TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2020

PREPARED FOR:

ST. LUKE'S CLINIC COORDINATED CARE, LTD. 190 E. BANNOCK BOISE, ID 83712

PREPARED BY:

DELOITTE TAX LLP 695 TOWN CENTER DRIVE, SUITE 1200 COSTA MESA, CA 92626-1924

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

* *	PUBLIC	DISCLOSURE	COPY	* *
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Extended to August 16, 2021

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Form **Y**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service OMB No. 1545-0047

A	For the	2019 calendar year, or tax year beginning OCT 1, 2019 and ending	SEP 30, 2020		
	Check if applicable	C Name of organization	D Employer identific	cation number	
	Addres change				
	Name	Die is the state of the land the Destrong Account the Course	45-5195864		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number		
	Final return/		(208) 706-95		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	331,940,069.	
	Amend return	BOISE, ID 63/12	H(a) Is this a group re	turn	
	Applica tion pendin	F Name and address of principal officer: Chilisetine B. Medholi	for subordinates	? Yes 🗶 No	
		same as C above	H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. (see instructions)	
12.3		e: www.stlukesonline.org	H(c) Group exemption		
			Year of formation: 2012	State of legal domicile: ID	
P		Summary	Come Owned action		
e	' I '	Briefly describe the organization's mission or most significant activities: Accountable	Care Organization		
ć		(ACO) organized to participate in the Medicare Shared Savings		- 4-	
40-0A	- 1	Check this box if the organization discontinued its operations or disposed of n	1	13	
6	N I	Number of voting members of the governing body (Part VI, line 1a)		3	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		0	
Activities &	6	Total number of volunteers (estimate if necessary)		3	
tivi	72	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
Ac	h h	Net unrelated business taxable income from Form 990-T line 39		0.	
-			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	0.	0.	
e u		Program service revenue (Part VIII, line 2g)	312,879,789.	331,940,069.	
even	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
0		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	312,879,789.	331,940,069.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	342.	324.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Evne DSes	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
94	b b	Total fundraising expenses (Part IX, column (D), line 25)			
ú	N	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	298,201,038.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	298,201,380.	290,481,679.	
	19	Revenue less expenses. Subtract line 18 from line 12	14,678,409.		
Net Assets or			Beginning of Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)	4,325,810.	46,056,999.	
etA	21	Total liabilities (Part X, line 26)	504,053. 3,821,757.	776,852. 45,280,147.	
	art II	Net assets or fund balances. Subtract line 21 from line 20	5,021,757.	45,200,147.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of my	knowledge and belief it is	
		it, and complete. Declaration of preparer (other than officer) is based on all information of which prep		knowledge and belief, it is	
	5, 001100	P.tu Dishi		2-2021	
Sig	In	Signature of officer	Date		
He		Peter DiDio, Vice President, Controller			
		Type or print name and title			
-	1	Print/Type preparer's name Preparer's signadure	Date Check	PTIN	
Pai	d	Print/Type preparer's name John Sadoff John W. Sadoff, h	7/27/2021 if self-employed	ed P00540589	
Pre	parer	Firm's name Deloitte Tax LLP	Firm's EIN	86-1065772	

Use Only	Firm's address ▶ 695 Town Center Drive, Suite 1200			
	Costa Mesa, CA 92626-1924	Phone no.714-43	5-71	00
May the I	RS discuss this return with the preparer shown above? (see instructions)		X	Yes
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.		F	orm 99

See Schedule O for Organization Mission Statement Continuation

No

Form	1990 (2019) St. Luke's Clinic Coordinated Care, Ltd.	45-5195864	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Improve the quality of healthcare delivered, and lower cost for the		
	patients served.		
	Did the exercities undertake any eignificant program convises during the user which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		res 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	······	
~		Γ,	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	·····	res 🔼 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses	s, and
	revenue, if any, for each program service reported.		
4a		\$331,	,940,069.)
	St. Luke's Clinic Coordinated Care, Ltd. (SLCCC) is a wholly owned		
	subsidiary of St. Luke's Health System, formed as an accountable care		
	organization to bring doctors, hospitals, and other health care		
	providers together to provide coordinated, high-quality care at lower		
	costs to the population. SLCCC participates in the Next Generation ACO		
	(NGACO) model, a Centers for Medicare and Medicaid Innovation		
	initiative that provides tools to support better patient engagement and		
	care management to improve health outcomes, while also furthering the		
	goal of paying providers based on the quality rather than the quantity		
	of care provided. There are over 550 providers and 31,000 beneficiaries		
	participating in the NGACO.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	,,		, ,
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses > 288,339,268.		

<b>—</b>	~~~	
⊢orm	990	(2019)

Form 990 (2019) St. Luke's Clinic Coordinated Care, Ltd. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form **990** (2019)

45-5195864

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
				1

	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	x	
35 a		35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		-
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		+
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	1.00		1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
				+

<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?			1c

Form	Form 990 (2019) St. Luke's Clinic Coordinated Care, Ltd. 45-5195864 Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.	-				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	40 -				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand	140		x		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	16		x		
	excess parachute payment(s) during the year?	15		-1		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10				
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form	990 (2019) St. Luke's Clinic Coordinated Care, Ltd. 45-519586	4	Р	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re		
	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			X
Sec	tion 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 13			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	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?	45		x
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	<u>16a</u>		~
a	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	104		
Sec	exempt status with respect to such arrangements?	16b		
17 18			availe	ble
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) for public inspection. Indicate how you made these available. Check all that apply.	s or iiy)	avalla	nie
19	X       Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan		
19	statements available to the public during the tax year.	man	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Peter DiDio, Vice-President, Controller - 208-706-9585			
	190 E. Bannock, Boise, ID 83712			

