,153,305.
(3) Medicare/Medicaid	27,400,642.
(4) Operating Leases	100,192,068.
(5) Accrued Interest Payable-Bonds	2,630,522.
(6) Pension Liability	7,534,154.
(7) Other long term liabilities	1,810,256.
(8) Professional Liability	14,299,652.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	199,020,599.

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 FASB 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.

Part V, line 4:

The intended use of the endowment funds are as follows:

Various programs administered by St. Luke's Children's Hospital

Children at Risk Evaluation Services (CARES)

Indigent care

Hospice

Pastoral care

Biomedical research

Nursing scholarships/education opportunities

Lecture series for various medical specialties

Employee/volunteer service recognition programs

Part XIII Supplemental Information (continued)

Part X, Line 2:

Footnote Disclosure - Uncertain Tax Positions Under ASC 740 (Source:

Consolidated Financial Statements-St. Luke's Health System Fiscal Year

2022)

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 has activities that are considered unrelated business taxable income (UBTI), which are subject to excise tax. The Health System also has two taxable subsidiaries, SLHP and the Plan whose operations are included in the consolidated financial statements and as such we have provided for income taxes on this activity under the Accounting Standards Codification (ASC) 740.

For the Health System's taxable subsidiary and activities considered UBTI, income taxes are accounted for under the asset and liability method, which requires the recognition of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, the Health System determines DTAs and DTLs based on the differences between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse. The effect of a change in tax rates on DTAs and DTLs is recognized in results of operations in the period that includes the enactment date of the rate change.

The Health System recognizes DTAs to the extent that these assets are more likely than not to be realized. In making such a determination, the Health

Part XIII Supplemental Information *(continued)*

System considers all available positive and negative evidence, including
 future reversals of existing taxable temporary differences, projected
 future taxable income, tax-planning strategies, and results of recent
 operations. If the Health System determines that DTAs are realizable in
 the future in excess of their net recorded amount, the Health System would
 make an adjustment to the DTA valuation allowance, which would reduce the
 provision for income taxes.

The Health System records uncertain tax positions in accordance with ASC
 740 on the basis of a two-step process in which (1) the Health System
 determines whether it is more likely than not that the tax positions will
 be sustained on the basis of the technical merits of the position and (2)
 for those tax positions that meet the more-likely-than-not recognition
 threshold, the Health System recognizes the largest amount of tax benefit
 that is more than 50 percent likely to be realized upon ultimate
 settlement with the related tax authority. Management is not aware of any
 uncertain tax positions that should be recorded.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 3

Expenditures are accounted for in accordance with accounting principles

generally accepted in the United States of America ("US GAAP").

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			15,437,872.	0.	15,437,872.	.73%
b Medicaid (from Worksheet 3, column a)			358,524,755.	230,356,749.	128,168,006.	6.10%
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,933,250.	4,109,656.	0.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			375,895,877.	234,466,405.	143,605,878.	6.83%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,669,285.	491,295.	11,177,990.	.53%
f Health professions education (from Worksheet 5)			20,013,600.		20,013,600.	.95%
g Subsidized health services (from Worksheet 6)			24,426,650.	7,610,186.	16,816,464.	.80%
h Research (from Worksheet 7)			7,691,210.	2,484,680.	5,206,530.	.25%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,608,262.		3,608,262.	.17%
j Total. Other Benefits			67,409,007.	10,586,161.	56,822,846.	2.70%
k Total. Add lines 7d and 7j			443,304,884.	245,052,566.	200,428,724.	9.53%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1,2

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</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 status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</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 Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
<p>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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X

Part V Facility Information *(continued)*

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

Facility Reporting Group - A

Part V, line 16a, FAP website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16b, FAP Application website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16c, FAP Plain Language Summary website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: St. Luke's Regional Medical Center

- Facility 2: St. Luke's Elmore

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 5: A series of interviews with people

representing the broad interests of our community are conducted in order

to assist in defining, prioritizing, and understanding our most important

community health needs. Many of the representatives participating in the

process have devoted decades to helping others lead healthier lives. We

sincerely appreciate the time, thought, and valuable input they provide

during our CHNA process. The openness of the community representatives

allow us to better explore a broad range of health needs and issues.

Part V Facility Information (continued)

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

The representatives we interview have significant knowledge of our community. To ensure they come from distinct and varied backgrounds, we include multiple representatives from each of the following 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 underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

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 is scored by the community representatives on a scale from negative six (-6) to six (6). A high score signifies the representative believes the health need is both important and needs to be addressed with additional resources. Lower scores typically mean the representative believes the need is relatively less important or that it

Part V Facility Information *(continued)*

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

is already being addressed effectively with the current set of programs

and services available.

Representatives from the following organizations were contacted and

interviewed:

1) Affiliation: Ada County Board of Commissioners

2) Affiliation: Blue Cross of Idaho Foundation

3) Affiliation: Boise School District

4) Affiliation: Boys & Girls Club of Nampa

5) Affiliation: Breaking Chains Academy of Development

6) Affiliation: Caldwell School District #132

7) Affiliation: Canyon County Commissioner

8) Affiliation: Canyon County Paramedics

9) Affiliation: Canyon County Prosecuting Attorney

10) Affiliation: Care House Partnerships

11) Affiliation: Central District Health

12) Affiliation: Central District Health Department and Western Idaho

Community Health

13) Affiliation: City of Nampa

14) Affiliation: College of Western Idaho

15) Affiliation: Family Medical Residency of Idaho, Nampa

16) Affiliation: Family Medical Residency of Idaho

17) Affiliation: First Church of the Nazarene

18) Affiliation: Genesis Community Health, Inc.

