

Form **990**

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 black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2012** calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Luke's Regional Medical Center		D Employer identification number 82-0161600
	Doing Business As		E Telephone number 208-381-3790
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,738,496,498.
	190 E Bannock		
City, town, or post office, state, and ZIP code Boise, ID 83712		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: Kathy Moore Same as (c) (See Schedule O for more detail)		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.stlukesonline.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1906
M State of legal domicile: ID			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provide healthcare services to the community.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VII, line 1a)	20
	4 Number of independent voting members of the governing body (Part VII, line 1b)	10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	9565
	6 Total number of volunteers (estimate if necessary)	547
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	2,313,605.
b Net unrelated business taxable income from Form 990-T, line 34	<506,420.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 9,368,523. Current Year: 12,714,007.
	9 Program service revenue (Part VIII, line 2g)	942,985,344. 1,032,454,327.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,147,030. 3,342,779.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	405,821. 524,690.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	957,906,718. 1,049,035,803.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		443,779,008. 501,872,392.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		451,369,246. 548,146,374.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	899,420,957. 1,054,630,321.	
19 Revenue less expenses. Subtract line 18 from line 12	58,485,761. <5,594,518.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,230,525,119. End of Year: 1,302,029,685.
	21 Total liabilities (Part X, line 26)	804,700,186. 820,592,972.
	22 Net assets or fund balances. Subtract line 21 from line 20	425,824,933. 481,436,713.

Part II Signature Block

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

Sign Here	Signature of officer <i>Peter DiDio</i>	Date 8-13-14			
	Peter DiDio, Vice-President, Controller Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Sharon Zorbach	Preparer's signature <i>Sharon Zorbach</i>	Date 8/7/14	Check if self-employed <input type="checkbox"/>	PTIN P00125475
	Firm's name Deloitte Tax LLP	Firm's EIN 86-1065772	Firm's address 225 W. Santa Clara St. San Jose, CA 95113	Phone no. 408-704-4000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated, patient-centered, quality care.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 816,195,816. including grants of \$ 3,731,925.) (Revenue \$ 780,841,029.) Medical & Surgical:

St. Luke's Regional Medical Center is comprised of three hospital campuses(Boise,Meridian and Mountain Home),one urgent care center(Eagle),one free-standing emergency department(Nampa),and physician clinics throughout the Treasure Valley. The hospitals provide 24-hour emergency care,diagnostic procedures,a variety of inpatient and outpatient care,and maternity and pediatric care. Known for its clinical excellence,St. Luke's has been recognized for quality and patient safety,and is proud to be designated a Magnet Hospital,the gold standard for nursing care. In addition,St. Luke's has the only children's hospital in the state of Idaho.

4b (Code:) (Expenses \$ 48,726,582. including grants of \$ 239,323.) (Revenue \$ 50,058,261.) St. Luke's Childrens Hospital/Specialty Center

St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year,with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit,Pediatric Intensive Care Unit,and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit,Pediatric Emergency Department,and Pediatric Surgery Suites. At our Children's Hospital School,we help our young patients keep pace with their classmates. At CARES(Children at Risk

4c (Code:) (Expenses \$ 63,150,003. including grants of \$ 640,307.) (Revenue \$ 133,681,342.) Heart & Vascular:

St. Luke's provides more heart procedures than any other hospital in Idaho, providing cardiac care for heart patients throughout Idaho,and into parts of Oregon,Nevada,and Utah. St. Luke's supports the region through partnerships with physicians,hospitals,and regional clinics where patients are cared for in their own communities. Classes and screenings are offered to promote heart and vascular health and support those living with cardiovascular disease. In addition,St. Luke's has provided hundreds of automated external defibrillators(AEDs)to local schools,civic organizations and businesses,and has worked with area hospitals to achieve standardized clinical protocols for heart attack

4d Other program services (Describe in Schedule O.) (Expenses \$ 50,012,281. including grants of \$) (Revenue \$ 66,474,648.)

4e Total program service expenses 978,084,682.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	x	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	x	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		x
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		x
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	x	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		x
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	x	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	x	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	x	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		x
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	x	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x
14a Did the organization maintain an office, employees, or agents outside of the United States?		x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		x
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		x
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	x	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	x	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 912		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 9565		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
b	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 tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 Peter DiDio Vice President, Controller - 208-381-3790
 190 E. Bannock, Boise, ID 83712

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mr. Michael M. Mooney Chairman	2.50 2.50	X		X				0.	0.	0.
(2) Mr. Patrick McMurray Vice-Chair	2.00 2.00	X		X				0.	0.	0.
(3) Mr. Charles H. Wilson Vice-Chair	2.00 2.00	X		X				0.	0.	0.
(4) Mr. A. J. Balukoff Vice-Chair	2.00 2.00	X		X				0.	0.	0.
(5) Mr. Jim Everett Vice-Chair	2.00 2.00	X		X				0.	0.	0.
(6) Mr. George Iliff Vice-Chair	2.00 2.00	X		X				0.	0.	0.
(7) Mr. Bill Ringert Director	2.00 2.00	X						0.	0.	0.
(8) Ms. Carolyn Terteling-Payne Director	2.00 2.00	X						0.	0.	0.
(9) Bishop Brian Thom Director	2.00 2.00	X						0.	0.	0.
(10) Ms. Joy Kealey Director	2.00 2.00	X						0.	0.	0.
(11) Mr. LaMont Keen Director	2.00 2.00	X						0.	0.	0.
(12) Ms. Gay Simplot Director	2.00 2.00	X						0.	0.	0.
(13) Catherine Reynolds, M.D. Director	40.00 2.00	X						0.	0.	0.
(14) Thomas R. Huntington, M.D. Director	2.00 2.00	X					9,450.	0.	0.	0.
(15) Alan Swajkoski, M.D. Director (thru Feb. 2013)	40.00 2.00	X					356,564.	0.	38,511.	
(16) Leslie Nona, M.D. Chief of Medical Staff	40.00 2.00	X					241,376.	0.	33,668.	
(17) Mr. John Jackson Director	2.00 2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mr. Ron Jutzy, M.D. Chief of Medical Staff-Elect	40.00 2.00	X						475,361.	0.	23,012.
(19) Mr. Ron Sali Director	2.00 2.00	X						0.	0.	0.
(20) Mr. Darin DeAngeli Director	2.00 4.00	X						0.	0.	0.
(21) Mr. Chris Roth President/CEO	40.00 4.00	X		X				483,255.	0.	34,070.
(22) Jeffrey S. Taylor VP/CFO St. Luke's Lukes Health System	2.00 44.00			X				743,235.	0.	141,439.
(23) Ronald M. Kristensen, M.D. Physician	40.00 0.00				X			1,181,833.	0.	51,270.
(24) Donald A. Stritzke, M.D. Physician	40.00 0.00				X			977,805.	0.	42,449.
(25) Jon B. Getz, M.D. Physician	40.00 0.00				X			1,185,482.	0.	41,460.
(26) Steven S. Huerd, M.D. Physician	40.00 0.00				X			950,543.	0.	61,100.
1b Sub-total								6,604,904.	0.	466,979.
c Total from continuation sheets to Part VII, Section A								1,824,523.	0.	232,922.
d Total (add lines 1b and 1c)								8,429,427.	0.	699,901.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 456