Form 990 (2019) St. Luke's C	linic Coord	inated Care, Ltd.		45-519586	4 Page <b>7</b>		
Part VII Compensation of Officers, D	Directors, T	rustees, Key Emplo	oyees, Highest Co	mpensated			
Employees, and Independer	t Contract	ors					
Check if Schedule O contains a respo	onse or note to	any line in this Part VII					
Section A. Officers, Directors, Trustees, Key	Employees, a	nd Highest Compensate	ed Employees				
1a Complete this table for all persons required to	be listed. Rep	ort compensation for the	e calendar year ending v	with or within the orgar	nization's tax year.		
8	• List all of the organization's <b>current</b> 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.						
<ul> <li>List all of the organization's current key en</li> </ul>	ployees, if any	v. See instructions for de	finition of "key employe	e."			
<ul> <li>List the organization's five current highest or able compensation (Box 5 of Form W-2 and/or Box</li> </ul>							
<ul> <li>List all of the organization's former officers reportable compensation from the organization and</li> </ul>			ated employees who re	ceived more than \$10	0,000 of		
<ul> <li>List all of the organization's former director more than \$10,000 of reportable compensation fr</li> </ul>		•	2	or or trustee of the org	ganization,		
See instructions for the order in which to list the	persons above						
Check this box if neither the organization n	or any related	organization compensate	ed any current officer, d	irector, or trustee.			
(A)	(B)	(C)	(D)	(E)	(F)		
Name and title	Average	Position	Reportable	Reportable	Estimated		

Name and title	Average	(1)-		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	not c , unles	ss pe	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trustee		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	ndividual trustee or director	In stitutional	Officer	(ey er	Highest compensated employee	Former			ergam_atterie
(1) Mr. Jeffrey S. Taylor	2.00				-					
Director	52.00	х						0.	1,509,217.	52,971.
(2) Mr. Chris Roth	2.00									
Director	54.00	х						0.	938,275.	53,040.
(3) David K. Seppi, M.D.	2.00									
Director (End 01/2020)	40.00	х						0.	761,889.	47,272.
(4) James Souza, MD	2.00									
Director	40.00	х						0.	716,157.	48,706.
(5) Ms. Christine Neuhoff	2.00									
Chair	52.00	х		х				0.	692,645.	45,939.
(6) Ms. Pamela Lindemoen	2.00									
Director, VP Acute Care Servic	42.00	х		х				0.	595,823.	25,548.
(7) Mr. David Self	2.00									
Director, VP Bus (End 02/2020)	40.00	х		х				0.	454,312.	27,672.
(8) John Kaiser, MD	2.00									
Director	40.00	х						0.	282,522.	0.
(9) Mr. Gary Fletcher	2.00									
Director	0.00	х						0.	131,525.	0.
(10) Aaron Brown, MD	2.00									
Director	40.00	Х						0.	35,175.	0.
(11) Mr. Daniel Reed	2.00									
Director	0.00	Х						0.	٥.	0.
(12) Mr. Robert Ohlensehlen	2.00									
Director	0.00	Х						0.	٥.	0.
(13) Ms. Cynthia York	2.00									
Director	0.00	Х						0.	٥.	0.
(14) Matthew Wolff	40.00									
VP Network Ops SLHP/Treasurer	0.00			Х				0.	254,251.	33,053.
(15) Mr. Benjamin Keith	2.00									
Managing Counsel/Secretary	40.00			х				0.	175,946.	43,247.

Form 990 (2019) St. Luke's C.										L95864	1	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	compensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than c s both pr/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ns	com fr org and	pensa om the anizati d relate	e ion ed
		-											
		-											
		-											
										-+			
										$\rightarrow$			
										-+			
										$ \rightarrow $			
									-				
1b Subtotal								0.	6,547,			377,	
c Total from continuation sheets to Part VI								0.	6,547,	0.		377,	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>												577,	110.
compensation from the organization		000	noco	u uc		<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010						0
<u> </u>												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										F	4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." corr											5		х
Section B. Independent Contractors		- 0 10	<u>JI 30</u>		Jers	011 .				<u></u>	Ū	- 1	
1 Complete this table for your five highest co the organization. Report compensation for	-									pensati	ion fro	om	
(A) Name and business			<u>, nun</u>	ig w		<u> </u>		(B) Description of s		G	<b>(C</b>	;) nsatioi	n
Evolent Health LLC, 800 N. Glebe Road							_	Description of a			Sinpe	154101	
Suite 500, Arlingtion, VA 22203	,							Value-Based Risk			2	245,	627.
Health Catalyst													
3165 Millrock Dr, Salt Lake City, UT Rx Savings Solutions	84121							Data and Analytics	Technology			741,	819.
5440 W 110th St, Overland Park, KS 6	6211							Strategic Supply M	anagement			282,	100.
Milliman, 1301 Fifth Avenue Suite 38	00,												
Seattle, WA 98101							_	Actuarial Services				266,	274.
Royal Jay LLC 6225 N Meeker Pl #250, Boise, ID 837	13							Risk Management				264,	250
2 Total number of independent contractors (ii		ot lin	nited	d to t	thos	se list			ore than			,	
\$100,000 of compensation from the organiz	•					5							