19) Affiliation: Idaho Department of Health and Welfare

20) Affiliation: Idaho Department of Labor Workforce Programs

Part V Facility Information *(continued)*

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

21) Affiliation: Idaho Division of Public Health

22) Affiliation: Idaho Food Bank

23) Affiliation: Idaho Office for Refugees

24) Affiliation: Idaho Office of the Governor

25) Affiliation: Nampa Chamber of Commerce

26) Affiliation: Nampa Family Justice Center

27) Affiliation: Nampa Housing Authority

28) Affiliation: Nampa School District

29) Affiliation: Southwest District Health

30) Affiliation: Southwest Idaho Area Agency on Aging

31) Affiliation: St. Luke's Health Partners

32) Affiliation: St. Luke's Health System, Provider

33) Affiliation: State of Idaho Legislature

34) Affiliation: The Church of Jesus Christ of Latter-day Saints, Nampa

West Stake President

35) Affiliation: The Mexican Consulate

36) Affiliation: The Salvation Army Nampa Corps and Community Family

Shelter

37) Affiliation: The Speedy Foundation

38) Affiliation: Third Judicial District

39) Affiliation: Treasure Valley Family YMCA

40) Affiliation: United Way of Treasure Valley

41) Affiliation: Valley Regional Transit

42) Affiliation: Wassmuth Center for Human Rights

43) Affiliation: WITCO, Inc.

44) Affiliation: Women's and Children's Alliance

Part V Facility Information (continued)

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

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 6a: St. Luke's Elmore

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 11: The following health needs received the

highest score within each category, signifying the importance of

addressing these needs to improve community health.

Significant Health Needs

(1) Health Behaviors - Nutrition Programs/Education/Opportunities

(2) Clinical Care - Availability of Behavioral Health Services

(3) Social and Economic Factors - Housing Stability

(4) Physical Environment - Healthy Air and Water Quality

The following implementation plan illustrates the strategies St. Luke's

and its community partners will employ in fiscal year 2023 to address the

most significant health needs identified in our 2022 Community Health

Needs Assessment for the Boise/Meridian area.

(1) Health Behaviors - Nutrition Programs/Education/Opportunities

Most Americans today do not have a healthy diet. The role of nutrition in

chronic disease prevention and management is particularly crucial as diet

is a modifiable risk factor for most chronic conditions.

Improve availability and access to healthy foods.

- Support community health workers and cultural liaisons within local

foodbanks.

Part V Facility Information *(continued)*

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

- SNAP and WIC promotion and outreach.

- Fresh Fruit and Veggies Prescription Program.

Improve understanding, education and skills to utilize healthy foods.

- Deliver and support healthy eating as well as nutrition education and

skill building

Support sustainable systems to lessen instances and duration of food

insecurity.

- Identify and implement advocacy opportunities to address food/nutrition

insecurity.

- Explore value-based-care payment models and benefits design for

nutrition support.

(2) Clinical Care Availability of Mental and Behavioral Health Services

According to the National Alliance on Mental Illness, nearly a quarter of

Idahoans are living with a mental illness. Substance Abuse and Mental

Health Services Administration reports that all Idaho counties have

shortages of mental health professionals.

Awareness, education and skill building.

- Support delivery of gatekeeper trainings.

- Provide and promote mental and behavioral health education.

Population identification and intervention.

- Support the community-school model.

- Support school-based mental health initiatives.

Part V Facility Information *(continued)*

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

Increase access to mental and behavioral health services.

- Participate and appropriately contribute to Governor's Behavioral Health Council.

- Support co-location of mental and behavioral health services within community settings.

- Support Pathways Community Crisis Center.

- Build suicide prevention and postvention strategies.

(3) Social and Economic Factors Housing Stability

Access to stable housing leads to better physical and mental health

outcomes for all. According to a report published by the Idaho Asset

Building Network, "In communities with enough affordable homes, primary

care visits go up by 20%, emergency room visits go down by 18%, and

accumulated medical expenses go down by 12%."

Prevention, identification and outreach.

- Support development and implementation of social determinants of health

screening tool in the electronic medical record (EPIC) to assess the

housing needs of patients.

Increase housing availability.

- Identify and engage in advocacy opportunities to address housing

stability.

- Participate in Our Path Home.

Increase support services to help people secure and maintain safe, stable

Part V Facility Information (continued)

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

housing.

- Support of quality early learning programs.

(4) Physical Environment Healthy Air and Water Quality

Poor air quality is associated with heart and lung issues and can be linked to premature death. Access to safe drinking water is foundational to overall health and can help prevent poor health outcomes such as birth defects and infectious disease.

Education and awareness.

- Climate and environmental virtual health talks.

St. Luke's organizational commitment to sustainability.

- St. Luke's Sustainability Strategic Plan.

- Regional transportation partnerships.

Group A-Facility 1 -- St. Luke's Regional 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 patient or guarantor whose income 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 an assets. Partial discounts will be provided if the combination of income and assets is

Part V Facility Information *(continued)*

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

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. Uninsured and underinsured individuals deemed medically indigent may

qualify for a highly discounted rate.

4. If the patient balance exceeds 30 percent of household income, patients

will qualify for a one-time reduction.

5. Assets for evaluation include, but are not limited to:

a. home equity;

b. IRAs, 403(b) accounts, 401k accounts, stocks/bonds;

c. savings/money market accounts; and

d. other investments (rental properties, etc.).

WWW.STLUKESONLINE.ORG/RESOURCES/BEFORE-YOUR-VISIT/FINANCIAL-CARE

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 16j: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 5: A series of interviews with people

representing the broad interests of our community are conducted in order

to assist in defining, prioritizing, and understanding our most important

community health needs. Many of the representatives participating in the

process have devoted decades to helping others lead healthier lives. We

sincerely appreciate the time, thought, and valuable input they provide

during our CHNA process. The openness of the community representatives

Part V Facility Information *(continued)*

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

allow us to better explore a broad range of health needs and issues.