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine Of Idaho, 13960 W. Wainwright, Suite A, Boise, ID 83713	Emergency Medicine Services	19,130,714.
Woman's Clinic, LLP 100 E. Idaho, Ste 400, Boise, ID 83702	Medical Services	4,762,326.
Quest Diagnostics, Inc. 3924 Collection Center, Chicago, IL 60693	Medical Laboratory Services	2,632,520.
Boise Radiology Group, PLLC P.O. Box 9696, Boise, ID 83707	Imaging Services	2,565,140.
Alliance Recruiting Resources, P.O. Box 4356 Dept 611, Houston, TX 77210-4356	HR Recruiting Services	1,552,150.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 107

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) David A. Hinchman, M.D. Physician	40.00 0.00					X		922,956.	0.	52,835.
(28) Mr. Gary L. Fletcher Former CEO and Director	0.00 42.00						X	901,567.	0.	180,087.
Total to Part VII, Section A, line 1c								1,824,523.		232,922.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,404,793.					
	e Government grants (contributions)	1e	10,259,585.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,049,629.					
	g Noncash contributions included in lines 1a-1f: \$		960,000.					
	h Total. Add lines 1a-1f			12,714,007.				
Program Service Revenue	2 a Net Patient Revenue	Business Code	900099	1,010,063,994.	1,010,063,994.			
	b Outpatient Retail Rx		446110	4,233,455.	2,834,408.	1,399,047.		
	c VHA Coop Cash Distrib.		900099	3,086,033.	3,086,033.			
	d Joint Venture Income		900099	2,247,445.	2,247,445.			
	e							
	f All other program service revenue		900099	12,823,400.	12,823,400.			
	g Total. Add lines 2a-2f			1,032,454,327.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)							
	4 Income from investment of tax-exempt bond proceeds			6,204,369.			6,204,369.	
	5 Royalties							
	6 a Gross rents	(i) Real		1,911,997.				
		(ii) Personal		2,386,785.				
		b Less: rental expenses		<474,788.>				
		c Rental income or (loss)			<474,788.>			<474,788.>
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities		684,120,843.				
		(ii) Other		91,477.				
		b Less: cost or other basis and sales expenses		686,828,410.	245,500.			
		c Gain or (loss)		<2,707,567.>	<154,023.>			
	d Net gain or (loss)				<2,861,590.>			<2,861,590.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	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 LAUNDRY		812300	914,558.		914,558.			
b EMPLOYEE PARKING REV		900099	84,920.			84,920.		
c								
d All other revenue								
e Total. Add lines 11a-11d			999,478.					
12 Total revenue. See instructions.			1,049,035,803.	1,031,055,280.	2,313,605.	2,952,911.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,611,555.	4,611,555.		
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	3,587,907.		3,587,907.	
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	405,055,930.	364,789,475.	40,266,455.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,177,477.	20,859,729.	2,317,748.	
9 Other employee benefits	44,278,487.	39,850,638.	4,427,849.	
10 Payroll taxes	25,772,591.	23,195,332.	2,577,259.	
11 Fees for services (non-employees):				
a Management	54,054,977.	52,136,043.	1,918,934.	
b Legal	2,322,236.		2,322,236.	
c Accounting	13,220.	540.	12,680.	
d Lobbying	124,790.	124,790.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	590,764.	590,764.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,214,640.	4,516,134.	1,698,506.	
12 Advertising and promotion	1,952,772.	386,546.	1,566,226.	
13 Office expenses	8,049,296.	6,798,175.	1,251,121.	
14 Information technology	43,985,553.	43,985,553.		
15 Royalties				
16 Occupancy	13,928,766.	11,886,202.	2,042,564.	
17 Travel	2,747,396.	2,199,795.	547,601.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	22,571,006.	22,571,006.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,347,769.	70,347,769.		
23 Insurance	300,391.	284,518.	15,873.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	160,184,639.	157,777,673.	2,406,966.	
b Provision for Bad Debt	50,994,961.	50,994,961.		
c Contract Services	27,620,655.	22,595,258.	5,025,397.	
d Repairs	15,506,803.	14,524,453.	982,350.	
e All other expenses	66,635,740.	63,057,773.	3,577,967.	
25 Total functional expenses. Add lines 1 through 24e	1,054,630,321.	978,084,682.	76,545,639.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	76,601.	1	4,653,626.
	2 Savings and temporary cash investments	26,528,360.	2	23,119,009.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	70,141,117.	4	169,935,886.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	325,000.	7	325,000.
	8 Inventories for sale or use	18,331,769.	8	20,190,579.
	9 Prepaid expenses and deferred charges	5,592,040.	9	4,302,249.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 959,255,082.		
	b Less: accumulated depreciation	10b 434,855,187.	428,933,695.	10c 524,399,895.
	11 Investments - publicly traded securities	354,902,978.	11	306,894,814.
	12 Investments - other securities. See Part IV, line 11	8,053,660.	12	8,095,754.
	13 Investments - program-related. See Part IV, line 11	9,864,972.	13	9,258,159.
	14 Intangible assets	51,078,547.	14	56,285,355.
	15 Other assets. See Part IV, line 11	256,696,380.	15	174,569,359.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,230,525,119.	16	1,302,029,685.	
Liabilities	17 Accounts payable and accrued expenses	75,075,596.	17	92,009,886.
	18 Grants payable		18	
	19 Deferred revenue	3,119,729.	19	2,136,643.
	20 Tax-exempt bond liabilities	592,645,288.	20	613,802,555.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,685,602.	23	1,683,475.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	132,173,971.	25	110,960,413.
	26 Total liabilities. Add lines 17 through 25	804,700,186.	26	820,592,972.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	424,991,953.	27	480,507,236.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	832,980.	29	929,477.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	425,824,933.	33	481,436,713.	
34 Total liabilities and net assets/fund balances	1,230,525,119.	34	1,302,029,685.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,049,035,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,054,630,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	<5,594,518.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	425,824,933.
5	Net unrealized gains (losses) on investments	5	<1,953,302.>
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	63,159,600.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	481,436,713.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An 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.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 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 Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
 - e 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).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, 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?