						c C	oordinated Ca	are, Ltd.		45-519586	4 Page <b>9</b>
Pa	rt V	/	Statement of Rev	ven	ue						
			Check if Schedule O d	<u>conta</u>	ins a respo	nse	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
សូស	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
, G		с	Fundraising events								
àifts ar A			Related organizations								
s, G		е	Government grants (contri	ibutio	ons) <b>1e</b>						
tion r Si		f	All other contributions, gifts,	grant	s, and						
ibut			similar amounts not included	abov	e 1f						
ontr Id C		-	Noncash contributions included in								
an Co		h	Total. Add lines 1a-1f								
							Business Code				
ce	2	а	Net Patient Revenue				900099	331,940,069.	331,940,069.		
ervi		b									
Program Service Revenue		С									
grar Rev		d									
roç		e	All - H-								
ш		f	All other program service					331,940,069.			
	2	g	Total. Add lines 2a-2f					331,540,005.			
	3	3 Investment income (including dividends, interes									
	4	<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond pro</li></ul>									
	5 Royalties										
	Ŭ	(i) Real			(ii) Personal						
	6	а	Gross rents	6a							
	b Less: rental expenses 6b										
			Rental income or (loss)								
			Net rental income or (loss)	)			►				
	7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
anı			and sales expenses	7b							
evenue			Gain or (loss)	7c							
, Re			Net gain or (loss)				🕨				
Other R	8	а	Gross income from fundraisir including \$	-	-						
			contributions reported on	line ⁻	1c). See						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		-		····· ►				
	9	а	Gross income from gamin	-		1					
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from			°	▶				
	10	а	Gross sales of inventory, l			10					
		L	and allowances			10a					
			Less: cost of goods sold Net income or (loss) from a								
				54103		y	Business Code				
sno	11	а									
Miscellaneous Revenue		b									
ella		č									
lisc			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					331,940,069.	331,940,069.	0.	0.

Part IX Statement of Functional Expenses

St. Luke's Clinic Coordinated Care, Ltd.

45-5195864 Page **10** 

#### 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 (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 324 324 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 53,294 53,294 Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 193,760. 191,336. 2,424. Office expenses 13 Information technology 14 Royalties 15 12,654 12,654. 16 Occupancy 6,736, 6,736. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 155,807, 155,807 Depreciation, depletion, and amortization ..... 22 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) Medical Claim Expense 283,829,858, 283,829,858. а SLHS Allocated Wages 3,383,033. 1,719,934. 1,663,099 b 2,597,704. Contract Services 2,598,194. 490. С Allocated SLHS Expense 222,142. 222,142. d 25,877. 112 25,765 е All other expenses 0. 290,481,679 288,339,268, 2,142,411 Total functional expenses. Add lines 1 through 24e 25 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)

33

	990 (	2019) St. Luke's Clinic Coo	rdinated Care, Ltd.		45-
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note	to any line in this Part X		
				<b>(A)</b> Beginning of year	
	4	Cook non interest bearing		504,053.	
	1	Cash - non-interest-bearing		504,055.	1
	3	Savings and temporary cash investments			2
	4	Pledges and grants receivable, net			4
	5	Accounts receivable, net			4
	5	trustee, key employee, creator or founder, substa			
		controlled entity or family member of any of these			5
	6	Loans and other receivables from other disqualifie			
	Ŭ	under section 4958(f)(1)), and persons described			6
	7	Notes and loans receivable, net			7
Assets	8	Inventories for sale or use			8
As	9				9
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation			10c
	11	Investments - publicly traded securities			11
	12	Investments - other securities. See Part IV, line 11			12
	13	Investments - program-related. See Part IV, line 1			13
	14	Intangible assets			14
	15	Other assets. See Part IV, line 11		3,821,757.	15
	16	Total assets. Add lines 1 through 15 (must equa		4,325,810.	16
	17	Accounts payable and accrued expenses		504,053.	17
	18	Grants payable			18
	19	Deferred revenue			19
	20	Tax-exempt bond liabilities			20
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21
ŝ	22	Loans and other payables to any current or forme	er officer, director,		
iabilities		trustee, key employee, creator or founder, substa	ntial contributor, or 35%		
iabi		controlled entity or family member of any of these	e persons		22
-	23	Secured mortgages and notes payable to unrelat	ed third parties		23
	24	Unsecured notes and loans payable to unrelated	third parties		24
	25	Other liabilities (including federal income tax, pay			
		parties, and other liabilities not included on lines	17-24). Complete Part X		
			·····	504.050	25
	26			504,053.	26
s		Organizations that follow FASB ASC 958, chec	k here 🕨 🔽		
Ce		and complete lines 27, 28, 32, and 33.		2 021 757	
Fund Balances	27			3,821,757.	27
ğ	28	Net assets with donor restrictions			28
ů.		Organizations that do not follow FASB ASC 95	ø, cneck here ▶ 🛄		
or F		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds			29
SSE	30	Paid-in or capital surplus, or land, building, or equ			30
et⊿	31	Retained earnings, endowment, accumulated inc		3,821,757.	31
Ž	32	Total net assets or fund balances	L	5,521,757.	32

Total liabilities and net assets/fund balances

Page 11 5195864

> 46,056,999. Form 990 (2019)

45,280,147.

776,852.

45,280,147.

33

4,325,810.

23,657,568.

22,399,431. 46,056,999. 776,852.