The representatives we interview have significant knowledge of our community. To ensure they come from distinct and varied backgrounds, we include multiple representatives from each of the following 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 underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

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 is scored by the community representatives on a scale from negative six (-6) to six (6). A high score signifies the representative believes the health need is both important and needs to be addressed with additional resources. Lower scores typically mean the

Part V Facility Information (continued)

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

representative believes the need is relatively less important or that it

is already being addressed effectively with the current set of programs

and services available.

Representatives from the following organizations were contacted and

interviewed:

1) Affiliation: Blue Cross of Idaho Foundation

2) Affiliation: Central District Health

3) Affiliation: Central District Health Department and Western Idaho

Community Health

4) Affiliation: City of Mountain Home

5) Affiliation: City of Mountain Home Parks and Recreation

6) Affiliation: Community Board, Elmore Medical Staff Affairs Committee

7) Affiliation: Desert Sage Health Centers

8) Affiliation: Elmore County Rural Development

9) Affiliation: Family Medical Residency of Idaho

10) Affiliation: Glens Ferry Schools

11) Affiliation: Idaho Department of Health and Welfare

12) Affiliation: Idaho Division of Public Health

13) Affiliation: Idaho Food Bank

14) Affiliation: Idaho Office of the Governor

15) Affiliation: Mountain Home Police Department

16) Affiliation: Senior Center

17) Affiliation: Southwest Idaho Area Agency on Aging

18) Affiliation: St. Luke's Health Partners

19) Affiliation: The Speedy Foundation

20) Affiliation: Treasure Valley YMCA

Part V Facility Information *(continued)*

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

21) Affiliation: United Way of Treasure Valley

22) Affiliation: Veteran

23) Affiliation: Western Elmore County Recreation District

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 6a: St. Luke's Regional Medical Center

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 11: The following health needs received the

highest score within each category, signifying the importance of

addressing these needs to improve community health.

Significant Health Needs

(1) Health Behaviors - Nutrition Programs/Education/Opportunities

(2) Clinical Care - Availability of Behavioral Health Services

(3) Social and Economic Factors - Housing Stability

(4) Physical Environment - Accessible Modes of Transportation

The following implementation plan illustrates the strategies St. Luke's

and its community partners will employ in fiscal year 2023 to address the

most significant health needs identified in our 2022 Community Health

Needs Assessment for Elmore County.

(1) Health Behaviors - Nutrition Programs/Education/Opportunities

Most Americans today do not have a healthy diet. The role of nutrition in

chronic disease prevention and management is particularly crucial as diet

is a modifiable risk factor for most chronic conditions.

Part V Facility Information (continued)

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

Improve availability and access to healthy foods.

- Support community health workers and cultural liaisons within local foodbanks.

- SNAP and WIC promotion and outreach.

Improve understanding, education and skills to utilize healthy foods.

- Deliver and support healthy eating as well as nutrition education and skill building

Support sustainable systems to lessen instances and duration of food insecurity.

- Identify and implement advocacy opportunities to address food/nutrition insecurity.

- Explore value-based-care payment models and benefits design for nutrition support.

(2) Clinical Care Availability of Mental and Behavioral Health Services

According to the National Alliance on Mental Illness, nearly a quarter of Idahoans are living with a mental illness. Substance Abuse and Mental Health Services Administration reports that all Idaho counties have shortages of mental health professionals.

Awareness, education and skill building.

- Support delivery of gatekeeper trainings.

- Provide and promote mental and behavioral health education.

Part V Facility Information (continued)

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

Population identification and intervention.

- Support the community-school model.

- Support school-based mental health initiatives.

Increase access to mental and behavioral health services.

- Participate and appropriately contribute to Governor's Behavioral Health

Council.

- Support implementation of Community Health Worker, Community Health EMS

and Center for Community Health models.

- Build suicide prevention and postvention strategies.

(3) Social and Economic Factors Housing Stability

Access to stable housing leads to better physical and mental health

outcomes for all. According to a report published by the Idaho Asset

Building Network, "In communities with enough affordable homes, primary

care visits go up by 20%, emergency room visits go down by 18%, and

accumulated medical expenses go down by 12%."

Prevention, identification and outreach.

- Support development and implementation of social determinants of health

screening tool in the electronic medical record (EPIC) to assess the

housing needs of patients.

Increase housing availability.

- Identify and engage in advocacy opportunities to address housing

stability.

- Continue appropriate support of LEAP Housing and Falcons Landing.

Part V Facility Information (continued)

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

Increase support services to help people secure and maintain safe, stable housing.

- Support of quality early learning programs.

(4) Physical Environment Accessible Modes of Transportation

Those facing the biggest transportation challenges are often those who are economically and/or socially marginalized, including lower income families, children and older adults. Ensuring access to transportation also improves access to healthier food options, medical care and employment.

Create and maintain safe walking/biking paths and programs.

- Support entities that plan improvement and expansion of natural areas via open space and trail initiatives.

Support infrastructure for public transportation and shared ridership models.

- Support entities that provide transportation solutions to the community.

Group A-Facility 2 -- St. Luke's Elmore

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 patient or guarantor whose income is at or below 200 percent of the federal poverty level.

2. Partial Discount: A sliding fee schedule will be used to determine the

Part V Facility Information (continued)

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

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. Uninsured and underinsured individuals deemed medically indigent may

qualify for a highly discounted rate.

4. If the patient balance exceeds 30 percent of household income, patients

will qualify for a one-time reduction.

5. Assets for evaluation include, but are not limited to:

a. home equity;

b. IRAs, 403(b) accounts, 401k accounts, stocks/bonds;

c. savings/money market accounts; and

d. other investments (rental properties, etc.).

WWW.STLUKESONLINE.ORG/RESOURCES/BEFORE-YOUR-VISIT/FINANCIAL-CARE

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 16j: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.