	Yes	No
(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 in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

232021
12-04-12

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 4,478,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	 <hr/> <hr/> <hr/>	\$ 2,723,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 <hr/> <hr/> <hr/>	\$ 2,587,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	 <hr/> <hr/> <hr/>	\$ 1,399,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	 <hr/> <hr/> <hr/>	\$ 212,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	 <hr/> <hr/> <hr/>	\$ 200,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 179,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 150,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 111,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 57,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 49,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 48,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 39,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 31,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 30,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 28,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 26,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>23,751.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ <u>23,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ <u>21,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ <u>20,476.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ <u>19,963.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ <u>19,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/> <hr/>	\$ 17,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<hr/> <hr/> <hr/> <hr/>	\$ 14,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<hr/> <hr/> <hr/> <hr/>	\$ 14,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<hr/> <hr/> <hr/> <hr/>	\$ 13,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<hr/> <hr/> <hr/> <hr/>	\$ 11,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<hr/> <hr/> <hr/> <hr/>	\$ 10,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 10,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 8,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 7,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 6,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 6,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	Property purchase from donor was less than FMV. Difference in FMV considered a donation.	\$ 960,000.	10/19/12
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align:center;">St. Luke's Regional Medical Center</p>	Employer identification number <p style="text-align:center;">82-0161600</p>
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		124,790.	124,790.												
c Total lobbying expenditures (add lines 1a and 1b)		124,790.	124,790.												
d Other exempt purpose expenditures		1,054,505,531.	1,054,505,531.												
e Total exempt purpose expenditures (add lines 1c and 1d)		1,054,630,321.	1,054,630,321.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	120,363.	122,297.	124,298.	124,790.	491,748.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	752,623.				
b Contributions		752,623.			
c Net investment earnings, gains, and losses	262,073.				
d Grants or scholarships					
e Other expenditures for facilities and programs	75,872.				
f Administrative expenses	9,347.				
g End of year balance	929,477.	752,623.			

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	x	
(ii) related organizations		x
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	39,777,050.	27,862,435.		67,639,485.
b Buildings	883,941.	483,608,184.	199,703,053.	284,789,072.
c Leasehold improvements		12,644,208.	1,315,906.	11,328,302.
d Equipment		360,275,776.	233,836,228.	126,439,548.
e Other		34,203,488.		34,203,488.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				524,399,895.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Def. Bond Finance Costs	7,966,691.
(2) Physician Loans	423,611.
(3) Executive Flex Plan	33,945.
(4) Due From Related Organizations	164,881,884.
(5) Idaho Community Trust Endowment-Humphrey Diabetes	929,477.
(6) Intangible Assets	333,751.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	174,569,359.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Third Party Settlement	70,791,545.
(3) Benefit Plan Liabilities	34,253,409.
(4) Accrued Interest Payable-Bonds	5,915,459.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	110,960,413.

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

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

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

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

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

Part XIII Supplemental Information

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

The Humphreys Diabetes Center Endowment Fund was established in 2000 from
 donations by several Idahoans for the purpose of supporting its diabetes
 based mission in the State of Idaho. This fund is to be used only for
 ongoing operating needs in service to the diabetic community and to
 provide assistance for Sweet Kids Camp and other priorities determined by
 the Board of Directors. The fund is in the possession of and administered
 by The Idaho Community Foundation.

Part XIII Supplemental Information (continued)

Form 990 Schedule D, Part X, Line 2:

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, 2013, the Company had approximately \$3,947,000 of UBTI Net Operating Losses from operating losses incurred from 1999 to 2013 which expire in years 2014 to 2028. 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 H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>185</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			15,247,564.		15,247,564.	1.52%
b Medicaid (from Worksheet 3, column a)			127,989,664.	100,276,466.	27,713,198.	2.76%
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,560,471.	5,617,779.	3,942,692.	.39%
d Total Financial Assistance and Means-Tested Government Programs			152,797,699.	105,894,245.	46,903,454.	4.67%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,885,464.	547,941.	2,337,523.	.23%
f Health professions education (from Worksheet 5)			10,186,294.		10,186,294.	1.01%
g Subsidized health services (from Worksheet 6)			7,112,397.	3,931,045.	3,181,352.	.32%
h Research (from Worksheet 7)			5,599,948.	1,506,258.	4,093,690.	.41%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,531,600.		1,531,600.	.15%
j Total Other Benefits			27,315,703.	5,985,244.	21,330,459.	2.12%
k Total Add lines 7d and 7j			180,113,402.	111,879,489.	68,233,913.	6.79%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			242.		242.	.00%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			360,780.	2,273.	358,507.	.04%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			361,022.	2,273.	358,749.	.04%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
			26,035,333.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	138,056,772.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	205,645,850.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	<67,589,078.>
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Ortho Neuro Management, LLC	MSO-Provides consulting services for Ortho Neuro service lines	58.18%		41.82%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, and primary website address

1 St. Luke's Regional Medical Center
190 E. Bannock
Boise, ID 83712
www.stlukesonline.org

2 St. Luke's Elmore
895 N. 6th E. Street
Mountain Home, ID 83647
www.stlukesonline.org

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) Facility Reporting Group - A

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>185</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) Facility Reporting Group - A

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		x
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		x
If "Yes," explain in Part VI.		

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of Facility (describe)
1 Children's Specialty Center 100 E. Idaho St. Boise, ID 83712	Specialty Peds Physician Clinics
2 St. Luke's Clinic-Intermountain Ortho 600 W. Robbins Rd., Suite 100 Boise, ID 83702	Orthopedics/Rheumatology Physician Clinics
3 St. Luke's Clinic-Intermountain Ortho 1109 W. Myrtle St. Boise, ID 83702	Orthopedics-Physician Clinic
4 Saltzer Rehabilitation South 290 W Georga Ave. Nampa, ID 83686	Physical Therapy Clinic
5 Saltzer Hearing and Balance 210 W. Georga Ave Suite 100 Nampa, ID 83686	Hearing and Balance Clinic
6 Portico East MOB 3277 E. Louise Dr. Meridian, ID 83642	Speciality Physician Clinics
7 Caldwell Medical Arts Bldg. 1818 S. 10th Ave., Suite 220 Suite 120 Caldwell, ID 83605	Speciality Physician Clinics
8 Idaho Sleep Health-Saltzer 7272 Potomac Dr. Boise, ID 83704	Sleep Disorders Clinic
9 Saltzer-Idaho Pain Management 8950 W. Emerald St., Suite 168 Boise, ID 83704	Pain Management-Physician Clinic
10 Saltzer Imaging 4403 E. Flamingo Ave. Nampa, ID 83687	Outpatient Imaging Services

