Department of the Treasury Internal Revenue Service

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.

► Information about Form 990 and its instructions is at www irs gov/form990.

tax vear beginning OCT 1, 2013 and ending SEP 30, 2014

OMB No. 1545-0047

Open to Public Inspection

ΑI	For the	2013 calendar year, or tax year beginning OCT 1, 2013 and o	ending SI	EP 30, 2014						
В	Check if applicable:	C Name of organization		D Employer identifi	cation number					
	Address	St. Luke's Health Foundation, Ltd.								
F	Name change	Doing Business As		81-0600973						
Ε	Initial return		Room/suite	E Telephone numbe	er					
F	Termin-	190 E. Bannock		208-38	1-3790					
Ε	ated Amende return		G Gross receipts \$	5,729,021.						
F	Applica-			H(a) Is this a group r						
	pending			for subordinates	s? Yes 🗵 No					
		same as (c)		H(b) Are all subordinates i	ncluded? Yes No					
$\overline{}$	Tax-exer	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)					
$\dot{\overline{\mathbf{L}}}$	Website	: www.stlukesonline.org		H(c) Group exemption	on number					
		rganization: X Corporation Trust Association Other	L Year	of formation; 2002	M State of legal domicile: ID					
	art I	Summary								
	1 B	riefly describe the organization's mission or most significant activities: Cultiva	ate phila	nthropy for						
Governance	r	elated organizations within the St. Luke's Health System.								
r	2 0	heck this box Full if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.					
Ş				3	3					
		umber of independent voting members of the governing body (Part VI, line 1b)		4	2					
88		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			0					
ij		otal number of volunteers (estimate if necessary)			2					
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
٩	bΝ	let unrelated business taxable income from Form 990-T, line 34			0.					
		DIIDLIC INCDECTIO	N	Prior Year	Current Year					
ø	8 0	Contributions and grants (Part VIII, ImPIUBLIC INSPECTIO	. <u></u>	6,785,080.	5,120,056.					
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		15,975.	8,125.					
ě	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		177,757.	304,811.					
ш		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,373.	138,021.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,056,185.	5,571,013. 3,729,694.					
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,740,714.	3,729,034.					
		enefits paid to or for members (Part IX, column (A), line 4)		667,433,	704,596.					
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	007,433,	704,330.						
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	E00	<u> </u>	· ·					
Š	·∣ b⊺	otal fundraising expenses (Part IX, column (D), line 25)	380.	569,613,	478,070.					
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,977,760,						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,078,425.						
	19 F	levenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Year						
Net Assets or	<u> </u>			25,928,714	26,870,193.					
SSE	20 T	otal assets (Part X, line 16)	······	29,274	33,042.					
et A	21 T	otal liabilities (Part X, line 26)		25,899,440,	26,837,151.					
급	art II	let assets or fund balances. Subtract line 21 from line 20								
Line	der nenali	ies of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of n	ny knowledge and belief, it is					
true	o correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						
1100	5, 0011000	Petr Och		8-	10-15					
Sig	" I	Signature of officer		Date						
He		Peter DiDio, Vice-President,Controller								
110		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai			tchem	8-3-15 if po0545657						
_	- H	Firm's name Deloitte Tax LLP		Firm's EIN ▶	86-1065772					
	· -	Firm's address 695 Town Center, Suite 1200								
		Costa Mesa, CA 92626		Phone no.71	4-436-7100					
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form 990 (2013) St. Luke's Health
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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		х
	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	Ť		
9	Did the organization report an amount in Part X, line 21, for escrow of custodial account liability, serve as a custodial for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
	If "Yes," complete Schedule D, Part IV	_ -		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
	endowments, or 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, VIII, VIII, IX, or X		200	
	as applicable.			Last 9
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
	Part VI	1 la		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	_	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	440		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		 -
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	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	x	
	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		
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	4,41		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		屵
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	46		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^ _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		 ^ -
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? If "Yes,"	ا		
	complete Schedule G, Part III	19_	Х	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	 ^
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2013)

Form 990 (2013) St. Luke's Health Foundation

Part IV | Checklist of Required Schedules (continued)

<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		<u> </u>
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	١		
	any tax-exempt bonds?	24c 24d		├─
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		х
	Schedule L, Part I	200		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26		х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
	Part V, line 1	34 35a		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	SSa	- -	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete scriedule A, Part V, line 2	335	\vdash	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
~~	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T -
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	More: All Louin 200 illeis die redailed to complete odrieddio o		990	(2013)