**(B)** End of year

Form	n 990 (2019) St. Luke's Clinic Coordinated Care, Ltd.	45-519586	4	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	331,	940,	069.
2	Total expenses (must equal Part IX, column (A), line 25)	2	290,	481,	679.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,	458,	390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	821,	757.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	45,	280,	147.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2019)

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 154	5-0047
201	19

Department of the Treasury							Open to Public
Internal Revenue Service		gov/Form990 for instructi	ons and th	e latest ir	nformation.		Inspection
Name of the organizati			-				identification number
Doubl Decem		coordinated Care, Lto					45-5195864
	for Public Charity Status				e instructions	<b>.</b>	
The organization is not a	private foundation because it is	s: (For lines 1 through 12, c	heck only o	one box.)			
	nvention of churches, or associa				I)(A)(i).		
	cribed in section 170(b)(1)(A)(ii						
	a cooperative hospital service c	•			•		
	search organization operated in	conjunction with a hospita	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and stat							
	on operated for the benefit of a	college or university owned	d or operate	ed by a go	overnmental u	nit describe	∍d in
	(b)(1)(A)(iv). (Complete Part II.)						
	te, or local government or gove						
	on that normally receives a sub	stantial part of its support f	rom a gove	ernmental	unit or from th	ie general p	oublic described in
	b)(1)(A)(vi). (Complete Part II.)						
	trust described in section 170		,				
	al research organization describ						
	or a non-land-grant college of ag	riculture (see instructions).	Enter the r	name, city	, and state of	the college	or
university:							
	on that normally receives: (1) m						
	ted to its exempt functions - sub						
	Inrelated business taxable incor	ne (less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	509(a)(2). (Complete Part III.)			/			
	on organized and operated excl						
-	on organized and operated excl	•	-			•	
	supported organizations descr						neck the box in
	ough 12d that describes the type		-	-		-	
	upporting organization operated						
	ted organization(s) the power to		a majority o	or the alrea	cors or truste	es or the su	ipporting
	n. You must complete Part IV,		tion with it	oupporto	d organizatio	n(a) by bay	up a
	supporting organization supervis				-		-
	nanagement of the supporting c n(s). <b>You must complete Part</b> l	-	ame persoi	ns that co		je ine supp	Joned
	nctionally integrated. A suppor		in connect	ion with		ly intograto	od with
	ed organization(s) (see instruction					ly integrate	u with,
	n-functionally integrated. A su	· ·				ted organiz	zation(s)
	unctionally integrated. The orga					•	
	t (see instructions). You must of					anationav	01000
·	box if the organization received	•	-			II. Type III	
	integrated, or Type III non-func				.)po., .)po	., . , pe	
	of supported organizations	5 5 11	5 5				
	ing information about the suppo	orted organization(s).					
(i) Name of supp	orted (ii) EIN	(iii) Type of organization			(vi) Amount of other		
organizatior		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)

## Schedule A (Form 990 or 990 EZ) 2019 St. Luke's Clinic Coordinated Care, Ltd.

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.)

Sec	ction A. Public Support					<u>.</u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(0) 2010	(0) 2017	(u) 2018	(e) 2019	
-	Gross income from interest,						
8	·						
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage			<u> </u>	
	Public support percentage for 2019 (I		•			14	%
	Public support percentage from 2018					15	%
<b>16</b> a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			▶∟
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 109	% or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	his box and stop	here. Explain in Pa	art VI how the org	anization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how t	he
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-		• • • •		ns ►

Schedule A (Form 990 or 990-EZ) 2019

45-5195864

## Schedule A (Form 990 or 990 EZ) 2019 St. Luke's Clinic Coordinated Care, Ltd. Part III Support Schedule for Organizations Described in Section 509(a)(2)

## 45-5195864

(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 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (e) 2019 (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 210,231,495. 230,518,863. 312,879,789. 331,940,069 1085570216. 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 210,231,495. 230,518,863, 312,879,789, 331,940,069, 1085570216. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0. 1085570216. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 210,231,495 230,518,863 312,879,789 331,940,069 1085570216. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 210,231,495. 230,518,863. 312,879,789. 1085570216. 331,940,069, **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 100.00 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 15 15 100.00 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f) 17 % .00 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. 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 X 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

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

Yes No

# Schedule A (Form 990 or 990-EZ) 2019 St. Luke's Clinic Coordinated Care, Ltd. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ŭ	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
4	Did the directory tructory or membership of one or more supported organizations have the newer to		162	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<b>A</b> -		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019 St. Luke's Clinic Coordinated Care, Ltd.

45-5195864 Page 6

instructions).

	t V   Type III Non-Functionally Integrated 509		nizations (continued)	45-5195864 Page 7
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		Current rour
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019 St. Luke's Clinic Coordinated Care, Ltd. 45-5195864 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Form 990-Schedule A,Part III
St. Luke's Clinic Coordinated Care, Ltd. (SLCCC) was organized on May
1, 2012 for the purpose of operating as an Accountable Care
Organization (ACO)and participating in the Medicare Shared Savings
Program (MSSP).
The MSSP is a program administered by the Centers for Medicare and
Medicaid Services (CMS)and CMS must approve all ACO applications. Part
of the application process requires that an organization seeking ACO
status must first organize itself as a separate legal entity. On
December 11, 2012, SLCCC received official approval from CMS and began
operating as an ACO on January 1, 2013.
Beginning in 2017, SLCCC moved from participating in the MSSP program
to CMS's Next Generation ACO program.