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Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 St. Luke's Eagle Urgent Care 3101 E. State St. Eagle, ID 83616	Urgent Care and Specialty Physician Clinics
12 St. Luke's Imaging Center 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics
13 Meadowlake Village MOB 3525 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
14 St. Luke's Nampa 9850 W. St. Luke's Drive Nampa, ID 83687	Free Standing ED, Physician Clinics, Physical Therapy Clinic
15 St. Luke's Clinics-Park Center 701 E. Parkcenter Blvd. Boise, ID 83706	Specialty Physician Clinics
16 Anderson Plaza Medical Office Plaza 222 N. 2nd St. Boise, ID 83702	Specialty Physician Clinics
17 Idaho Professional Building 125 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics
18 St. Luke's-Caldwell Urology 1620 S. Kimball Ave. Caldwell, ID 83605	Physician Clinic-Urology
19 St. Luke's Clinic-Fruitland 1210 NW 16th St. Fruitland, ID 83619	Physician Clinic-Surgery
20 St. Luke's Clinic-EOMA 3950 17th St., Suite A Baker City, OR 97814	Family Medicine-Physician Clinic

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Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 St. Luke's Clinic-Capital City Family 1520 W. State St., Suite 100 Boise, ID 83702	Family Medicine-Physician Clinic
22 St. Luke's Family Health 3090 Gentry Way, Suite 200 Meridian, ID 83642	Family Medicine-Physician Clinic
23 St. Luke's Clinic-Idaho Family Phys. 130 E. Boise Ave, Boise, ID 83706	Family Medicine-Physician Clinic
24 St. Luke's Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine-Physician Clinic
25 St. Luke's Mountain States Urology 510 N. 2nd St., Suite 103 Boise, ID 83702	Physician Clinic-Urology
26 St. Luke's Idaho Cardiology Assoc. 315 E. Elm Suite 350 Boise, ID 83608	Cardiology-Physician Clinic
27 St. Luke's Medical Office Plaza 333 N. 1st Street Boise, ID 83702	Surgery Center/Specialty Physician Clinics
28 St. Luke's Clinic-Mt.View Family Med. 3301 N. Sawgrass Way Boise, ID 83704	Family Medicine-Physician Clinic
29 St. Lukes's Treasure Valley Pediatric 1620 S. Celebration Ave. Meridian, ID 83642	Pediatric Physician Clinic
30 St. Luke's Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine-Physician Clinic

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Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 St. Luke's Clinic-Idaho Endocrinology 403 S. 11th St., Suite 100 Boise, ID 83702	Endocrinology-Physician Clinic
32 St. Luke's Family Health 2083 Hospitality Lane Boise, ID 83716	Family Medicine-Physician Clinic
33 St. Luke's Clinic-Warm Springs 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-Surgery
34 St. Luke's Clinic-Boise Heart 287 W. Jefferson St. Boise, ID 83702	Cardiology-Physician Clinic
35 St. Luke's Clinic-Family Medicine 3165 Greenhurst Rd. Nampa, ID 83686	Family Medicine Physician Clinic
36 St. Luke's Family Health 3140 W. Milano Dr., Suite 150 Meridian, ID 83646	Family Medicine-Physician Clinic
37 St. Luke's Clinic-Family Medicine 824 S. Diamond St. Nampa, ID 83686	Family Medicine-Physician Clinic
38 St. Lukes Clinic-Stark Medical 932 W. Idaho Suite 100 Ontario, OR 97914	Family Medicine-Physician Clinic
39 St. Lukes's Treasure Valley Pediatric 450 W. State St. Eagle, ID 83616	Pediatric Physician Clinic
40 St. Luke's Clinic-OB/GYN 300 Main St., Suite 100 Boise, ID 83702	Obstetrics and Gynecology-Physician Clinic

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Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
41 St. Luke's Clinic-Family Medicine 1107 NW 11th St. Fruitland, ID 83619	Family Medicine-Physician Clinic
42 St. Luke's Clinic-Syringa Family Med. 2347 E. Gala St., Suite 150 Meridian, ID 83642	Specialty Physician Clinics
43 Jefferson Medical Office Plaza 300 E. Jefferson St. Boise, ID 83712	Cardiology & Internal Medicine Physician Clinics
44 St. Luke's Meridian MOB 520 S. Eagle Road Meridian, ID 83642	Specialty Physician Clinics
45 St. Luke's Idaho Pulmonary Associates 2347 E. Gala St. Meridian, ID 83642	Pulmonary Physician Clinic
46 St. Luke's Boise Orthopedic Surgery 1425 W. River Street Boise, ID 83702	Orthopedic Surgery Center
47 St. Luke's Idaho Cardiology-Saltzer 215 E. Hawaii Nampa, ID 83687	Specialty Physician Clinics
48 St. Luke's Ref. Lab & Central Laundry 3000 S. Denver Way Boise, ID 83705	Reference Lab and Central Laundry Facility
49 St. Luke's Clinic-Pain Management 2275 S. Eagle Rd, Suite 160 Meridian, ID 83642	Physician Clinic-Pain Management
50 St. Lukes Clinic-Trinity Mountain 465 McKenna Drive Mountain Home, ID 86347	Family Medicine & OB/GYN clinic

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Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c:

(A) St. Luke's does provide charity care services to patients who

meet one or both of the following guidelines based on income

and expenses:

1. Income. Patients whose family income is equal to or less than
 400% of the then current Federal Poverty Guideline are eligible
 for possible fee elimination or reduction on a sliding scale.

2. Expenses. Patients may be eligible for charity care if his or
 her allowable medical expenses have so depleted the family's
 income and resources that he or she is unable to pay for eligible
 services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be
 greater than 30% of the family income. Allowable medical
 expenses are the total of the family medical bills that,
 if paid, would qualify as deductible medical expenses for
 Federal income tax purposes without regard to whether the
 expenses exceed the IRS-required threshold for taking the

Part VI Supplemental Information

deduction. Paid and unpaid bills may be included.

b. Resources-The patient's excess medical expenses must be

greater than available assets. Excess medical expenses are

the amount by which allowable medical expenses exceed 30%

of the family income. Available assets do not include the

primary residence, the first motor vehicle, and a resource

exclusion of the first \$4,000 of other assets for an

individual, or \$6,000 for a family of two, and \$1,500 for

each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary (e.g. cosmetic surgery) are not eligible for charity care.

2. Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient, driver, and/or owner of the motor vehicle had a motor vehicle liability policy, and only if a claim for payment has been properly submitted to the motor vehicle liability insurer, where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program, St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying for benefits under such a program.