Form 990 (2013) St. Luke's Health Foundation, Ltd. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W2G included in fine 1s. Enter 0. If not applicable						Yes	No
be Enter the number of Forms W-2G included in line 1s. Enter 0-if not applicable 16 0 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without some with the complex of the calculation of the calculati	_		1b	0			
(gambling) winnings to pixe winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return It is teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Y'se, 1 as it file a form 900 off for this year? If 'No," to file ab, your owned an explanation in Schedule O 3c If Yes, 2 and 1 file a form 900 or out thy (such as a bark account, securities account, or other financial account?) 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account?) 4a A tray 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 bark account, securities account, or other financial accounts. 5a Was the organization and party to a prohiberat tax shelter transaction at any time during the tax year? 5b If Yes, 2 did the organization the organization that it was or is a party to a prohiberat tax shelter transaction? 5c If Yes, 2 did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the regimental to the solicity of the organization in the deductible? 7b If Yes, 3 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlatele contributions? 7c If Yes, 2 did the organization that was experient in excess of \$3 made start shallout of the year. 7c If Yes, 3 did the organization include	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
22 Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 18 If all least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did He organization have unrelated business gross income of \$1,000 or more during the year? 32 Did He year, and the state of the year? If "No," to the 3b, provide an explanation in Schedule O 32 Did He year, and the year of the year? If "No," to the 3b, provide an explanation in Schedule O 32 Did He year, and the year of the year? If "No," to the 3b, provide an explanation in Schedule O 33 Did He year, and the year of year, and the year of year, and year, yea					1c		
filed for the calendary year enriging with or within the year covered by this return 2 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			2a	0			. 20
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	ь		rns?		2b		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? if "No," to fine 8,0 provide an explanation in Schedule O d 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?) See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form 8886-17? Did the organization include with every solicitation and party of a prohibited tax shelter transaction? See in Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization intereve a deductible contributions on express statement that such contributions or gifts were not tax deductible? Organization intereve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If If Yes, "indicate the number of Forms 8892 Rified during the year for indicate, the number of Forms		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
b if "Yes," has it flield a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country: ▶ 5ce instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5c In "Yes," to line Sa or 5b, did the organization file Form 8886·T? 6b 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 or on tax deductible. 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c Did the organization notify the donor of the value of the goods or services provided? 6c Did the organization notify the donor of the value of the goods or services provided? 6d Did the organization notify the donor of the value of the goods or services provided? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year 6d Did the organization received a contribution of cars, boats, alignase, or other vehicles, did the organization molesure. 7e X 7f Did the organization received a contribution of cars, boats, alignase, or other vehicles, did the organization molesure. 7f Did the organization make any taxable distributions under section 4966? 7g Sponsoring organizations maintaining donor advised funds and section 5964; as possoring organizations maintaining donor advised funds. 7g Did the organization of the section of organization included on Form 990, Part VI	За				3a		X
44 All 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?) 55 Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 56 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 57 Did any taxable party notify the organization file Form 8886-T? 58 Des 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? 58 If 'Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 50 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 50 Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 50 Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 50 Did the organization received any funds, directly or indirectly, or a personal benefit contract? 70 Did the organization received and payment in excess dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. file or Form 1098-C? 71 Did	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account? If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the taxy sea; bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Lot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Lot Tes," to line 5a or 5b, did the organization file Form 8886 T? 6b Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations solicit any contributions that were not tax deductible? 6c Did the organization that an average section 170(c). a Did the organization traceleve apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Did the organization teceleve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization, curing the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n If If the organization maintaining donor advised funds and section 596(1,3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations and distribution to a do	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
b if Y'es,* enter the name of the foreign country; P See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Y'es,* oil nie Sao f 5b, did the organization file Form 8886-7? 5c 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? 6c If Y'es,* oil did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5b If Y'es,* did the organization notify the donor of the value of the goods or services provided? 5c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Pes,* indicate the number of Forms 8282 filed during the year 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds and section 599(a) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds and section 599(a) supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations was any taxable distributions under section 4996? 9 Sponsoring org		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11	Section 501(c)(12) organizations. Enter:	ا مدا	1			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	b					25.7	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)			400		100
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					124	-	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	b		120				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13				120	1.5.5%	H
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a 14a 15	а				ISB	230 241	+
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand	b		405	1			
14a Did the organization receive any payments for indoor tanning services during the tax year? b. If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							1
14a Did the organization receive any payments for indoor tanning services during the tax year? b. If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand		<u> </u>	142		x
b If "Yes," has it filed a Form 720 to report these payments? If No, provide an explanation in deficació 5	14a	Did the organization receive any payments for indoor tanning services during the tax year?	 le ()			 	
	b	If "Yes," has it filed a Form 720 to report these payments? II INO, provide an explanation in Schedul	. <u></u>			990	(2013

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Form 990 (2013)

St. Luke's Health Foundation, Ltd.

81-0600973

Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent	2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Shine.		
2		2	8 . 29	x
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	···· -		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		х	-
4	Did the organization make any significant changes to its governing documents since the prior form 555 was fined: Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
5			х	
6		···· `		
7a	•	7a	x	
	more members of the governing body?	····· / u		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	x	
	persons other than the governing body?	···· '''		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x	
а	The governing body?	l or	x	_
ь	Each committee with authority to act on behalf of the governing body?	-80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>5</u> _	<u></u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	The state of the s	10a	163	x
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100_		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11.		
		12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
Ь	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	····· 120	_	
С		12c	x	
	in Schedule O how this was done		x	
13	Did the organization have a written whistleblower policy?		x	-
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent	5.2		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
	The organization's CEO, Executive Director, or top management official	15b	х	
b	Other officers or key employees of the organization			
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	160	. 1 2 . 27 2	х
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
<u> </u>	exempt status with respect to such arrangements?	100		
	tion C. Disclosure None None			
17	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable).	nlv) availat	ole	
18	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	TT Out (sum fair in Oak a divis O)			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest police.	v. and fina	ncial	
19		الما الما الما الما الما		
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	anization:	•	
20	Peter DiDio Vice-President, Controller - 208-381-3790	a. 11240011. P		-
	190 E. Bannock, Boise, ID 83712		-	
	130 D. Balliock, Boise, 1D 03/12	Ē	- 000	/0012

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

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

X

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n (A)	Ĭ		(0	C)			(D)	(E)	(F)	
Name and Title	(B) Average	(do	Position do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation from related	amount of other
	week (list any	ē	Г		Г	Γ	Ė	from the	organizations	compensation
	hours for	Individual trustee or director				ъ		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee		l	ensat		(W-2/1099-MISC)		organization
	organizations	al trus	institutional trustee		oloyee	uo a				and related organizations
	below line)	dividu	stituti	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) Mr. Darin DeAngeli	2,00	트	=	٦	\ <u>~</u>	Ξ ≅	교			
Chair	0.00	x		x				0.	0.	0
(2) Ms. Connie Cruser	2.00		-	H	H	\vdash				
Director	0.00	x						0.	0.	0
(3) Ms. Kathy Moore	2.00									
Director	46.00	х						0.	375,913.	28,700
(4) Mr. Chris Roth	2.00									
CEO and Director (Served through 3/3	42.00	х		х				0.	498,704.	22,968
(5) Mr. Jeff Cilek	20.00	,								
Executive Director	20.00			х				0.	236,502.	24,273
(6) Mr. Gary Fletcher	0.00									
Former Director	42.00					_	Х	0.	768,232.	276,389
(7) Barton F. Hill, M.D.	0.00							_		0.5 550
Former Director	40.00	<u> </u>		_		_	Х	0.	399,912.	27,753
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Form **990** (2013)