Part V, Section B, Line 7a:

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/co>

munity-health-needs-assessments

Part V Facility Information *(continued)*

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

Part V, Section B, Line 10a:

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/co>

[mmunity-health-needs-assessments](#)

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? 65

Name and address	Type of Facility (describe)
1 St. Luke's Meridian Medical Plaza 520 S. Eagle Rd. Meridian, ID 83642	Emergency Department, Surgery and Inpatient Care, Physician Clinics
2 St. Luke's Specialty Clinics 100 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics
3 St. Luke's Clinic 333 N. 1st St. Boise, ID 83702	Surgery Center and Specialty Physician Clinics
4 St. Luke's Clinic 3525 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
5 St. Luke's Children's Specialty Cente 305 E Jefferson St. Boise, ID 83712	Specialty Pediatric Physician Clinics
6 St. Luke's Clinic 3399 E. Louise Dr. Meridian, ID 83642	Surgery Center and Specialty Physician Clinics
7 St. Luke's Clinic 3277 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
8 St Luke's Children's Cares Clinic 417 S 6th Street Boise, ID 83702	Community Outreach
9 St. Luke's Cancer Institute 9951 W. St. Luke's Drive Nampa, ID 83687	Cancer detection and Care
10 St. Luke's Anderson Plaza Clinics 222 N. 2nd St. Boise, ID 83702	Specialty Physician and Pediatric Clinics

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
11 St. Luke's Cancer Institute 725 Pole Line Rd. W. Twin Falls, ID 83301	Oncology
12 St. Luke's Clinic 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics
13 St. Luke's Clinic 300 E. Jefferson St. Boise, ID 83712	Specialty Physician and Pediatric Clinics
14 St. Luke's Eagle Medical Plaza 3101 E. State St. Eagle, ID 83616	Specialty Physician Clinics, Imaging and Lab Services
15 St. Luke's Outpatient Surgery Center 500 S. Eagle Road Meridian, ID 83642	Surgery Center and Specialty Physician Clinics
16 St. Luke's Trinity Mountain Medical 465 McKenna Dr. Mountain Home, ID 83647	Family Medicine & OB/GYN clinic
17 St. Luke's Clinic 3950 17th St. Baker City, OR 97814	Physician and Specialty Physician Clinics
18 St. Luke's Clinic Meridian Gala St. 2347 E. Gala St. Meridian, ID 83642	Family Medicine, Pulmonology, Sleep Medicine
19 St. Luke's Clinic 1000 E. Park Blvd. Suite 120 Boise, ID 83712	Physician Clinics: Internal Medicine. Palliative Care
20 St. Luke's Clinic 701 E. Parkcenter Blvd. Boise, ID 83706	Pain Management, Pediatrics, Family Medicine, Phlebotomy

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
21 St. Luke's Clinic 125 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics and Surgery Center
22 St. Luke's Clinic Family Medicine 1520 W. State Street Suite 100 Boise, ID 83702	Family Medicine
23 St. Luke's Children's Neurobehavioral 1075 E. Park Blvd. South Entrance Boise, ID 83712	Specialty physician Clinics: Neurobehavioral
24 St. Luke's Clinic 4949 S. Hillsdale Ave. Meridian, ID 83646	Family Medicine, Pediatrics, Rehabilitation
25 St. Luke's Clinic 1906 Fairview Ave. Caldwell, ID 83605	Rehabilitation and Specialty Physician Clinic
26 St. Luke's Cancer Institute Nampa Bui 308 E Hawaii Avenue Nampa, ID 83686	Patient Support Oncology
27 St. Luke's Clinic 840 N. 4th East Mountain Home, ID 83647	Physician Clinics and Urgent Care
28 St. Luke's Clinic Family Medicine 805 N. 6th East Mountain Home, ID 83647	Family Medicine
29 St. Luke's Rehab and Sports Medicine 1109 W. Myrtle Boise, ID 83702	Sports Medicine and Rehabilitation
30 St. Luke's Clinic Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
31 St. Luke's Clinic 510 N. 2nd St. Boise, ID 83702	Hearing, Balance, Vestibular Clinic And Urology
32 St. Luke's Cancer Institute: Fruitlan 1118 NW 16th St. Fruitland, ID 83619	Cancer treatment Center
33 St. Luke's Humphreys Diabetes Center 1226 W. River St. Boise, ID 83702	Diabetes Center
34 St. Luke's Clinic Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine
35 St. Luke's Fruitland Medical Plaza 1210 NW 16th St. Fruitland, ID 83619	Emergency Department, Urgent care, Surgery Center, Specialty Clinics
36 St. Luke's Orthopedic Surgery Center 1425 River Street Boise, ID 83702	Orthopedic Surgery Center
37 St. Luke's Idaho Family Physicians 130 E. Boise Ave. Boise, ID 83706	Family Medicine
38 St. Luke's Clinic 5155 S. Hillsdale Ave. Meridian, ID 83642	Lifestyle Medicine
39 St. Luke's Clinic Family Health 3140 W. Milano Dr. Suite 150 Meridian, ID 83646	Family Health
40 St. Luke's Clinic Family Medicine 3165 E. Greenhurst Rd. Nampa, ID 83686	Family Medicine

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
41 St. Luke's Mountain View Medical Cent 3301 N. Sawgrass Wy. Boise, ID 83704	Family Medicine
42 St. Luke's Clinic Family Health 2083 Hospitality Ln. Boise, ID 83716	Family Medicine, Lab Services
43 St. Luke's Clinic Acute Care Surgery 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-Surgery
44 St. Luke's Treasure Valley Pediatrics 450 W. State Street Suite 100 Eagle, ID 83616	Pediatric Medicine
45 St. Luke's Clinic Idaho Endocrinology 403 S. 11th St. Suite 100 Boise, ID 83702	Specialty Physician Clinic
46 St. Luke's Children's Pediatrics 1620 S. Kimball Ave. Caldwell, ID 83605	Rehabilitation
47 St. Luke's Treasure Valley Pediatrics 1620 S Celebration Ave Meridian, ID 83642	Pediatric Medicine
48 St. Luke's Idaho Pulmonary Associates 2051 E. Summersweet Dr. Boise, ID 83716	Pulmonary Specialty
49 St. Luke's Bariatrics & General Surge 115 Main St. Boise, ID 83702	Specialty physician Clinics: Bariatric Nutrition and General Surgery
50 St. Luke's Clinic Outpatient Services 890 N. 6th East St. Mountain Home, ID 83647	Physician Clinics