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Part VI Supplemental Information

2. The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family income and compares to the latest Poverty Guidelines published by the U.S. Department of Health and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of eligibility to the patient or the responsible party within 10 business days of receiving a completed application and the required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved for charity care will be effective for six months from the date the application is submitted, unless during that time the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Regional Medical Center, Ltd. (SLRMC) includes the activity of Mountain States Tumor Institute (MSTI) within its community benefit report since SLRMC is the sole member of MSTI.

Part I, Line 7:

The cost to charge ratio was used for the calculation of charity care at cost, unreimbursed Medicaid and other means-tested programs.

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Part I, Ln 7 Col(f):

Bad Debt is defined as expenses resulting from services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated an unwillingness to do so.

The amount of bad debt expense included in Form 990, Part IX, line 25 is \$50,994,961.

Part II:

The community building activities for St. Luke's Regional Medical Center, Ltd. ("SLRMC") include the following:

Economic Development:

Participation of SLRMC CEO in Chamber of Commerce Meeting.

Coalition Building:

Air St. Luke's program director attended monthly/quarterly EMS Council meetings throughout the region to build relationships and discuss emergency management procedures.

SLRMC research leadership and staff participated in an annual research symposium. The research symposium brought together leading physicians, scientists, and business executives for a day of information sharing, collaboration, and innovation. Participants learned the role investment in research and development plays in long-term viability and business performance, and to consider how clinical research efforts at St. Luke's and research and development at leading regional businesses might

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collaborate with shared benefit to our community and those we serve.
Participants learned about different types of translational research,
providing an overview of biomedical research being conducted at academic
centers in our region. Attendees considered how regular interchange of
information between St. Luke's research investigators and academicians
might best occur to increase collaboration in research.

Part III, Line 4:

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

Part III, Line 8:

100% of the shortfall in Medicare reimbursement is considered a community
benefit. St. Luke's Regional Medical Center, Ltd. provides medical
care to all patients eligible for Medicare regardless of the shortfall and
thereby relieves the Federal Government of the burden for paying the full
cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year
2013. The amount is calculated by comparing the total Medicare apportioned
costs (allowable costs) to reimbursements received during FY'13.

It should be noted that the unreimbursed costs reported within this
schedule are significantly less than the amount reported in the annual

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Community Benefit Report to Ada County ("County"). In the report to the County, unreimbursed costs include program costs allocated to the Medicare Advantage program, along with costs that offset the provider-based physician clinic operations, i.e. professional component billing for physician time and effort. The Medicare Cost Report does not include these components.

In addition, the report to the County includes all allocated costs to the Medicare Programs, whereas the Medicare Cost Report reports allowable costs only.

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services. In addition, the collection policies and practices in place within the St. Luke's Health System provide guidance to patients on how to apply for this assistance. Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts.

Part V, Section A:

St. Luke's Regional Medical Center, Ltd. ("SLRMC"), operates two hospitals located in Boise, Idaho and Meridian, Idaho. These hospitals operate under one facility license issued by the State of Idaho. The financial assistance, debt collection, emergency care policies addressed Part V-Section B, are applicable to both facilities.

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Also, located within the Meridian Hospital Complex are several

provider-based physician clinics. The address for this location is:

St. Luke's Meridian Medical Center

520 S. Eagle Road

Meridian, Idaho 83642

In addition, SLRMC owns and operates a separately licensed critical access

hospital, St. Luke's Elmore ("SLE"), located in Mountain Home, Idaho. The

financial assistance, debt collection, emergency care policies addressed

Part V-Section B, that are applicable to the Boise and Meridian facilities

are also applicable to SLE.

Part VI, Line 2:

A Community Health Needs Assessment (CHNA) was conducted for

fiscal year ending 9/30/2013. Information related to the

2013 CHNA is shown in the responses to questions 3 and 7 of

"Part V, Section B, Facility Policies and Practices".

A complete copy of the CHNA assessments for all of the hospitals

operating within the St. Luke's Health System can be found at

the following website:

http://www.stlukesonline.org/about_us/chna.php

Part VI, Line 3:

(A) St. Luke's Regional Medical Center provides notice of the

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availability of financial assistance via:

- 1. Signage
- 2. Patient brochure
- 3. Billing Statement
- 4. Written collection action letter
- 5. Online at www.stlukesonline.org/billing

(B) All notices are translated into the following language: Spanish

(C) St. Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability.

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

Part VI, Line 4:

St. Luke's Regional Medical Center (SLRMC) serves Idaho's Ada and Canyon Counties, with its secondary service area covering southwest and south central Idaho and Eastern Oregon. Certain tertiary areas routinely provide care to residents from throughout Idaho and into its surrounding states.

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SLRMC's primary service area includes Ada and Canyon counties and are used to define the community served. The criteria used in selecting this area was to include the entire population of the counties where greater than 70% of the inpatients reside. The residents of these counties comprise about 83% of the inpatients with approximately 64% of the inpatients living in Ada County and 19% in Canyon County. Ada and Canyon counties are part of Idaho Health Districts 3 and 4.

Both Idaho and the service territory are comprised of about 95% white population while the nation as a whole is 72% white. The Hispanic population in Idaho represents 11% of the overall population and about 12% of the defined service area. Canyon County is approximately 24% Hispanic, and Ada County is 7% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking it as the fourth fastest growing state in the country. Ada and Canyon Counties followed that trend, experiencing an even more rapid 34% increase in population within the timeframe. The service area is expected to grow by over 20% again by the year 2020. St. Luke's Regional Medical Center is constantly working to manage the volume and scope of its services in order to meet the needs of an increasing population.

Over the past ten years the 45 to 64 year old age group was the fastest growing segment of the community. Over the next ten years, however, the 65 years or older age group is expected to grow by over 50%, making it the fastest growing segment. Currently, about 11% of the people in the community are over the age of 65 and by 2020 about 13% of the population in the community is expected to be over the age of 65.

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The official United States poverty rate increased from 13.3% in 2005 to 15.3% in 2010. The service area poverty rate has increased more than the national average since 2005. In 2005 it was below the national average at 11% and by 2010 it was above the national average at 16%. The poverty rate in the community for children under the age of 18 is 19%, which is below the national average. However, Canyon County's poverty rate is above the national average for both adults and children.

Median Income in the United States has risen by 8% since 2005. However, growth in income was slower in Idaho and in the service area during that period. Median income in Canyon County is well below the national median and slightly lower than Idaho's median income. Despite decreasing over the past five years, median income in Ada County is still slightly higher than the national median income.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Lukes Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision

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of dedicated community leaders has guided St. Luke's for many decades, and will continue to guide us well into the future.

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

Also, St. Luke's Regional Medical Center, Ltd. (SLRMC) maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the criteria of SLRMC.