Part VII Section A. Officers,	Directors, Trustees, Key Er	nployees, and Highest C						Compensated Employe			
(A)	(C)						(D)	(E)		(F)	
Name and title Average			Position (do not check more than one					Reportable	Reportable		Estimated
	hours per	hours per box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	'n	amount of
	week	off	icer ar	nd a d	lirecto	or/trus	tee)	from	from related	1	other
	(list any	횽	1					the	organization		compensation
	hours for	l =	1			DE		organization	(W-2/1099-MIS	3C)	from the
	related	leg G	l ses			ensa		(W-2/1099-MISC)			organization
	organization	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee				Ì	and related
	below	vidus	l ig	喜	empl	hest (Former				organizations
	line)	皇	ııst	Officer	Key	E E	면				
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			<u> </u>			I	_	0.	2,279,	263	380,083.
1b Sub-total		• • • • • •	· · · · · · ·		- -			0.	2,213,	0.	0.
c Total from continuation s								0.	2,279,		380,083.
d Total (add lines 1b and 1	c)		<u></u>					<u> </u>	<u> </u>		300,003.
	s (including but not limited to	those	e liste	ed a	bov	e) wr	no r	eceived more than \$100	J,000 of reportab	ie	0
compensation from the or	ganization										Yes No
											163 160
	y former officer, director, or t										3 X
	Schedule J for such individua										
	line 1a, is the sum of reporta										
	greater than \$150,000? If "Ye										4 X
5 Did any person listed on lin	ne 1a receive or accrue comp	ensat	tion	from	any	unr/	elat	ted organization or indiv	idual for services		5 X
	on? If "Yes," complete Schedu	ıle J	for s	uch	pers	son .		***************************************	,,		5 X
Section B. Independent Contr									4100.000		
Complete this table for you	ur five highest compensated in	ndep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensai	tion from
the organization. Report co	ompensation for the calendar	year	endi	ing v	vith	or w	ithir		year.		(C)
Nes	(A) me and business address							(B) Description of s	ervices	Co	mpensation
Ivai	Tie and business address	NC	NE			***	\dashv	- Booding and a second	-		
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			_		-		ᅱ				
2 Total number of independ	ent contractors (including but	not l	imite	ed to	the	se li	ster	d above) who received n	nore than		
2 Total number of independence \$100,000 of compensation		HOLI		10		0	J. U.		· · · · · · · · · · · · · · · · · · ·		4 () () () () () () () () () (
a 100,000 of compensation	THOM THE ORGANIZATION						_				orm 990 (2013)

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Form 990 (2013) St. Luke's

Part VIII Statement of Revenue

The come from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iv) Person			Check if Schedule O conta	ains a respons	e or note to any li	ne in this Part VIII			
Polyographic Polyo						(A) Total revenue	Related or exempt function	Unrelated business	from tax under sections
Polyographic Polyo	ts ste	1 a	Federated campaigns	1a					
Polyographic Polyo	ir a								
Polyographic Polyo	ا ۾ ي		•	1c	356,792.				
Polyographic Polyo	当に		-		1,314,075.				
Polyographic Polyo	s, liil								
Polyographic Polyo	ΘŒ	f	• '	· —					
Polyographic Polyo	텵	•		1 1	3,449,189.				
Polyographic Polyo	풀이	a							
Polyographic Polyo	läö	_				5,120,056.		8.7	
2 a Planned Giving Seminar									
De grade de la company de la c	اه	2 a	Planned Giving Seminar			\$200 C. S. A	8,125.		
g Total. Add lines 2a2f	Ş								
g Total. Add lines 2a2f	Ser								
g Total. Add lines 2a2f	Εğ	٦							
g Total. Add lines 2a2f	200	u _							
	٦ <u>. ا</u>	•	All other program service reve	nue	611430				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: ental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 5 a Gross income from fundraising events (not including \$ 355,732_of contributions reported on line 1c). See Part IV, line 18 a 232_603, b Less: direct expenses b 137,896. c Net income or (loss) from fundraising events 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 63_426, b 20_112. c Net income or (loss) from gaming activities. See Part IV, line 19 a Gross alses of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c G All other revenue e Total. Add lines 11a-11d	ł	,	· -			8,125.			
other similar amounts) A Income from investment of tax-exempt bond proceeds Foyalties G a Gross rents Less: rental expenses C Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) Met gain or (loss) A g a Gross income from fundraising events (not including \$ 356, 792. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c G All other revenue Total evenue, See instructions 5,571,013. 8,125. 0, 442,832.	$\overline{}$	3 3							
The income from investment of tax-exempt bond proceeds		•				304,811.			304,811.
For Special Property of the Control of Special Property of Special		4							
(i) Real (ii) Personal					_				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: circet expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	l	9	rioyanes						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	ĺ	6.0	Gross ropts	(l) Fical	(ii) i diddina				
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d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356, 792. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b 137, 896. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b 20,112. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Less: cost of goods so		0							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18 a 232,603. b Less: direct expenses b 137,896. c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a 63,426. b Less: direct expenses b 20,112. c Net income or (loss) from garning activities. To a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C Adl other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 5,571,013. 8,125. 0. 442,832.		ن	, , , ,,,,,,,						
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18 a Coss income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			, ,						
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18	ı	/ a		(I) Securities	(ii) Other				
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d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 356,792. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		_							
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contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 63,426. b Less: direct expenses b 20,112. c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. a 232,603. b 137,896. b 94,707. 94,707	<u> </u>	o a							
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b 20,112. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	Ę	_			127 226				
9 a Gross income from gaming activities. See Part IV, line 19 a 63,426. b Less: direct expenses b 20,112. c Net income or (loss) from gaming activities and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ŏ				~ 	94.707.		S 2.35 (AT \$ 72%, 700000000	94,707.
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 5,571,013. 8,125. 0, 442,832.						,		7.8 Y	
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b 20,112. 43,314. 43,314. 4	ŀ	9 0	= -		63,426.				
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10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			• • • • • • • • • • • • • • • • • • • •			43,314.			43,314.
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	ĺ								
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c d All other revenue e Total. Add lines 11a·11d ► 12 Total revenue. See instructions. ► 5,571,013. 8,125. 0. 442,832.						<u> </u>			
d All other revenue E Total. Add lines 11a-11d Total revenue. See instructions. 12 Total revenue. See instructions. 5,571,013. 8,125. 0. 442,832.	Į						<u> </u>		
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12 Total revenue. See instructions. 5,571,013. 8,125. 0. 442,832.									1977
	1					5,571,013.	8,125.	0.	442,832.
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Form 990 (2013) St. Luke's Health Form Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respor		this Part IX	(6)	<u>x</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	2 520 604	2 720 604		
	organizations in the United States. See Part IV, line 21	3,729,694.	3,729,694.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	118,320.	29,580.	59,160.	29,580,
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	538,154.	150,757.	225,951.	161,446.
8	Pension plan accruals and contributions (include				
٥	section 401(k) and 403(b) employer contributions)	7,222.	3,611.	1,444.	2,167
_	```	2,883.	2,883.	· · ·	,
9	Other employee benefits	38,017.	19,009.	7,603.	11,405.
10	Payroll taxes	30,017.	13,003.	7,000.	,
11	Fees for services (non-employees):	50 440	50 110		
а	Management	58,118.	58,118.		
þ	Legal				
C	Accounting				<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,567.	18,567.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	20,740.	20,740.		
12	Advertising and promotion	23,504.			23,504.
	- ·	5,048.	5.048.		
13	Office expenses		,		
14	Information technology				
15	Royalties			<u> </u>	
16	Occupancy	16.045	16 045		· · · · · · · · · · · · · · · · · · ·
17	Travel	16,945.	16,945.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u>.</u>			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	Contract Services	115,067.	115,067.		
a	Supplies	87,028.	87,028.		
b	Food Service	25,855.	25,855.		
С.		12,478.	23,333.	<u> </u>	12,478
d	Acknowledgements	94,720.	94,720.		
е	All other expenses		4,377,622.	294,158.	240,580
25	Total functional expenses. Add lines 1 through 24e	4,912,360.	4,3/1,022.	254,130.	240,380
26	Joint costs. Complete this line only if the organization				
			ŀ	1	I
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				