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
51 St. Luke's Rehabilitation 1001 S. Bridgeway Place Eagle, ID 83616	Rehabilitation
52 St. Luke's Idaho Cardiology Associate 287 W. Jefferson St. Boise, ID 83702	Cardiology
53 St. Luke's Rehabilitation 290 W. Georgia Ave. Nampa, ID 83686	Rehabilitation
54 St. Luke's Breast Cancer Detection 247 W. Washington St. Boise, ID 83712	Cancer detection and Care
55 St. Luke's Cystic Fibrosis Center 610 W. Hays Street Boise, ID 83702	Cystic Fibrosis Center
56 Idaho Elks Hearing and Balance Center 172 2nd St. S. Nampa, ID 83651	Hearing, Balance, Vestibular Clinic
57 St. Luke's Children's Rehabilitation 170 2nd St. S. Nampa, ID 83651	Rehabilitation(pediatric)
58 St. Luke's Clinic 600 N. Robbins Rd. Boise, ID 83702	Rehab/Orthopedics/Rheumatology Physician Clinics
59 St. Luke's Rehabilitation 2475 Apple St. Suite 200 Boise, ID 83706	Rehabilitation
60 St. Luke's Breast Cancer Detection 8050 W. Rifleman St. Boise, ID 83704	Cancer detection and Care

Schedule H (Form 990) 2021

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? 65

Name and address	Type of Facility (describe)
61 St. Luke's Breast Cancer Detection 909 NW 16th St. Suite C Fruitland, ID 83619	Cancer detection and Care
62 St. Luke's Center for Breast Imaging 100 E. Bannock St. Boise, ID 83712	Imaging Services
63 St. Luke's Rehabilitation 2999 N. Lakeharbor Ln. Suite 120 Boise, ID 83703	Rehabilitation
64 Idaho Elks Hearing and Balance Center 1182 SW 4th Ave. Ontario, OR 97914	Hearing, Balance, Vestibular Clinic
65 St Luke's Kidney & Hypertension 4620 Enterprise Way Caldwell, ID 83605	Nephrology

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.

Part I, Line 3c:

Please refer to the disclosure for Part V, Section B, Line 13b - which describes methods used to determine eligibility for financial assistance.

Part I, Line 7:

The cost to charge ratio was used to calculate the financial assistance provided to the community. Other Community benefits come from a data repository maintained by St. Luke's Employees that tracks community benefit costs and hours.

Part I, Line 7g:

Subsidized services represent unreimbursed costs incurred (excluding impact of unreimbursed Medicare and Medicaid) for the following services:

Emergency and Trauma Services

Women's and children's Health

Home Care

Palliative Care and Medicine

Part VI Supplemental Information (Continuation)

Behavioral Health

Part 1, Line 7i, Cash and in-kind contributions for community benefit:

During the fiscal year 2022, St. Luke's administrated and dispensed the majority of community grants, cash, and in-kind donations at the system level. Those grants and donations were still awarded and continued to support health initiatives through all the communities we serve and were reported on form 990 for St. Luke's Health System.

Part 1, Line 5a, Discounted Care:

Financial assistance is provided to any qualifying patients, regardless of budget.

Part II, Community Building Activities:

St. Luke's is an active participant in the community, and provides support to address public health issues, and works with coalitions to address local health needs. St. Luke's takes on initiatives as need arises to help the long term development of the community particularly to shape and improve public health and access to medical services.

Part III, Line 2:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

Part III, Line 3:

St. Luke's has a very robust financial assistance program, therefore, no estimate is made for bad debt attributable to patients eligible under the

Part VI Supplemental Information (Continuation)

financial assistance policy.

Part III, Line 4:

Per the audited financial statements in footnote three, St. Luke's grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party agreements. The allowance for estimated uncollectible amounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

Part III, Line 8:

The source of the information is the Medicare Cost Report for fiscal year 2022. The amount is calculated by comparing the total Medicare apportioned costs (allowable costs) to payments (including IME and GME) received during FY'22.

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

Part VI Supplemental Information (Continuation)

care or financial assistance and the patient has the financial resources
to pay for the billed amounts.

Part VI, Line 2:

A Community Health Needs Assessment (CHNA) was conducted for the fiscal
year ending 9/30/2022. Information related to the 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:

[https://www.stlukesonline.org/about-st-lukes/supporting-the-community/commu-
nity-health-needs-assessments](https://www.stlukesonline.org/about-st-lukes/supporting-the-community/commu-
nity-health-needs-assessments)

Part VI, Line 3:

(A) St. Luke's 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) Financial assistance policy is translated into the following language:

Spanish

(C) St. Luke's provides individual notice of the availability of financial

Part VI Supplemental Information (Continuation)

assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient eligibility for financial assistance, St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

Part VI, Line 4:

St. Luke's Regional Medical Center - Ada and Canyon counties represent the geographic area used to define the community we serve also referred to in this document as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Ada and Canyon counties comprise about 79% of our inpatients with approximately 63% of our inpatients living in Ada County and 15% in Canyon County.

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country. Ada and Canyon Counties have followed that trend, experiencing an even more rapid 22% increase in population within that timeframe. Plans are already underway to expand St. Luke's Boise/Meridian to manage the volume and scope of services in order to meet the needs of an increasing population.