Part VI, Line 6:

As the only Idaho-based not-for-profit health system, St. Luke's Health System is part of the communities we serve, with local physicians and boards who further our organization's mission "To improve the health of the people in our region." Working together, we share resources, skills, and knowledge to provide the best possible care, no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care, with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

St. Luke's Health System provides facilities and services across the region, covering a 150-mile radius that encompasses southern and central Idaho, northern Nevada, and eastern Oregon—bringing care close to home and family. The following entities are part of the St. Luke's Health System:

(1) St. Luke's Regional Medical Center, Ltd. with the following locations:

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2012.04000 St. Luke's Regional Medical SLRMC__1

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--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Childrens Hospital

--St. Luke's Boise/Meridian Physician Clinics

--St. Luke's Nampa Emergency Department

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital

(2) St. Luke's Wood River Medical Center, Ltd. which consists of a critical access hospital located in Ketchum, Idaho as well as various physician clinics.

(3) St. Luke's Magic Valley Regional Medical Center, Ltd. which consists of the following:

--St. Luke's Magic Valley Hospital-Twin Falls, Idaho

--Various St. Luke's Physician Clinics in Twin Falls.

--Canyon View-(Behavioral Health)

(4) St. Luke's McCall, Ltd. which consists of a critical access hospital located in McCall, Idaho as well as various physician clinics.

(5) Mountain States Tumor Institute, Inc. (MSTI) is the region's largest provider of cancer services and a nationally recognized leader in cancer research. MSTI provides advanced care to thousands of cancer patients each year at clinics in Boise, Fruitland, Meridian, Nampa, and Twin Falls, Idaho. MSTI is home to Idaho's only cancer treatment center for children, only federally sponsored center for

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hemophilia, and only blood and marrow transplant program.

MSTI's services and therapies include breast care services, blood and

marrow transplant, chemotherapy, genetic counseling, hematology,

hemophilia treatment, hospice, integrative medicine, marrow donor

center, mobile mammography, mole mapping, nutritional counseling,

PET/CT scanning, patient/family support, pediatric oncology,

radiation therapy, rehabilitation, research and clinical trials,

Schwartz Center Rounds for Caregivers, spiritual care, support

groups/classes, tumor boards, and Wound Ostomy, and Continence Nursing.

MSTI is expanding as rapidly as today's cancer treatment. Patients

can now visit a MSTI clinic or Breast Cancer detection center at 12

different locations in southwest Idaho and Eastern Oregon. Locations

include Boise, Meridian, Nampa, Twin Falls, and Fruitland.

(6) St. Luke's Jerome, Ltd. which consists of a critical access

hospital located in Jerome, Idaho as well as one physician clinic.

St. Luke's physician clinics and services are provided in partnership with

area physicians and other health care professionals. These include:

Cardiovascular; Child Abuse and Neglect Evaluation; Endocrinology; Ear,

Nose, and Throat; Family Medicine; Gastroenterology; General

Surgery; Hypertensive Disease; Internal Medicine; Maternal/Fetal

Medicine; Medical Imaging; Metabolic and Bariatric Surgery; Nephrology;

Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine;

Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and

Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

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In addition, St. Luke's partners with other regional facilities through management service contracts. These partners include:

- (1) Challis Area Health Center
- (2) North Canyon Medical Center
- (3) Salmon River Clinic
- (4) Weiser Memorial Hospital

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

ID

Part V, Line 8 Facility Reporting Group A (continued on attached)

Part VI Supplemental Information

Schedule H, Part VI, line 8. Facility Reporting Group A

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

Part V, Section B, line 3:

A series of interviews with and surveys (questionnaires) of community representatives and leaders representing the broad interests of our community were conducted in order to assist us in defining, prioritizing, and understanding our most important community needs. Most of the leaders that participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds, we included multiple representatives from each of these categories:

Category I: Persons with special knowledge of or expertise in public health

Category II: Federal, Regional, State, or Local health or other departments or agencies (with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional

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resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

- (1) Idaho Arc
 - (2) Boise Rescue Mission
 - (3) Boise VA Medical Center
 - (4) Community Council of Idaho
 - (5) Family Medicine Residency of Idaho
 - (6) Genesis World Mission
 - (7) Southwest District Health, District 3
 - (8) Idaho Department of Health and Welfare
 - (9) Idaho Department of Labor: Provided unemployment information
 - (10) Idaho Council of Governments
 - (11) Idaho Office for Refugees
 - (12) Terry Reilly Health Services
 - (13) Treasure Valley Family YMCA
 - (14) United Way
 - (15) Substance Abuse and Mental Health Services Administration
- U.S. Department of Health and Human Services, Region X.

Part V, Section B, line 7:

We organized our significant health needs into five groups:

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Program Group 1: Weight Management, Nutrition, and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2: Diabetes

-Wellness and prevention for diabetes

-Chronic condition for diabetes

-Diabetes screening

Program Group 3: Mental Health

-Mental illness wellness and management

-Suicide prevention

-Availability of mental health service providers

Program Group 4: Barriers to Access

-Affordable care

-Affordable health insurance

-Affordable dental care

-Children and family services (low income)

-More providers accept public health insurance

-Primary Care Providers (availability)

-Integrated, coordinated care

-Transportation to and from appointments

Program Group 5: Additional Health Screening and Education Programs Ranked

above the median.

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-Excessive drinking and illicit drug use prevention and wellness programs

-Skin cancer wellness and prevention

-High cholesterol screening and wellness

-Asthma chronic care and wellness

Next we examined whether it would be effective and efficient for St.

Luke's Regional Medical Center ("SLRMC") to address each significant health need directly. To make this determination, we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths, SLRMC tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by SLRMC are as follows:

(1) Substance abuse services and programs

Drug and alcohol use were not ranked as a top 20th percentile need in our CHNA. In addition, substance abuse treatment is a low strength of SLRMC. Therefore, due to limited resources, St. Luke's will partner with Drug Free Idaho and rely on other organizations in our community to continue to address this need. How we partner with Drug Free Idaho is described in our Implementation Plan.

(2) Affordable Dental Care

Part VI Supplemental Information

SLRMC will not directly provide an affordable dental care program

because dental care is not aligned with our mission or strengths.

However, this need is ranked above the median and SLRMC will

allocate funds to donate to organizations in our community that have

quality programs to address dental health needs already. A program

description has been completed in our Implementation Plan describing

the availability of funds for organizations providing care for low

income individuals with dental care needs.

(3) Children and family services

SLRMC will not develop its own children and family support

services program because this need has a low alignment with our

mission and strengths. However, we will provide financial support

to organizations in our community serving this need because the

need is ranked above the median. The program for financial services

is described in our implementation plan.

Part V, Section B, line 14g:

A Financial Care application is provided to the patient which contains

Patient Financial Advocate contact information.