Form 990 (2013)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part Y	 		T
		CHECK II SCHEdule O Contains a response of not	e to any mie m uno ratta	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		<1.	> 1	
	2	Savings and temporary cash investments			2	
	з	Pledges and grants receivable, net		2,069,270.	3	1,512,959.
	4	Accounts receivable, net		1,290.	4	1,446.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr).		200 - 11 - 10 4 CHINANA WAY OF A COMPANY OF A COMPANY	6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9				9	
	1	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		7,658,964.	11	8,242,677.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		16,199,191.	15	17,113,111.
	16	Total assets. Add lines 1 through 15 (must equi		25,928,714.	16	26,870,193.
	17	Accounts payable and accrued expenses		29,274.	17	33,042.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
v	22	Loans and other payables to current and former				
itie		key employees, highest compensated employee				
Liabilities					22	
ت	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		29,274.	26	33,042.
		Organizations that follow SFAS 117 (ASC 958	s), check here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and	d 34.			
Š	27	Unrestricted net assets			27	
3ala	28	Temporarily restricted net assets		19,369,662.	28	17,894,234.
Net Assets or Fund Balances	29			6,529,778.	29	8,942,917.
Ţ		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
ğ		and complete lines 30 through 34.	724			
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	
et /	32	Retained earnings, endowment, accumulated in		0.500.110	32	26 027 151
z	33	Total net assets or fund balances		25,899,440.	33	26,837,151.
	34	Total liabilities and net assets/fund balances		25,928,714.	34	26,870,193.

Form **990** (2013)

Form	1990 (2013) St. Luke's Health Foundation, Ltd.	01 0000575		Pa	ge z
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	<u>,013.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4		,360.
3	Revenue less expenses. Subtract line 2 from line 1	3			,653.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25		,440.
5	Net unrealized gains (losses) on investments	5		279	,058.
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26	,837	,151.
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>	.,		
			D1 -07.3	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				
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				4.
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		100
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		87.5		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit		128	x
	Act and OMB Circular A-133?		3a	_	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990	(2013)
			rorm	JJU	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

St. Luke's Health Foundation Ltd.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 81-0600973

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A A church, convention of churches or association of churches described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A programization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from ontributions, membership fees, and gross raceipts from achites related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.	Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this parl	t.) See inst	ructions.					
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). An advantage of the section 170(b)(1)(A)(iii). Enter the hospital's name, clipt, and state: A medical research organization operated to conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, clipt, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A comparization organization described in section 50(a)(a)(a). Once that 31 (a)(a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
A school described in section 170(b)(1)(A)(ii), (Artach Schedule E.)														
A medical research organization operated in conjunction with a hospital described in section 170(b)(11)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(1)(A)(iv). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization argonized and operated exclusively to test for public safety. See section 509(a)(1). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	2													
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(h)(h). (Complete Part II.) A lederal, state, or local government or governmental unit described in section 170(b)(1)A(h)(h). A community frust described in section 170(b)(1)A(h)(h). (Complete Part II.) A community trust described in section 170(b)(1)A(h)(h). (Complete Part III.) A community trust described in section 170(b)(1)A(h)(h). (Complete Part III.) A community trust described in section 170(b)(1)A(h)(h). (Complete Part III.) A community trust described in section 170(b)(1)A(h)(h). (Complete Part III.) A community trust described in section 171(b)(1)A(h)(h). (Complete Part III.) A community trust described in section 171(b)(h) (All h)(h) (All h)(h) (All h)(h) (All h)(h) (All h)(h) (All h)(h) (All h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h	з 🗔	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).						
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A control of the c	4	A medical res	search organization	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the h	ospital	's nan	ne,
section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A roganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 50(a)(1) for more than 33 1/3% of its support from goss investment income and unrelated business taxable income (less section 501(a)(2) no more than 33 1/3% of its support from goss investment income and unrelated business taxable income (less section 501(a)(2). (Pomplete Part III.) An organization organizated and operated exclusively to test for public safety. See section 509(a)(4). An organization organizated and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines it for through 111. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization and the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,														
A federal, state, or local government or governmental unit described in section 170(b)11(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)11(A)(W). (Complete Part II.) A community trust described in section 170(b)11(A)(W). (Complete Part III.) A community trust described in section 170(b)11(A)(W). (Complete Part III.) An organization that normally receives subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income flees section 511 tax) from businesses acquired by the organization after June 30, 1975. Ses section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a	5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed ir	1		
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a														
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A community trust described in section 170(b)(1)(A)(Vi). (Complete Part II.) An organization that normally receives: (I) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) Complete Part III.) 10	7 X				of its supp	oort from a	governme	ental unit c	r from the	general	publ	ic desc	nbea	in
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations adescribed in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a		-				5								
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income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% OT ITS	s support 1	rom contri	than 22 1	(204 of its	p iees, a	from	n arose	invaet	tment
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describes the type of supporting organization and complete lines 11e through 11h. a	"	more publich	, supported organiza	tions described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck t	he box	that	
a Type II b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described or organization (s). (ii) Name of supported organization about the supported organization(s). (iii) III) Type of organization ((iv) I is the organization in col. (i) of your support? (iv) Is the organization in col. (ii) organized in the U.S.? Yes No Yes No Yes No Yes No								,	•					
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization, check this box If the organization of the following persons? If the organization in the following persons? If the organization in the following persons described any gift or contribution from any of the following persons? If the organization in the following persons? If the organization in the following information about the supported organization organization in col. (i) above? If the organization in col. (ii) EIN If the organization in col. (iii) EIN (iii) Type of organization organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization								c	I 🗀 тур	e III - No	n-fun	ctional	ly integ	grated
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f If the organization received a written determination from the IRS that it is a Type I, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 55% controlled entity of a person described in (i) or (ii) above? (iii) A person described in (i) above? (iii) A 25% controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Isted in your organization in col. (i) organized in the U.S.? Yes No Yes No Yes No (vii) Amount of monetary support Yes No Yes No	·	foundation m	anagers and other t	han one or more publich	y supporte	ed organiza	ations des	cribed in s	ection 509	a)(a)(1) or	sect	ion 509	e(a)(2).	
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(ii) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Type of organization in col. (iv) organ	h	Provide the fo	ollowing information	about the supported or	ganization	(s).								
(ii) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Type of organization in col. (iv) organ			Ι		VIII In Albania		(w) Did you	, notify the	(vi) Is	the				
above or IRC section (see instructions)) Yes No Yes No Yes No Organization The provided HTML section (i) of your support? (i) of your support? (ii) of your support? (ii) of your support? (ii) of your support? (iii) of your support. (iiii) of your support. (iii) of your su	٠,		(ii) EIN						organizátio	n in col.	(vii)			netary
Yes No Yes No Yes No	orga	anization							(i) organizi U.S.	.?		Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
Total			-											
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Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 St. Luke's Health Foundation, Ltd. 81-0600973