Part VI Supplemental Information (Continuation)

Both Idaho and our service area are comprised of about a 94% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and 14% of our defined service area. Canyon County is approximately 26% Hispanic, and Ada County is 9% Hispanic.

The official United States poverty rate has been decreasing since 2012. Although Ada County poverty rates are decreasing, they are still above where they were prior to the recession in 2008. The poverty rate for children under the age of 18 is well below the national average for Ada and Canyon Counties.

Median income in the United States has risen steadily since 2009. Median income in Canyon County is well below the national median and lower than Idaho's median income. Median income in Ada County is higher than the national median income.

St. Luke's Elmore - Elmore County represents the geographic area used to define the service area we serve also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified. as our service area. The residents of Elmore County comprise about 91% of our inpatient visits.

Both Idaho and our service area are comprised of over a 90% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 18%

Part VI Supplemental Information (Continuation)

of our defined service area.

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country. However, our service area experienced minimal population growth of 2%.16 St. Luke's Elmore is working to manage the volume and scope of services in order to meet the needs of our population.

Over the past 9 years the over 65 age group has been the fastest growing segment of our service area. Currently, about 14% of the people in our service area are over the age of 65.

The official United States poverty rate has been decreasing since 2012.

Although poverty rates are also declining for Idaho, our service area poverty rate is higher than Idaho's and the national average. The poverty rate in our service area for children under the age of 18 is about the same as the national average.

Median income in the United States has risen by 23% since 2009 but by only 12% in our service area. The median income in our service area declined from 2018 to 2019 and is well below the national median and lower than Idaho's median income.

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

Part VI Supplemental Information (Continuation)

Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St. Luke's for many decades, and will continue to guide us well into the future.

As a not-for-profit organization, 100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff, buildings, or new technology.

Also, St. Luke's Regional Medical Center maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards for St. Luke's Regional Medical Center.

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.

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

(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 critical

access hospital located in Nampa, Idaho as well as various physician

clinics.

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, including

Weiser Memorial Hospital and Salmon River Clinic, through a combination of

management and other contracts for select specified services.

Part VI, Line 7, List of States Receiving Community Benefit Report:

ID

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization St. Luke's Regional Medical Center, Ltd. Employer identification number 82-0161600

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Lowell Elementary PTSA 1507 N 28th Street Boise, ID 83703-5952	94-3245930	Government Entity	22,500.	0.			Support Lowell Elementary PTSA
National Hemophilia Foundation 116 W 32nd Street 11th Floor New York, NY 10001	13-5641857	501(c)(3)	15,000.	0.			Support National Hemophilia Foundation
Hands of Hope Northwest, Inc. 1201 Powerline Rd. Nampa, ID 83686	84-1398889	501(c)(3)	1,424,263.	0.			Support Hands of Hope Northwest, Inc.
St. Luke's Health Foundation, Inc. 190 East Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	2,317,751.	0.			Provide support for overall operational needs of St. Luke's Health Foundation, Inc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Part I, Line 2:

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

Part IV Supplemental Information

Sch. I Part I

During the fiscal year 2022 the Health System administered and
dispensed community grants into one department which is aligned under
SLHS. The grants were awarded and continued to support health
initiatives through all the communities we serve.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Pamela Lindemoen Former COO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	335,909.	0.	1,233,367.	6,933.	2,121.	1,578,330.
(2) Edward Duckworth, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	934,533.	503,178.	39,810.	13,072.	17,256.	1,507,849.
(3) Kaitlin Neary, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	399,983.	805,245.	39,486.	12,553.	21,163.	1,278,430.
(4) Jeffry Menzner, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	868,540.	291,493.	75,350.	26,188.	15,943.	1,277,514.
(5) Chris Roth President & CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,051,056.	1,158.	166,503.	21,816.	29,307.	1,269,840.
(6) Marcos Daccarett, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	462,652.	682,091.	58,982.	17,744.	12,101.	1,233,570.
(7) Stephen Brassell, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	467,184.	673,200.	46,742.	17,444.	16,738.	1,221,308.
(8) Jeffrey S. Taylor SVP/CFO/Treasurer (End 9/2022)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	763,131.	1,158.	55,524.	366,723.	22,198.	1,208,734.
(9) Christine Neuhoff SVP/Chief Legal Officer/Secretary	(i)	0.	0.	0.	0.	0.	0.
	(ii)	683,156.	1,158.	85,985.	21,816.	20,102.	812,217.
(10) Sandee Moore Gehrke SVP, Chief Operating Officer	(i)	0.	0.	0.	0.	0.	0.
	(ii)	467,389.	1,158.	74,836.	17,444.	25,501.	586,328.
(11) Lucie DiMaggio, MD Director	(i)	0.	0.	0.	0.	0.	0.
	(ii)	427,546.	0.	0.	0.	0.	427,546.
(12) Kathryn Fowler SVP/CFO/Treasurer (Start 8/2022)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	308,451.	1,158.	39,540.	17,444.	6,657.	373,250.
(13) David Pate Former CEO & President	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	154,684.	0.	0.	154,684.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health

System, Ltd. (System), sole member of St. Luke's Regional Medical Center,

Ltd. The System board approves the compensation amount per the

recommendation of its compensation committee, and the decision is then

reviewed and ratified by the board of directors for St. Luke's Regional

Medical Center.

In determining compensation for the CEO, the System board utilizes the

following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY2021, the following individuals participated in a supplemental

non-qualified executive retirement plan:

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.

David C. Pate received \$154,684 of taxable and \$372,053 of non-taxable benefits for service in a supplemental retirement plan.

Part I, Line 4b:

During CY2021, Jeffrey S. Taylor was a participant in the supplemental non-qualified executive retirement plan. There were no additional benefits accrued during the calendar year on behalf of the participant.

Part II - Column (B)(III)

The reportable individual, Pamela Lindemoen, is paid by St. Luke's Health System, a related organization recognized by the Internal Revenue Service as exempt as described in Internal Revenue Code Section 501(c)(3). Severance pay is based on length of service. Payments of severance are conditioned upon signing a separation and release agreement.