Facility 2 -- St. Luke's Elmore

Part V, Section B, line 3:

A series of interviews with and surveys (questionnaires) of community

representatives and leaders representing the broad interests of our

community were conducted in order to assist us in

defining, prioritizing, and understanding our most important community

Part VI Supplemental Information

needs. Many leaders that participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds, we included multiple representatives from each of these categories:

Category I: Persons with special knowledge of or expertise in public health

Category II: Federal, Regional, State, or Local health or other departments or agencies (with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

Part VI Supplemental Information

The following community leaders/representatives were contacted:

- (1) Idaho Department of Health and Welfare
- (2) VA Medical Center-Boise, Idaho
- (3) Idaho Department of Labor-(unemployment information)
- (4) Idaho Central District Health, District 4
- (5) Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services, Region X
- (6) Family Medicine Residency of Idaho
- (7) Elmore County Drug and DUI Court
- (8) Family Care Clinic
- (9) Elmore County
- (10) Idaho Partnership for Hispanic Health
- (11) The Tooth Dome
- (12) Mountain Home AFB Family Support Center
- (13) Expanded Food and Nutrition Education Program
- (14) MHAFB Family Advocacy
- (15) Senior Health Insurance Benefits Advisors (SHIBA)

Part V, Section B, line 7:

We organized our significant health needs into five groups:

Program Group 1: Weight Management, Nutrition, and Fitness

- Adult and teen weight management
- Adult and teen nutrition
- Adult and teen exercise

Program Group 2: Diabetes

Part VI Supplemental Information

-Wellness and prevention for diabetes

-Chronic condition for diabetes

Program Group 3:Mental Health

-Mental illness wellness and management

-Suicide prevention

-Availability of mental health service providers

Program Group 4:Barriers to Access

-Affordable care

-Affordable health insurance

-Integrated Coordinated Care

-Children and family services (low income)

-More providers accept public health insurance

Program Group 5:Additional Health Screening and Education Programs Ranked

above the Median

-Alcohol and illicit drug use programs

-Education support and assistance programs

-High cholesterol prevention

-Respiratory disease prevention and wellness

-Safe-sex education and programs

Next we examined whether it would be effective and efficient for St.

Luke's Elmore(SLE)to address each significant health need directly. To

make this determination,we reviewed the resources we had available and

determined whether the health need was in alignment with our mission and

Part VI Supplemental Information

strengths. Where a high priority need was not in alignment with our mission and strengths, St. Lukes tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by SLE are as follows:

(1) Mental illness, mental health service providers, and suicide:

As a critical access hospital, mental health services are not a strength of SLE. SLE doesn't have the expert resources needed to address this need in an effective and meaningful manner. Due to resource constraints SLE will be unable to provide any programs at this time. SLE will continue to rely on community and Boise area programs and resources to help address this need.

(2) Alcohol and illicit drug use prevention and wellness programs:

Substance abuse is not a top 20th percentile need and is a low strength of SLE. Therefore, due to limited resources, SLE will partner with community resources and primarily rely on other programs in the community to continue to address this need. The program SLE supports is described in the Implementation Plan.

(3) Adult and teen physical activity:

Adult physical activity programs are not aligned with our mission

Part VI Supplemental Information

or strengths and there are programs available in the community.

Therefore, due to resource constraints, SLE will mostly depend on

the community to address this need. The programs SLE directly

supports are described in the Implementation Plan.

(4) Safe-sex education:

SLE will not directly provide a safe-sex education program because

this need has a low mission, low strength alignment for St. Luke's.

SLE will rely on Central District Health and other community resources

to help address this need.

(5) Respiratory Disease

SLE will rely on St. Luke's Regional Medical Center to

provide the necessary respiratory services for our community for three

primary reasons: (1) resource constraints inherent with being a

Critical Access hospital, (2) the need is not a top 20th percentile

and (3) this need is a low strength for SLE. As a Critical Access

Hospital, SLE has chosen to focus its limited resources on higher

priority needs.

(6) Children and family services

Although this need is ranked in the CHNA's top percentile, SLE will

not develop its own children and family support program, mainly due

to resource constraints. In addition, this need has a low alignment

with its mission and strengths. SLE will support the programs and

Schedule H (Form 990)

Part VI Supplemental Information

services available through other organizations that have this as their primary mission.

(7) Education support and assistance programs

Although this need is ranked above the median, SLE will not develop its own education and support assistance programs because this need has a low alignment with our mission and strengths. However, SLE will provide support for training and education as described in the Implementaton plan.

2012

Open to Public Inspection

**SCHEDULE I
(Form 990)**
Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I General Information on Grants and Assistance

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

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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Medicine Residency of Idaho 777 North Raymond Street Boise, ID 83712	20-5934739	501(c)(3)	1,521,283.	0.			Provide financial support to the Family Residency Program in Idaho.
St. Luke's Health Foundation, Ltd. 190 East Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	1,345,006.	0.			Cover operational needs of the St. Luke's Health Foundation.
Hands of Hope Northwest, Inc. 1201 Powerline Rd. Nampa, ID 83686	84-1398889	501(c)(3)	0.	612,663.	FMV	Medical equipment and supplies to people in need in the Treasure	Provide durable medical equipment and medical supplies to people in need in the Treasure
Oregon Health Science University 3181 SW Sam Jackson Park Road Portland, ID 97239	26-2998718	501(c)(3)	175,000.	0.			Provide financial support for development of the nurse practitioner program.
City of Boise Planning P.O. Box 500 Boise, ID 83701	82-6000165	115	150,660.	0.			Donations represent rent paid on behalf of the Allumbaugh House (operated by Terry Reilly).
Boise State University 1910 University Drive Boise, ID 83725	82-6010706	501(c)(3)	138,254.	0.			Provide financial support for general programs and scholarships.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24.
- 3 Enter total number of other organizations listed in the line 1 table 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (h) descriptions