SCHEDULE D	)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

	St. Luke's Clinic Coordinated Care, Ltd.			45-5195864
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	e 6.		
	<b>.</b>	(a) Donor advised funds	(b) Fu	Inds 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 adv	ised funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		•	
Pa				
			, ran rv, ine	·
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	of a bistoriaal	wimpertant land area
	Preservation of land for public use (for example, recrea			y important land area
	Protection of natural habitat		of a certified r	nistoric structure
~	Preservation of open space			- Maria - Cara - Anglia - Maria - Anglia - Angli
2	Complete lines 2a through 2d if the organization held a quali	ried conservation contribution in the form	n of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a	-		
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organizatio	n during the tax
	year 🕨			
4	Number of states where property subject to conservation east	sement is located	_	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation eas	sements during the year
	►			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easeme	nts during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that de	scribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance o	f public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance she	et works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
				\$
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
я	Revenue included on Form 990, Part VIII, line 1	-	•	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			 Schedule D (Form 990) 2019
	· · · · · · · · · · · · · · · · · · ·			

Sche	dule D (Form 990) 2019 St. Luke's	Clinic Coordina	ated Care,	Ltd.				4	15-519	5864	Р	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	easures, oi	r Othe	er Sim	nilar A	ssets	(conti		
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the	following that	make s	signific	ant use	e of its	·	,	
	collection items (check all that apply):											
а	Public exhibition	c	1 🗌 Loar	or exc	change progra	am						
b	Scholarly research	e	e 🗌 Othe	er								
с	Preservation for future generations											
4	Provide a description of the organization's co	ellections and explain	n how they fu	irther th	he organizatio	n's exe	mpt pı	urpose	in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, historio	al trea	sures, or othe	er simila	r asset	s				
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the orga	anizatio	on answered "	'Yes" or	n Form	990, F	Part IV, I	ine 9, or		
4-								La al				
та	Is the organization an agent, trustee, custodia										_	<b>7</b>
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:				Г					
	De sinsis a la deserva							4.		Amour	τ	
	Beginning balance							1c				
	Additions during the year							1d				
e	Distributions during the year							1e 1f				
20	Ending balance Did the organization include an amount on Fo						·· _			Yes		No
	If "Yes," explain the arrangement in Part XIII.						-		∟	lies		
Par												
		(a) Current year	(b) Prior		(c) Two year				re hack	(e) Fou	rvoare	hack
1a	Beginning of year balance	(a) Ourient year		year		3 Dack		n oo yoa	IS DUCK	(e) i ou	i yoara	Dack
h	Contributions											
0	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a. col	umn (a	)) held as:							
- a	Board designated or quasi-endowment		%	unni (u								
b	Permanent endowment	%										
		/`` %										
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	, -										
3a	Are there endowment funds not in the posses		ation that are	held a	nd administer	ed for th	he ora:	anizatio	n			
	by:	5					0				Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line	e 11a. S	See Form 990	, Part X	, line 1	0.				
	Description of property	(a) Cost or o basis (investr		•	t or other (other)	• •	Accum eprecia			( <b>d)</b> Boc	k valu	ie
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	Add lines 1a through 1e. (Column (d) must ed		X. column (R	), line 1	10c.)			D				٥.
		······································								_ /_		

Schedule D (Form 990) 2019

## 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)	Due from Related Organizations	22,399,431.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	22,399,431.
Part		
	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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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.

X

►

Sche	dule D (Form 990) 2019 St. Luke's Clinic Coordinated Care,		45-5195864	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt 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 X, Line 2:

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

Consolidated Financial Statements-St. Luke's Health System)

Income Taxes: The Health System is a not-for-profit corporation and is

recognized as tax exempt pursuant to Section 501(c)(3) of the Internal

Revenue Code of 1986, as amended. The Health System has activities that

are considered unrelated business taxable income (UBTI), which are subject

to excise tax. The Health System also has a taxable subsidiary, SLHP 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.

Per the Uselth System's tayable subsidiary and activities considered HEMI
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 on the basis of 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
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

Part XIII Supplemental Information (continued)

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.

SCHEDL	<b>Compensation Information</b>		OMB No. 1	545-004	17			
(Form 99	,		20	10				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	3						
Department of	NAME AND DOD		Open to Public					
nternal Revenu	e Service Go to www.irs.gov/Form990 for instructions and the latest informatio		Inspe		_			
Name of th	e organization		identificatio	on nur	nber			
Daut	St. Luke's Clinic Coordinated Care, Ltd.	45-5	5195864					
Part I	Questions Regarding Compensation							
				Yes	No			
	the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,						
	II, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	irst-class or charter travel Housing allowance or residence for pe							
	ravel for companions Payments for business use of persona							
	ax indemnification and gross up payments Health or social club dues or initiation							
	Discretionary spending account Personal services (such as maid, chau	Iffeur, chef)						
	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
			<u>1b</u>					
	e organization require substantiation prior to reimbursing or allowing expenses incurred by all directors	•						
truste	es, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_				
	te which, if any, of the following the organization used to establish the compensation of the organizati							
	Executive Director. Check all that apply. Do not check any boxes for methods used by a related organi	zation to						
	ish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	ndependent compensation consultant							
F	Form 990 of other organizations	on committee						
4 During	the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organ	zation or a related organization:							
	ve a severance payment or change-of-control payment?				X			
	ipate in, or receive payment from, a supplemental nonqualified retirement plan?			X				
c Partic	ipate in, or receive payment from, an equity-based compensation arrangement?		4c		Х			
If "Yes	s" 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 pe	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation						
contir	gent on the revenues of:							
a The o	ganization?		5a		Х			
	lated organization?				Х			
	s" on line 5a or 5b, describe in Part III.							
6 For pe	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation						
contir	gent on the net earnings of:							
a The o	ganization?		6a		х			
	lated organization?				Х			
	s" on line 6a or 6b, describe in Part III.							
7 For pe	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme	ents						
not de	escribed on lines 5 and 6? If "Yes," describe in Part III		7		Х			
	any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
			8		х			
	" on line 8, did the organization also follow the rebuttable presumption procedure described in							
• II 10								