During the 2021 calendar year, the reportable individual received severance payments in the amount of \$874,994.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **St. Luke's Regional Medical Center, Ltd.** Employer identification number **82-0161600**

Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
A		Idaho Health Facilities Authority	82-6051863	451295WT2	08/19/14	176,779,592.	Capital Projects for Health Care Facilities		X		X		X
B		Idaho Health Facilities Authority	82-6051863	000000000	05/18/16	50,000,000.	Equipment Financing for Health Care Facilities		X		X		X
C		Idaho Health Facilities Authority	82-6051863	451295ZB8	08/08/18	389,965,755.	See Part VI		X		X		X
D		Idaho Health Facilities Authority	82-6051863	451295D22	11/30/21	241,883,264.	See Part VI		X		X		X

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		3,315,000.		30,216,354.		74,905,000.		
2	Amount of bonds legally defeased								
3	Total proceeds of issue		178,529,644.		50,030,528.		391,299,908.		242,202,328.
4	Gross proceeds in reserve funds		221.				245,312.		236.
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		1,798,967.		165,622.				1,933,243.
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		176,730,677.		49,864,906.		82,543,424.		20,245,904.
11	Other spent proceeds						308,756,484.		139,902,500.
12	Other unspent proceeds								80,120,681.
13	Year of substantial completion	2018		2016		2020			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X	X			X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			X

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K, Part IV, Arbitrage, Line 2c:

(a) Issuer Name: Idaho Health Facilities Authority

Date the Rebate Computation was Performed: 03/01/2019

Part II, Line 4, Columns A, C, & D

Amounts presented consist of Debt Service Fund Deposits.

Part 1, column (f), Line C Bond

Current Refunding of Bonds and capital projects for healthcare facilities. The bonds refunded by this issue were issued on 12/4/2008, 7/31/2012, and 10/24/2012.

Part IV, Line 2c, Column A Bond

The rebate computation was performed on 03/01/2019.

Part II, Line 12, Columns D

Amounts presented consist of funds escrowed for capital projects for Healthcare Facilities

Part 1, column (f), Line D Bond

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

Current Refunding of Bonds and capital projects for healthcare facilities. The bonds refunded by this issue were issued on 7/11/2012, and 8/9/2018.

Part 1, column (c), Line D

Form 8038 lists this CUSIP and also 451295ZC6.

Schedule K, Part I and Part II, Line 3, Columns A, B, C, & D.

Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

St. Luke's Regional Medical Center, Ltd.

Employer identification number

82-0161600

Form 990, Part I, Line 6:

Volunteer counts exceed those in prior years due to the lifting of
restrictions on access to the hospitals and resuming in-person events
following COVID-19 concerns.

Form 990, Part III, Line 4a, Program Service Accomplishments:

centers, and all St. Luke's physician clinics in the Treasure Valley
have received Magnet recognition, the gold standard for nursing
excellence.

St. Luke's Elmore

St. Luke's Elmore Medical Center became integrated with St. Luke's
Health System in 2013. The former Elmore Medical Center is a 25-bed
critical access hospital founded in 1955 to serve the city of Mountain
Home and the surrounding communities. The hospital provides 24-hour
emergency services, lab and imaging services, family birthing suites,
inpatient acute care, outpatient clinics and services, respiratory
therapy, and a long-term care unit.

St. Luke's Cancer Institute

Idaho's first cancer center opened at St. Luke's in 1969. Then called
Mountain States Tumor Institute (MSTI), it moved into its own building
in 1971 and served patients for 50 years before changing its name to
St. Luke's Cancer Institute in 2019. As the region's largest provider

of cancer services, St. Luke's brings advanced care to thousands of

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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patients every year from five cancer centers in Boise, Fruitland, Meridian, Nampa, and Twin Falls. It also provides infusion and other cancer-related services at rural hospitals and clinics in its service area and offers mammography and breast care services at 13 centers and a mobile mammography coach. St. Luke's Cancer Institute is a nationally recognized leader in cancer research and home to Idaho's only children's cancer treatment center, only federally sponsored center for hemophilia and only blood cancer center.

During Fiscal Year 2022, St. Luke's Hospital locations in the Treasure Valley provided inpatient care for 31,818 admissions, covering 143,312 patient days. Also, the hospitals provided patient care associated with 595,443 outpatient visits. In addition to hospital patient care, the various physician clinics located in the Treasure Valley provided patient care associated with 1,262,014 visits.

St. Luke's Heart

More cardiovascular procedures are performed at St. Luke's than at any other hospital in Idaho. In 1968, the first open heart surgery in Idaho was performed at St. Luke's Boise, and for decades, specially trained doctors, nurses, technicians, pharmacists, and respiratory therapists have been providing care for heart and vascular patients throughout the region. Patient outcomes at St. Luke's are in the top 5% in the U.S., a testament to the skill and dedication of our physicians and heart and vascular teams as well as our state-of-the-art technology, advanced research, and commitment to prevention, education, recovery, and rehabilitation.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Form 990, Part III, Line 4b, Program Service Accomplishments:

During Fiscal Year 2022 the Children's Hospital experienced the

following patient volumes:

Pediatrics:

- Admissions 4,754

- Patient Days 13,931

Pediatric Intensive Care Unit:

- Admissions 914

- Patient Days 15,408

Form 990, Part VI, Section A, line 2:

Andy Scoggin has a business relationship with Dan Krahn.

Form 990, Part VI, Section A, line 6:

St. Luke's Health System, Ltd. is the sole member of St. Luke's Regional Medical Center. Ltd.

Form 990, Part VI, Section A, line 7a:

St. Luke's Health System, Ltd. (Member) and St. Luke's Regional Medical Center, Ltd. (Corporation) cooperatively select and employ the CEO of the Corporation. St. Luke's Health System, Ltd., is the sole member of the Corporation.