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

Complete only if you cl	hecked the box on line	5, 7, or 8 of Part I	or if the organizat	tion failed to qualify und	ler Part III. If the organization
ails to qualify under the	e tests listed helow inl	ease complete Par	t III.)		

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,273,766.	6,985,554.	7,140,914.	6,785,080.	5,120,056.	30,305,370.
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	4,273,766.	6,985,554.	7,140,914.	6,785,080.	5,120,056.	30,305,370.
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)						1,926,406.
6	Public support. Subtract line 5 from line 4.				100		28,378,964.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	4,273,766.	6,985,554.	7,140,914.	6,785,080.	5,120,056.	30,305,370.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					}	
	and income from similar sources	114,207.	124,892.	142,853.	177,757.	304,811.	864,520.
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 IV.)						
11	Total support. Add lines 7 through 10						31,169,890.
12	Gross receipts from related activities	, etc. (see instructi	ons)	_		12	975,080.
13	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here		,			<u></u> ▶□
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	91.05 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	90.15 %
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				> x
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	it - 2013. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir-						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	1					
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose				_		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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				<u> </u>		
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b					100 mm	
	Public support (Subtract line 7c from line 6.)		155 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***	
_	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			1,00010	1 (-) 0010	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						-
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				İ		
				-	 	-	
	Add lines 10a and 10b				-		
11	activities not included in line 10b,				1		
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				 		
12	or loss from the sale of capital						
12	assets (Explain in Part IV.)	-					
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization's	firet second thir	d fourth or fifth t	ay year as a section	on 501(c)(3) organiz	ation.
14	check this box and stop here	i ure organization :					▶ □
Se	ction C. Computation of Publ	ic Support Pe					
15	Public support percentage for 2013 (line 8 column (f) d	ivided by line 13.	column (fl)	· · · · · · · · · · · · · · · · · · ·	15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inve						
17						17	%
	Investment income percentage from					18	%
10	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
.50	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	zation	
	33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
٠	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The ora	anization qualifies	as a publicly supr	orted organization	 ▶□
2∩	Private foundation. If the organization	on did not check a	box on line 14. 19	a, or 19b. check t	his box and see in	structions	▶ □
	are realisations in the organization						

Schedule A	(Form 990 or 990-EZ) 2013 St. Luke's Health Foundation, Ltd.	81-0600973	Page 4
Part IV	(Form 990 or 990-EZ) 2013 St. Luke's Health Foundation, Ltd. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b; and Part III. lir	ne 12.
لتتتنا	Also complete this part for any additional information. (See instructions).	,	
	Also complete this part for any additional information. (See instructions).		
-			
	-		
		· ·	
		<u> </u>	
		-	
			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 · Employer identification number

Organization type (check	St. Luke's Health Foundation, Ltd.	81-0600973					
organization type (checi	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	x 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ion					
	527 political organization						
orm 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m mplete Parts I and II.	nore (in money or property) from any one					
		nore (in money or property) from any one					
contributor. Cor special Rules X For a section 50 509(a)(1) and 17		of the regulations under sections on of the greater of (1) \$5,000 or (2) 2%					
contributor. Cor special Rules X For a section 50 509(a)(1) and 17 of the amount o For a section 50 total contributio	mplete Parts I and II. 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the contribution	of the regulations under sections on of the greater of (1) \$5,000 or (2) 2%.					
contributor. Con Special Rules X For a section 50 509(a)(1) and 17 of the amount of For a section 50 total contribution the prevention of For a section 50 contributions for If this box is che purpose. Do not	on (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test on (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any owns of more than \$1,000 for use exclusively for religious, charitable, scientific, litera	of the regulations under sections on of the greater of (1) \$5,000 or (2) 2% one contributor, during the year, ary, or educational purposes, or one contributor, during the year, did not total to more than \$1,000. **exclusively* religious, charitable, etc., because it received nonexclusively*					

Employer identification number Name of organization 81-0600973 St. Luke's Health Foundation, Ltd.

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$1,314,075.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$180,051.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$152,767.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
323452 10-24		Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)			

Name of organization

Employer identification number

St. Luke's Health Foundation, Ltd.