## 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.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i) ⁻ (D)	reported as deferred on prior Form 990
(1) Mr. Jeffrey S. Taylor	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	702,999.	0.	806,218.	31,891.	21,080.	1,562,188.	0.
(2) Mr. Chris Roth	(i)	Ο.	0.	0.	0.	0.	0.	0.
Director	(ii)	807,043.	0.	131,232.	27,620.	25,420.	991,315.	0.
(3) David K. Seppi, M.D.	(i)	Ο.	0.	0.	0.	0.	0.	0.
Director (End 01/2020)	(ii)	593,767.	0.	168,122.	23,349.	23,923.	809,161.	٥.
(4) James Souza, MD	(i)	0.	0.	0.	0.	0.	0.	٥.
Director	(ii)	646,818.	0.	69,339.	31,891.	16,815.	764,863.	٥.
(5) Ms. Christine Neuhoff	(i)	0.	0.	0.	0.	0.	0.	٥.
Chair	(ii)	642,664.	0.	49,981.	27,620.	18,319.	738,584.	٥.
(6) Ms. Pamela Lindemoen	(i)	0.	0.	0.	0.	0.	0.	٥.
Director, VP Acute Care Servic	(ii)	560,268.	0.	35,555.	19,078.	6,470.	621,371.	٥.
(7) Mr. David Self	(i)	0.	0.	0.	0.	0.	0.	٥.
Director, VP Bus (End 02/2020)	(ii)	439,114.	0.	15,198.	18,313.	9,359.	481,984.	٥.
(8) John Kaiser, MD	(i)	0.	0.	0.	0.	0.	0.	٥.
Director	(ii)	282,522.	0.	0.	0.	0.	282,522.	٥.
(9) Matthew Wolff	(i)	0.	0.	0.	0.	0.	0.	٥.
VP Network Ops SLHP/Treasurer	(ii)	249,508.	0.	4,743.	6,308.	26,745.	287,304.	٥.
(10) Mr. Benjamin Keith	(i)	Ο.	0.	0.	0.	0.	0.	0.
Managing Counsel/Secretary	(ii)	137,549.	0.	38,397.	11,878.	31,369.	219,193.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

### 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 Clinic Coordinated Care,

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 Clinic

Coordinated Care, Ltd.

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

following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY'19, the following individuals participated in a supplemental

non-qualified executive retirement plan:

## Schedule J (Form 990) 2019

## 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.

	SERP	SERP-Gross Up	Total		
Jeffrey Taylor	\$416,672	\$331,057	\$747,729		
Gary Fletcher re	eceived \$184,556	of benefits for prior se	rvice in a		
supplemental ret	tirement plan.				
Part I, Line 4b:	:				
During CY'19, Je	effrey S. Taylor	was a participant in the	supplemental		
non-qualified ex	kecutive retireme	nt plan. There were no a	dditional		
benefits accrued	d during CY'19 on	behalf of the participa	nt.		
Part II-Column (	(c)				
During CY'19 the	e following indiv	idual participated in th	e basic pension		
plan. Due to cha	anges in actuaria	l assumptions this indiv	idual		
experienced an i	increase in the v	ested balance of the pla	n.		
Jeffrey Taylor \$	\$150,904			 	

SCHEDULE O	
------------	--

(Form 990 or 990-EZ) Department of the Treasury

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

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



Internal Revenue Service Name of the organization

St. Luke's Clinic Coordinated Care, Ltd.

Employer identification number 45-5195864

Form 990, Part I, Doing Business As:

St. Luke's Health Partners Accountable Care

Organization

Form 990, Part I, Line 1, Description of Organization Mission:

Program (MSSP).

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

Some board members serve with other board members on non-St. Luke's boards.

Each of the following board members, officers and key employees has a

business relationship with another by virtue being an officer, key employee

or sitting on the board of directors of another St. Luke's entity.

Ms. Christine Neuhoff

Mr. Chris Roth

Ms. Pamela Lindemoen

James Souza, MD

Mr. David Self

Mr. Jeff Taylor

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

St. Luke's Health System, Ltd. is the sole member of St. Luke's Clinic

Coordinated Care, Ltd.