Form 990, Part VI, Section A, line 7b:

St. Luke's Health System, Ltd. (Member) maintains approval and implementation authority over St. Luke's Regional Medical Center (Corporation).

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Actions requiring approval authority may be initiated by either the Corporation or its Member, but must be approved by both the Corporation (by action of its Board of Directors) and the Member. Actions requiring approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

(c) Appointment of members of the Corporation's Board of Directors, other than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member then serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation, and deviations to an approved budget over the amounts established from time to time by the Member; and

(f) Approval of the strategic/tactical plans and goals and objectives of the Corporation. Implementation Authority means those actions which the Member may take without the approval or recommendation of the Corporation.

This authority will not be utilized until there has been appropriate

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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communication between the Member and the Corporation's Board of Directors

and its Chief Executive Officer. Actions requiring implementation authority

include:

(a) Changes to the Statements of mission, philosophy, and values of the

Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if

and when the Member determines in good faith that the Director is failing

to meet the Approved Board of Member Expectations. This authority to remove

Directors shall not be used merely because there is a difference in

business judgment between the Director and the Corporation or the Member,

and shall never be used to remove one or more Directors from the

Corporation's Board of Directors in order to change a decision made by the

Corporation's Board of Directors;

(c) Employment and termination of the Chief Executive Officer of the

Corporation;

(d) Appointment of the auditor for the Corporation and the coordination of

the Corporation's annual audit;

(e) Sales, lease, exchange, mortgage, pledge, creation of a security

interest in or other disposition of real or personal property of the

Corporation if such property has a fair market value in excess of a limit

set from time to time by the Member and that is not otherwise contained in

an Approved Budget;

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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(f) Sale, merger, consolidation, change of membership, sale of all or substantially all of the assets of the corporation, or closure of any facility operated by the Corporation;

(g) The dissolution of 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 to establish policies to promote and develop an integrated, cohesive health care delivery system across all corporations for which the Member serves as the corporate member.

Form 990, Part VI, Section B, line 11b:

The Form 990 (Form) is reviewed by an independent public accounting firm based on audited financial statements of the St. Luke's Health System and with the assistance of the organization's finance and accounting staff. A complete copy of the Form 990 is made available to the Board of Directors prior to filing.

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.

Form 990, Part VI, Section B, Line 12c:

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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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 and/or vote related to the conflict.

Form 990, Part VI, Section B, Line 15:

Executive compensation is set by St. Luke's Boards 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 in aggregate of those surveyed. These surveys are usually done annually.

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.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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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.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and

financial statements are not available to the public. Form 990 is available

for public inspection on our website, which contains financial information.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Form 990 Part VII Section A

The total hours worked and compensation reported for the following

individuals represent services rendered to organizations within the St.

Luke's Health System:

Chris Roth:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

St. Luke's McCall, Ltd.

St. Luke's Health Foundation, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Clinic Coordinated Care, Ltd.

St. Luke's Nampa Medical Center, Ltd.

Christine Neuhoff:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

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.

Jeffrey S. Taylor:

St. Luke's Clinic Coordinated Care, Ltd.

St. Luke's Health System, Ltd.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's McCall, Ltd.

St. Luke's Nampa Medical Center, Ltd.

St. Luke's Regional Medical Center

St. Luke's Wood River Medical Center, Ltd.

Kathryn Fowler:

St. Luke's Health System, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's McCall, Ltd.

St. Luke's Nampa Medical Center, Ltd.

St. Luke's Regional Medical Center

St. Luke's Wood River Medical Center, Ltd.

Sandee Moore Gehrke:

St. Luke's Health System, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's McCall, Ltd.

St. Luke's Nampa Medical Center, Ltd.

St. Luke's Regional Medical Center

St. Luke's Wood River Medical Center, Ltd.

Also, it should be noted that the hours reported for the officers, key

employees, and highest paid employees are based on a minimum 40 hour

work week. However, due to the demands of their roles within the St.

Luke's Health System, the hours worked by these individuals often

exceed the minimum required 40 hours.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Form 990, Part XI, line 9, Changes in Net Assets:

Change in Minimum Liability-Defined Benefit Plan	12,895,113.
Capital invested in plant	225,141.
Total to Form 990, Part XI, Line 9	13,120,254.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization St. Luke's Regional Medical Center, Ltd. Employer identification number 82-0161600

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
St. Luke's Clinic-Treasure Valley, LLC - 45-2716222, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	204,103,299.	43,431,227.	St. Luke's Regional 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.

(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
St. Luke's Clinic Coordinated Care, Ltd. - 45-5195864, 190 E. Bannock, Boise, ID 83712	Accountable Care Organization	Idaho	501(c)(3)	10	St. Luke's Health System, Ltd.		X
St. Luke's Health Foundation, Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	St. Luke's Health System, Ltd.		X
St. Luke's Health System, Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Supporting Organization	Idaho	501(c)(3)	12C, III-FI	N/A		X
St. Luke's Magic Valley Regional Medical Center, Ltd. - 56-2570686, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X

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

Schedule R (Form 990) 2021

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Luke's Health Foundation, Ltd.	B	2,317,752.	Subsidy to SLHF
(2) St. Luke's Health Foundation, Ltd.	C	3,448,422.	Donations Specified for SLRMC
(3) Sequoyah Assurance Ltd.	L	12,055,855.	Services Paid for Captive Insur.
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Sequoyah Assurance Ltd.

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. St. Luke's Regional Medical Center, Ltd.	Taxpayer identification number (TIN) 82-0161600
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 190 E. Bannock	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boise, ID 83712	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

Jared Grant, System Controller

- The books are in the care of ▶ 190 E Banonck - Boise, ID 83712

Telephone No. ▶ (208) 381-2222 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until August 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.