81-0600973

Part II	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _{\$}	

Name of orga	anization		Employer identification number
St. Luke' Part III	s Health Foundation, Ltd. Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	vidual contributions to section 501(c) he following line entry. For organization c., contributions of \$1,000 or less for	81-0600973 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.) \$\Bigsir \bigsir \b
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
1	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Relationship of transferor to transferee	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Employer identification number Name of the organization 81-0600973 St. Luke's Health Foundation Ltd. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche		Health Foundati					81-06009			age 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther	Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a sign	ificant	use of its	collectio	n iten	าร
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further t	ne organization's	exemp	t purpo	ose in Par	t XIII.		
	During the year, did the organization solicit or							_		_
	to be sold to raise funds rather than to be ma	intained as part of the	ne organization's co	llection?			<u></u>	Yes		_ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes'	to Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.	<u>.</u>							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets	not inc	cluded		_	_	_
	on Form 990, Part X?						L	Yes		J No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f		_		
	Did the organization include an amount on Fo						L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par										
		(a) Current year	(b) Prior year	(c) Two years bac	k (a)	Three y	ears back			
1a	Beginning of year balance	8,439,639.	6,526,626.	5,532,41		5,4	03,842.	4	,910	,436.
b	Contributions	208,058.	1,048,723.	137,31	9.		90,468.			<u>,637.</u>
	Net investment earnings, gains, and losses	583,869.	1,131,624.	1,051,72	8.	<	51,047.	>	483	,295.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	288,239.	267,334.	194,83	9.	2	10,847.		188	,526.
f	Administrative expenses									
	End of year balance	8,943,327.	8,439,639.	6,526,62	6.	5,5	32,416.	5	,403	,842.
	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:						
	Board designated or quasi-endowment	8.00	%							
	Permanent endowment 1.00	%	-							
С	Temporarily restricted endowment ▶	91.00 %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
	Are there endowment funds not in the posses		ition that are held a	nd administered f	or the	organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Parl	X, line	e 10.				
	Description of property	(a) Cost or ot			•	ımulate		(d) Boo	k valu	e
		basis (investm	nent) basis	, ,	depre	ciation				
1a	Land									_
	Buildings						_			
	Leasehold improvements				_					
d	Equipment						_			
е	Other		<u> </u>							
-4-1	Add lines to through te (Column (d) must ex	gual Form 000 Part	Y column (R) line 1	0(c))						0.

Schedule D (Form 990) 2013

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	to 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
	(0,		-
(1) Financial derivatives			
(2) Closely-held equity interests		<u> </u>	
(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.	<u></u>		
Complete if the organization answered "Yes"	to 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"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Due From Related Organizations			17,113,111.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		17,113,111.
Boot V Other Lightlities			

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	1 1		
d	Other (Describe in Part XIII.)	1 1		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.	
L	Complete if the organization answered "Yes" to Form 990, Part IV, line			
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		
ь	Prior year adjustments	F I		
С	Other losses	1 - 1		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
Pa	rt XIII Supplemental Information.			
Prov	ide 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	,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
Part	V, line 4:			
Exp]	anation:	· · · · · · · · · · · · · · · · · · ·		
The	intended use of the endowment funds are as follows:			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.1		
Vari	ous programs administered by St. Luke's Children's Hospita			
~				
Cano	er research programs	·		
Vari	ous programs administered by Mountain States Tumor Institu	ıte		
	out programs deministration of the programs and the programs and the programs are the programs and the programs are the programs and the programs are the program are the program are the program are the programs are the program are the progr			
CARE	3S			
Indi	gent care			
Hos	pice			
			-	
Past	coral care			

332054 09-25-13

Schedule D (Form 990) 2013 St. Luke's Health Foundation, Ltd.	81-0600973	Page 5
Part XIII Supplemental Information (continued)		
Nursing scholarships/education opportunities		
Lecture series for various medical specialties		
Employee/volunteer service recognition programs		
Form 990 Schedule D,Part X,Line 2:		
Explanation:	·	
Footnote Disclosure-Uncertain Tax Positions Under FIN #48		
·		
(Source: Consolidated Financial Statements-St. Luke's Health System)		
"The Health System is subject to federal excise tax on its		
unrelated business taxable income(UBTI). For the period ended		
September 30,2014, the Company had approximately \$4,077,000 of		
UBTI Net Operating Losses from operating losses incurred from	<u></u>	
2000 to 2014 which expire in years 2015 to 2029. The Health System		
does not believe it is more likely than not they will utilize these losses		
prior to their expiration and as such has provided a full valuation		
allowance against these losses."		

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization						· -	ntification number
	h Foundation,Ltd.					81-0600973	 -
Part I Fundraising Activities. Complete this part.	ete if the organization answe	ered "\	es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization raised fund a	e Solicita f Solicita g Special greement with any individual or entity in connection with p or entities (fundraisers) purs	tion of tion of fundra (inclu- profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	L Yes	□ No
compensated at least \$5,000 by the organized (i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o	Did raiser ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
or entity (turidialser)		Yes	trol of utions?		list	ted in col. (i)	Organization
							-
Total 3 List all states in which the organization is reg					d it is	exempt from re	egistration
or licensing.							
LHA For Paperwork Reduction Act Notice, see	the Instructions for Form	990 ~	990-1	EZ. S	Cher	tule G (Form 9	90 or 990-EZ) 2013

332081 09-12-13

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
	1	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			(4) = 10.11	(4, = 1 = 1 = 1	(.,	(d) Total events
			KID FOR A NIGHT	SCRAMBLE	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue	ļ		-			
Revenue	1	Gross receipts	461,111.	117,078.	11,206.	589,395.
Œ						
	2	Less: Contributions	269,570.	81,672.	5,550.	356,792.
					5 656	222 602
_	3	Gross income (line 1 minus line 2)	191,541.	35,406.	5,656.	232,603.
	4	Cash prizes				
	_	Name and prizes				
Š	5	Noncash prizes		-		
Sus	6	Rent/facility costs	8,283.	2,089.	3,170.	13,542.
Direct Expenses		Tieribiaemity 665t5	· · · · · · · · · · · · · · · · · · ·			
t E	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				124,354.
	10	Direct expense summary. Add lines 4 through				137,896.
-	11	Net income summary. Subtract line 10 from I	ine 3, column (d)	000 Det IV line 10 es	reported more than	94,707.
Pa	irt		answered "Yes" to Form	1990, Part IV, line 19, or l	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	4	Gross revenue			63,426.	63,426.
	•	0.000				
Ø	2	Cash prizes				
nse						
хре	3	Noncash prizes			17,001.	17,001.
Direct Expenses						
)ire	4	Rent/facility costs				
_					3,111.	3,111.
	5	Other direct expenses	Yes %	Yes %	Yes %	
		Volunteer labor	No Yes	No No	X No	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	20,112.
	ľ	<u> </u>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	.,)	43,314.
		ter the state(s) in which the organization opera				
а	ls 1	the organization licensed to operate gaming a	ctivities in each of these	states?		X Yes No
ь	If "	No," explain:				
	_				-	<u> </u>
40		ere any of the organization's gaming licenses re	avokad suspended arts	aminated during the tay	vear?	Yes X No
					your :	
10	111	Yes," explain:				
	_					
	_				Sobodula C /F	rm 000 or 000 E7\ 2012
	മാവ	9-12-13			Schedule G (FO	rm 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 St. Luke's Health Foundation, Ltd.	-0600973		Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
40			1	
	Indicate the percentage of gaming activity operated in:	13a		25.00 %
	The organization's facility		1	75.00 %
b	An outside facility		Ь	70.00 70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name Zoe Brunelle-Director of Special Events			
	Address > 190 E. Bannock - Boise, ID 83712			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
·	the res, enternance and address of the time party.			
	Name	·		
	Address ►			
16	Gaming manager information:			
	Name Doe Brunelle			
	Gaming manager compensation ► \$ 50,700.			
	**			
	Description of services provided			
	Manage raffle license, record and report raffles, coordinate			
	licensing requirements with St. Luke's Health System legal			
	Director/officer X Employee Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	X No
	retain the state gaming license?		165	LAL NO
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part		, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	s).		
Sch	edule G, Part III, Line 16, Description of Services Provided:			
_				
Was	age raffle license, record and report raffles, coordinate			
Man	age fairle license, record and report fairles, socialists			
	and a serious with St. Inke's Health System local			
110	ensing requirements with St. Luke's Health System legal			
dep	artment,			
_				