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

St. Luke's Clinic Coordinated Care, Ltd. (Corporation), after consulting

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
with the President and CEO of St. Luke's Health System, Ltd. (Member) shall	
employ a competent President 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 Clinic Coordinated Care, Ltd.	
(Corporation).	
Approval Authority means those actions which require approval by the	
Corporation and the Member for the action to be valid. Actions requiring	
Approval Authority may be initiated by the Corporation (by action of its	
Board of Directors) and must be approved by both the Corporation and the	
Member. Actions requiring approval authority include:	
(a) Changes to the statements of mission, philosophy and values of the	
Corporation;	
(b) Amendment of the Articles of Incorporation of the Corporation;	
(c) Amendment of the Bylaws of the Corporation;	
(d) Appointment of members to the Corporation's Board of Directors, other	
than ex officio Directors;	
(e) 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 applicable to the Corporation (the "Approved Board Member	
<pre>Expectations");</pre>	
(f) Approval of operating and capital budgets of the Corporation (each, an	
"Approved Budget"), and deviations to an Approved Budget over amounts	
established from time to time by the Member;	
932212 09-06-19 S	chedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
St. Luke S CHIMIC COordinated Care, Edu.	42-2122004
(g) Approval of the strategic/tactical plans and goals and objectives (the	
"Approved Plans") of the Corporation;	
(h) Approval to voluntarily cease or substantially modifying its	
participation in a Medicare ACO Program as an ACO for any reason; and	
(i) Approval of such other matters as are expressly reserved for, or are	
otherwise within the power of, the Member under applicable law or the	
Company's Articles of Incorporation or these Bylaws.	
Turnlamontation Authonity many these estions which the Marker was taken	
Implementation Authority means those actions which the Member may take	
without the approval or recommendation of the Corporation. This authority	
will not be utilized until there has been appropriate communication between	
the Member and the Corporation's Board of Directors and its Chief Executive	
Officer. Actions requiring implementation authority include:	
(a) Appointment of the auditor for the Corporation and coordination of the	
Corporation's annual audit;	
(b) Sale, 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;	
(c) Sale, merger, consolidation, change of membership, sale of all or	
substantially all of the assets of the Corporation;	
(d) The dissolution of the Corporation,	
(e) Incurrence of debt by 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	
(f) Any action necessary in order to (a) carry out the tax-exempt purpose	

of the Member and/or any of its tax-exempt affiliates, (b) protect or

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
preserve the tax-exempt status of (or the bonds relating to) the Member or $$	
any of its tax-exempt affiliates, and/or (c) protect the Medicare provider	
status of any affiliates of Member.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 (Form) is reviewed by an independent public accounting firm	
based on audited financial statements of the St. Luke's Health System and	
with the assistance of the organization's finance and accounting staff. A $$	
complete copy of the Form 990 is made available to the Board of Directors	
prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
The organization annually reviews the conflict of interest policy with each	
board member and also with new board members. Persons covered under the	
policy include officers, directors, senior executives, non-director members	
of Board committees, and others as identified by a senior executive. At all	
levels the board is responsible for assessing, reviewing, and resolving any	
conflicts of interest that have been disclosed by a covered person, or a	
conflict of interest disclosed by a covered person with respect to a	
covered person other than himself/herself. Where a conflict exists, the	
affected parties must recuse themselves from participating in any	
discussion 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

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
aggregate of those surveyed. These surveys are usually done annually.	
St. Luke's Health System is committed to providing the highest quality	
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.	
competitive pay and benefits.	
Physician compensation is based on a range of criteria and can be	
influenced by a number of variables including:	
-Community need for medical specialty	
-Experience	
-Productivity	
-Geography	
-National surveys adjusted for local conditions	
-Willingness to serve regardless of patients' ability to pay	
-Duration of relationship and contractual terms	
-Performance on quality metrics	
To ensure physician compensation and benefits remain within industry	
standards and legal requirements for not-for-profit institutions, St.	
Luke's has a Physician Arrangements policy that specifies circumstances	
requiring a third-party valuation and also periodically uses third-party	

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
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.	
Form 990, Part VII, Section A	
Allocation of Compensation and Hours:	
The total hours worked and compensation reported for the following	
individuals represent services rendered to organizations within the St.	
Luke's Health System:	
Pam Lindemoen:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center,Ltd.	
Mountain States Tumor Institute,Inc.	
St. Luke's McCall,Ltd.	
St. Luke's Magic Valley Regional Medical Center,Ltd.	
St. Luke's Wood River Medical Center,Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
St. Luke's Nampa Medical Center, Ltd.	

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification number 45-5195864
Chris Roth:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center,Ltd.	
Mountain States Tumor Institute, Inc.	
St. Luke's Health Foundation, 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.	
Jeff Taylor:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center, Ltd.	
Mountain States Tumor Institute, Inc.	
St. Luke's McCall, Ltd.	
St. Luke's Magic Valley Regional Medical Center, Ltd.	
St. Luke's Wood River Medical Center, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd	
St. Luke's Nampa Medical Center, Ltd.	
Christine Neuhoff:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center, Ltd.	
Mountain States Tumor Institute, Inc.	
St. Luke's McCall, Ltd.	
St. Luke's Magic Valley Regional Medical Center, Ltd.	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
St. Luke's Clinic Coordinated Care, Ltd.	45-5195864
St. Luke's Wood River Medical Center, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
St. Luke's Nampa Medical Center, Ltd.	
David Seppi: St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
st. Luke s Clinic Coordinated Care, Ltd.	
James Souza:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
John Kaiser:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
David Self:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
Gary Fletcher:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
Also, it should be noted that the hours reported for the directors	
(employed by St. Luke's), officers, key employees, and highest paid	
employees are based on a minimum 40 hour work week. However, due to the	
demands of their roles within the St. Luke's Health System, the hours	

Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization St. Luke's Clinic Coordinated Care, Ltd.	Employer identification numbe 45-5195864
worked by these individuals often exceed the minimum required 40 hours.	
Part VII Section A:	
St. Luke's Clinic Coordinated Care, Ltd. (SLCCC), an Accountable Care	
Organization (ACO), has contracted with the following participating	
nospitals and physician practices within the St. Lukes Health System.	
The following related organizations within the St. Luke's Health System	
nave executed Participating Provider Agreements with SLCCC:	
St. Luke's Regional Medical Center, Ltd.	
St. Luke's Clinic-Treasure Valley, LLC	
St. Luke's Magic Valley Regional Medical Center, Ltd.	
St. Luke's Clinic, LLC	
St. Luke's Wood River Medical Center, Ltd.	
St. Luke's Clinic-Wood River, LLC	
St. Luke's McCall, Ltd.	
St. Luke's Clinic-McCall, LLC	
In addition, SLCCC has executed Participating Provider agreements with	
the following providers that have Exclusive Service Agreements with St.	
Luke's Health System:	
-Southern Idaho Radiology, P.A.	
-Valley Pathology Associates, PLLC	
Part VII Section A:	

Professional Service Agreement and Compensation Aaron Brown, M.D. is a

member of the Physician Center, PC (PC), a physician practice that

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

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
St. Luke's Clinic Coordinated Care, Ltd.	45-5195864
(SLMV) to provide physician services to SLMV patients. Dr. Brown works	
at least 40 hours per week for SLMV on behalf of PC. During CY'19, SLMV	
nade payments to PC totaling \$7,087,307.	
where ov'in the proventies approached directly by give for	
During CY'19, Dr. Brown was compensated directly by SLMV for	
administrative services. The amount paid for these services was \$35,175	
and is reported in Part VII, Section A.	
John Kaiser,M.D.	
John Kaiser, M.D. is a member of Saltzer Medical Group (SMG), a	
physician practice that contracts with St. Luke's Health Systems Ltd.	
(SLHS) to provide OBGYN coverage services to St. Luke's Nampa Medical	
Center, Ltd. (SLNMC) and St. Luke's Regional Medical Center, Ltd.	
(SLRMC) patients.	
During CY'19, St. Luke's made payments to Dr. Kaiser totaling \$282,522,	
as is reported in Part VII, Section A, and to SMG totaling \$1,327,096.	

SCH	EDULE R
	1

#### (Form 990)

## **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

2019 Open to Public Inspection

Employer identification number

45-5195864

#### Department of the Treasury Internal Revenue Service

St. Luke's Clinic Coordinated Care, Ltd.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	Direct controlling entity Section 5 contr enti	
				501(c)(3))		Yes	No
					St. Luke's		
Mountain States Tumor Institute, Inc -					Regional Medical		
82-0295026, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	Center, Ltd.		х
St. Luke's Health Foundation, Ltd	-				St. Luke's Health		
81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	System, Ltd.		х
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		х
St. Luke's Magic Valley Regional Medical							
Center, Ltd 56-2570686, 190 E. Bannock,					St. Luke's Health		
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		х

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
		<b>c</b> <i>n</i>		501(c)(3))		Yes	No
St. Luke's McCall, Ltd 27-3311774							
190 E. Bannock					St. Luke's Health		
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		X
St. Luke's Nampa Medical Center, Ltd	-				St. Luke's Health		
82-1162805, 190 E. Bannock, Boise, ID 83712	Healthgare Services	Idaho	501(c)(3)	3	System, Ltd.		x
02-1102005, 190 E. Bannock, Boise, 1D 05/12	nearthcare services		501(0)(3)	5	System, Ita.		
St. Luke's Regional Medical Center, Ltd	-				St. Luke's Health		
82-0161600, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		х
			501(0)(3)	5	5,500m, 10a.		
St. Luke's Wood River Medical Center, Ltd	-				St. Luke's Health		
84-1421665, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		x
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	· <b>j</b>										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging ier?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	-											
	4											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
	1								
	1								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<b>1</b> h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)		-	-
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)		-	_
p Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

#### Schedule R (Form 990) 2019 St. Luke's Clinic Coordinated Care, Ltd.

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

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

(-)	(1-)	(-)	(-1)	10		(4)	()		- <b>\</b>	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	<b>i</b> ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
	-				+							
	-											
												<b> </b>
	l											

# Schedule R (Form 990) 2019 St. Lu Part VII Supplemental Information

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

(Rev. January 2020)

### 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.

Туре с	Name of exempt organization or other filer, see instructions.     Tax					axpayer identification number (TIN)				
print	St. Juka's Olimis Georgianted Gene Itd					45 5105064				
File by th										
due date filing you	^{pur} 190 E Bannock									
	urn. See tructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boise, ID 83712									
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)				0 1			
Applic	··· · ·	Return	Application				Return			
Is For		Code		Is For						
	orm 990 or Form 990-EZ 01 Form 990-T (corporation)				<b>Code</b> 07					
	n 990-BL 02 Form 1041-A						08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9		04	Form 5227				10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 9	90-T (trust other than above)	06	Form 8870				12			
	Peter DiDio, Vice-Pres	sident,	Controller							
• The	books are in the care of <b>b</b> 190 E. Bannock - Boise	e, ID 83	712							
	phone No. > 208-706-9585		Fax No. 🕨							
	e organization does not have an office or place of business	in the Uni	ted States, check this box							
	is is for a Group Return, enter the organization's four digit (						eck this			
box 🕨		7	ch a list with the names and TINs of							
1	request an automatic 6-month extension of time until	August	16, 2021, to file	the exem	npt organiz	ation returr	n for			
t	the organization named above. The extension is for the organization's return for:									
J	► calendar year or									
	► X tax year beginning OCT 1, 2019	, an	d ending <u>SEP</u> 30, 2020							
2	f the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n					
	Change in accounting period									
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less										
á	any nonrefundable credits. See instructions. <b>3a</b>						٥.			
b l										
e	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						٥.			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
<u> </u>	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						٥.			
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 88	79-EO for p	ayment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)