Schedule G (Form 990 or 99	90-EZ) St. Luke's Health Foundation, Ltd.	81-0600973	Page 4
Part IV Supplemen	tal Information (continued)		
artiv Supplemen	tal information (continued)		
·			
			
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
	<u> </u>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013	Open to Public Inspection
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Employer identification number

► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www its gov/form990.

St. Luke's Health Foundation, Ltd.	1th Foundatio	n, Ltd.					81-0600973
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	3overnments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Provide support for the
St. Luke's Regional Medical							overall operation and
Center, Ltd 190 E. Bannock -						-	capital needs of St.
Boise, ID 83702	82-0161600	501(c)(3)	2,545,185.	0.			Luke's Regional Medical
							Provide support for the
Mountain States Tumor							overall operation needs
Institute, Inc 100 E. Idaho -							of Mountain States Tumor
Boise, ID 83702	82-0295026	501(c)(3)	1,171,481.	0			Institute.
							Provide support for the
St. Luke's Wood River Medical							overall operation needs
Center, Ltd 190 E. Bannock -				•			of St. Luke's Wood River
Boise, ID 83702	84-1421665	501(c)(3)	12,909.	0			Medical Center.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	ne line 1 table				3.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line						A
LHA For Paperwork Reduction Act Notice, see the Instructions for	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 31 (c) Amount of cash grant The Foundation's purpose is to support the operational and capital needs of its related organizations within the St. Luke's Health System, which include Institute, Inc., St. Luke's Humphreys Diabetes Center, Inc., St. Luke's Wood River Medical Center, Ltd., St. Luke's McCall, Ltd. and St. Luke's Magic Valley Regional Medical Center, Ltd. The Foundation will notify the department heads within these organizations of the funds that are (b) Number of recipients St. Luke's Regional Medical Center, Ltd., Mountain States Tumor (a) Type of grant or assistance Part I, Line 2: 332102 10-29-13 Part IV Part III

Page 2

81-0600973

St. Luke's Health Foundation, Ltd.

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

St. Luke's Health Foundation, Ltd.

Employer identification number 81-0600973

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			7.7
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tastoss, and smoots, moderning the descriptions of the same states of			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		2.76	
	Form 990 of other organizations Approval by the board or compensation committee		- 3	/ 4 3
	Point 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		N.	
-	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		\$20 -1	
	The totally of miles falls, not the personal and provide and approvide a		Jirk	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	T	.7,.00	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Populations coation 52 4059-6(c)2	9		ı

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(a)-(i)(a)	reported as deferred in prior Form 990
(1) Ms. Kathy Moore	Θ	0	0	0.	0	0	0	0
Director	Ξ	334,171.	0.	41,742.	6,063.	19,637.	404,613.	0.
(2) Mr. Chris Roth	Ξ	0	0	0	0	0	0	0
CEO and Director (Served through 3/3 (ii)	€	479,250.	0	19,454.	13,026.	9,942.	521,672.	0
(3) Mr. Jeff Cilek	Ξ	0	0	0	0	0	0	0
Executive Director	€	206,250.	0	30,252.	12,263.	12,010.	260,775.	0.
(4) Mr. Gary Fletcher	Ξ	0	0	0	0	0	0	0
	(E)	658,072.	0	110,160.	267,997.	8,392.	1,044,621.	152.
ill, M.D.	(E)	0	0	0	0	0	0	0.
Former Director	(E)	356,675.	0	43,237.	13,026.	14,727.	427,665.	0
	(i)							
	€							
	Ξ							
	<u></u>							
	(3)							
	(ii)							
	(1)							
	(ii)							
	(!)							
	Ξ							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	▣							
332112				6			Sched	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 St. Luke's Health Foundation, Ltd.	81-0600973 Page 3	63
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.	nis part for any additional information.	
Part I, Line 3:		
Compensation for the organization's employed Officers and Executive		
Director is determined by St. Luke's Health System, Ltd. (System), sole member		
of St. Luke's Regional Medical Center, Ltd. (SLRMC), which in turn is the sole		
member of St. Luke's Health Foundation, Ltd. (SLHF). The System board approves		
the compensation amount per the recommendation of its compensation		
committee.		
In determining compensation, 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'13, the following individual participated in a supplemental		
	Schedule J (Form 990) 2013	2013

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.

calendar year 2013, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year twice, both in prior years when earned or accrued, and again in the Reportable compensation is based on the total amount paid during contributions. As a result, certain amounts have been reported \$70,628 Total SERP-Gross Up \$ 31,606 non-qualified executive retirement plan: \$ 39,022 SERP current year when paid. Prior Compensation: Part II Column (F) Gary L. Fletcher Explanation:

36

332113 09-13-13

Compensation for CEO/Executive Director:

Schedule J (Form 990) 2013

332113 09-13-13

37

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization St. Luke's Health Foundation, Ltd.	81-0600973
Form 990, Part VI, Section A, line 4:	
Explanation:	
In its continual efforts to engage and empower the local communities	
with their fundraising efforts, the St. Lukes Health Foundation chartered	
two philanthropic boards to represent two major community groups within	
the St. Luke's Regional Medical Center System. These two new boards	
are:	
(1) St. Luke's Treaasure Valley Foundation	
(2) St. Luke's Elmore Foundation	
The boards of directors for these two foundations are operating under	
the direction of the St. Luke's Health Foundation, Ltd. (SLHF) fiduciary	
board.	
As a result, several members of the original SLHF board were reassigned	
to serve as members of these chartered boards. The revised fiduciary	
board now consists of three (3) board members, including the following:	
(1) Chair of the St. Luke's Treasure Valley Foundation	
(2) Chair of the St. Luke's Elmore Foundation	
(3) Chief Executiver Officer of St. Luke's Regional Medical Center, Ltd.,	
which is the sole member of SLHF.	
The number of directors may be increased or decreased(but not below	
three directors) from time to time by the member. Each member of the	0 Lulid 0/F 000 000 FT) (0040)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Employer identification number
Name of the organization St. Luke's Health Foundation, Ltd.	81-0600973
SLHF board will have one vote. On an annual basis, one of the board	
members will nominated as the chair for the SLHF board.	
members will nominated as the chair for the same board.	
These changes became effective October 1,2014.	
Form 990, Part VI, Section A, line 6:	
Explanation:	
St. Luke's Regional Medical Center, Ltd. is the sole member of St. Luke's	
Health Foundation, Ltd. (Foundation).	
Form 990, Part VI, Section A, line 7a:	
Explanation:	
The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is	
appointed by the President and CEO of St. Luke's Regional Medical Center,	
Ltd.(Member). St. Luke's Regional Medical Center, Ltd. is the sole member	
of the Corporation.	
Form 990, Part VI, Section A, line 7b:	
Explanation:	
The following actions by St. Luke's Health Foundation, Ltd. (Foundation)	
must be approved by its sole member, St. Luke's Regional Medical	
Center,Ltd.:	
(1) Amendment or restatement of the Articles of Incorporation or the Bylaws	
of the Foundation.	
(2) Purchase, sale, lease, disposition, hypothecation, exchange, gift, pledge or	
encumbrance of any interest in real or personal property,provided, 332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R | Related Organization and (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.

OMB No. 1545-0047
2013
Open to Public Inspection

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

Open to Public Inspection Employer identification number 81-0600973

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

St. Luke's Health Foundation, Ltd.

Department of the Treasury Internal Revenue Service
Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	assets Direct controlling entity) ntrolling ity	
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.	ations Complete if the organization ar	swered "Yes" on Form 990.	Part IV, line 34 be	cause it had one c	r more related tax-exem	ŧ	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	ع ا
St. Luke's Health System, Ltd 56-2570681 190 E. Bannock Boise ID 83712	Supporting Organization	Idaho	501(c)(3)		4/2		<u> </u>
St. Luke's Regional Medical Center, Ltd82-0161600, 190 E. Bannock, Boise, ID 83712		Idaho			St. Luke's Health		×
Mountain States Tumor Institute, Inc 82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	2	St. Luke's Regional Medical Center,Ltd.		 ×
St. Luke's Wood River Medical Center, Ltd84-1421665, 190 E. Bannock, Boise, ID 83712	d 83712 Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd		

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

See Part VII for Continuations

Schedule R (Form 990) 2013

St. Luke's Health Foundation, Ltd.

81-0600973

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	2(b)(13) led tion?
				501(c)(3))		Yes	2
2							
:,Ltd 56-2570686, 801 Pole Line					St. Luke's Health		
83301	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		×
St. Luke's McCall, Ltd 27-3311774							
190 E. Bannock					St. Luke's Health		
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	e.	System Ltd.		×
St. Luke's Magic Valley Health					St. Luke's Magic		
					Valley Regional		
, ID 83301	Fundraising	Idaho	501(c)(3)	7	Medical	<u>. i</u> .	×
Clinic Coordinated Care, Ltd	Accountable Care				St, Luke's Health		
45-5195864, 190 E. Bannock, Boise, ID 83712	Organization	Idaho	501(c)(3)	6	System, Ltd.		×
		1986	!				
332222							
05-01-13		46					

St. Luke's Health Foundation, Ltd.

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81-0600973

Schedule R (Form 990) 2013

General or Percentage managing ownership partner? Schedule R (Form 990) 2013 Yes No Section 512(b)(13) controlled entity? 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. Percentage ownership 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. 9 Ξ Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) Share of end-of-year assets \equiv Disproportionate Yes allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income \boldsymbol{arphi} (d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 47 (d)
Direct controlling
entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> (a) 332162 09-12-13 Part IV Part III

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 				<u>ta</u>	×
b Gift, grant, or capital contribution to related organization(s)				₽	×
c Gift, grant, or capital contribution from related organization(s)				5	×
d Loans or loan guarantees to or for related organization(s)				₽	×
e Loans or loan guarantees by related organization(s)				5	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				£	×
h Purchase of assets from related organization(s)				£	×
i Exchange of assets with related organization(s)				Ę	×
j Lease of facilities, equipment, or other assets to related organization(s)				F	×
k i asea of facilities accimonant or other accets from related even institution(s)				;	÷
	nization(e)			¥ ;	4
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			=	* 4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£	 ×
Sharing of paid employees with related organization(s)				.	×
				은	×
q Reimbursement paid by related organization(s) for expenses				-	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				\$	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	who must complete th	is line, including covered	line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved	
(1)					
(2)	,				
(3)					
(4)					
(5)					
(9)					
332163 09-12-13	48		Schedul	Schedule R (Form 990) 2013	990) 201

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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)

(2)	(K)	ercentage ownership				
2		ging Serva				J
Ď	8	General or managing partner?				
ימים מסססס	€	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No				
<u> </u>	l	S de c				
)]	Ξ	Dispropor- tionate allocations?				
	(6)	Share of end-of-year assets				
	(j)	Share of total income				
	(e)	partners sec. 501(c)(3) orgs.?				
sion for certain investment partnerships.	(p)	Predominant income (related, unrelated, excluded from tax under section 512-514)				
	(၁)	Legal domicile (state or foreign country)				
tructions regarding exclu	(q)	Primary activity				
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a)	Name, address, and EIN of entity				

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 St. Luke's Health Foundation, Ltd.	81-0600973	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
1 Tovide additional information for responded to guestione on conteasion (cos metadeters).		
Part II, Identification of Related Tax-Exempt Organizations:		
rate 11, Identification of Related Ida Brempt Organizations.		
We are C. Pollahad. Occasionables		
Name of Related Organization:		
St. Luke's Magic Valley Health Foundation, Inc.		
Direct Controlling Entity: St. Luke's Magic Valley Regional Medical		
Center, Ltd.		
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