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
Idaho State University Foundation, Inc. - 921 South 8th Avenue Stop 8050 - Pocatello, ID 83209	82-6013543	501(c)(3)	100,000.	0.			Support the Treasure Valley Anatomy and Physiology Laboratory at ISU-Meridian Health
University of Washington P.O. Box 94224 Seattle, WA 98124	91-6001537	501(c)(3)	98,047.	0.			Support the education and retention of internal medicine and psychiatry residents for the state
Boise Metro Chamber of Commerce P.O. Box 2368 Boise, ID 83701	82-0100595	501(c)(6)	43,050.	0.			Provide general support of programs and services.
Treasure Valley Family YMCA 1050 West State Street Boise, ID 83702	82-0200908	501(c)(3)	35,500.	0.			Support the 2013 Strong Kids Campaign, Cancer Survivor Programs, Boise PHIT, YEAH! Program and
Ada Canyon Medical Education Consortium - 305 West Jefferson - Boise, ID 83702	84-1417388	501(c)(3)	30,000.	0.			Provide financial support for medical education for physicians, PA's and nurses for Ada
Harmon Killebrew-Danny Thompson Memorial Cancer Foundation, Inc. - P.O. Box 232 - Sun Valley, ID 83353	82-0341683	501(c)(3)	30,000.	0.			Provide funding for leukemia and cancer research.
Star Elementary School PTO, Inc. 700 North Star Road Star, ID 83669	36-4619322	501(c)(3)	26,020.	0.			Funds will be used to build a running track.
Family Advocacy Center & Education Services (FACES) - 417 South 6th Street - Boise, ID 83702	20-4883532	501(c)(3)	15,000.	0.			Support the Court Appointed Special Advocate (CASA) & Families First programs.
Women's and Children's Alliance 720 West Washington Street Boise, ID 83702	82-0204464	501(c)(3)	10,000.	0.			Support "Healing Begins with Hope" breakfast event and Tribute to Women and

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
Nampa Harvest Festival Association Db a Snake River Stampede - P.O. Box 231 - Nampa, ID 83653	82-0148165	501(c)(3)	12,500.	0.			Support awareness campaign and no-cost screen mammograms to women in Treasure Valley.
Boys & Girls Club of Ada County 610 East 42nd Street Boise, ID 83714	82-0481687	501(c)(3)	9,000.	0.			Support Wild West Auction Event. Provide funding support for the operational costs of the Garden City Community Clinic.
Genesis World Mission, Inc. 215 West 35th Street Garden City, ID 83714	82-0505074	501(c)(3)	8,000.	0.			Provide financial support for the various programs of the Idaho Stampede Foundation.
Idaho Stampede Community Foundation, Inc. - P.O. Box 6525 - Boise, ID 83707	47-0881811	501(c)(3)	7,500.	0.			
Idaho Community Foundation, Inc. P.O. Box 8143 Boise, ID 83707	82-0425063	501(c)(3)	5,000.	0.			Provide general support donation.
Idaho Alliance of Leaders In Nursing, Inc. - 615 North 7th Street - Boise, ID 83701	83-0408538	501(c)(3)	5,000.	0.			Support the Idaho Nursing Action Coalition (INAC) for the Robert Wood Johnson Foundation (RWJF) State
Idaho Foodbank Warehouse, Inc. 3562 South T K Avenue Boise, ID 83705	82-0425400	501(c)(3)	5,000.	0.			Provide support for The Idaho Foodbank programs. Provide subsidies to
Children's Home Society 740 Warm Springs Avenue Boise, ID 83712	82-0201128	501(c)(3)	5,000.	0.			Low-income children and family members for mental and behavioral health
Meridian Police Activities League 250 North Baltic Pl, Suite A Meridian, ID 83642	82-0484108	501(c)(3)	5,000.	0.			Provide support to Athletic Training programs.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
Boys & Girls Club of Nampa, Inc. 316 Stampede Drive Nampa, ID 83687	82-0504332	501(c)(3)	5,000.	0.			Provide support for a Community Day Event.

Part III 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.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2:

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

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: Hands of Hope Northwest, Inc.

(h) Purpose of Grant or Assistance: Provide durable medical equipment and medical supplies to people in need in the Treasure Valley.

Name of Organization or Government:

Idaho State University Foundation, Inc.

(h) Purpose of Grant or Assistance: Support the Treasure Valley Anatomy and Physiology Laboratory at ISU-Meridian Health Science Center.

Name of Organization or Government: University of Washington

(h) Purpose of Grant or Assistance: Support the education and retention of internal medicine and psychiatry residents for the state of Idaho.

Name of Organization or Government: Treasure Valley Family YMCA

(h) Purpose of Grant or Assistance: Support the 2013 Strong Kids Campaign, Cancer Survivor Programs, Boise PHIT, YEAH! Program and YMCA Diabetes Prevention Program.

Name of Organization or Government:

Ada Canyon Medical Education Consortium

(h) Purpose of Grant or Assistance: Provide financial support for medical education for physicians, PA's and nurses for Ada County, City of Nampa and City of Wood River.

Name of Organization or Government: Women's and Children's Alliance

(h) Purpose of Grant or Assistance: Support "Healing Begins with Hope" breakfast event and Tribute to Women and Industry (TWIN) lunch event.

Part IV Supplemental Information

Name of Organization or Government:

Idaho Alliance of Leaders In Nursing, Inc.

(h) Purpose of Grant or Assistance: Support the Idaho Nursing Action

Coalition (INAC) for the Robert Wood Johnson Foundation (RWJF) State

Implementation Project (SIP) Grant.

Name of Organization or Government: Children's Home Society

(h) Purpose of Grant or Assistance: Provide subsidies to low-income

children and family members for mental and behavioral health services and

to support annual "Culinary World Tour" gala.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2012

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

Only section 501(c)(3) 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:

- a The organization?
- b Any related organization?
- 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:

- a The organization?
- b Any related organization?
- 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

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

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

Schedule J (Form 990) 2012

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Alan Swajkoski, M.D. Director (thru Feb. 2013)	296,873.	29,669.	30,022.	28,394.	10,117.	395,075.	0.
(2) Leslie Nona, M.D. Chief of Medical Staff	204,122.	12,814.	24,440.	27,268.	6,400.	275,044.	0.
(3) Mr. Ron Jutzy, M.D. Chief of Medical Staff-Elect	471,797.	0.	3,564.	11,697.	11,315.	498,373.	0.
(4) Mr. Chris Roth President/CEO	434,568.	0.	48,687.	20,596.	13,474.	517,325.	29,460.
(5) Jeffrey S. Taylor VP/CFO St. Luke's Lukes Health System	450,826.	0.	292,409.	130,421.	11,018.	884,674.	49,659.
(6) Ronald M. Kristensen, M.D. Physician	1,136,324.	10,699.	34,810.	46,000.	5,270.	1,233,103.	0.
(7) Donald A. Stritzke, M.D. Physician	954,563.	0.	23,242.	28,394.	14,055.	1,020,254.	0.
(8) Jon B. Getz, M.D. Physician	1,111,581.	33,360.	40,541.	28,394.	13,066.	1,226,942.	0.
(9) Steven S. Huerd, M.D. Physician	890,827.	25,176.	34,540.	60,596.	504.	1,011,643.	0.
(10) David A. Hinchman, M.D. Physician	591,938.	277,793.	53,225.	36,578.	16,257.	975,791.	18,415.
(11) Mr. Gary L. Fletcher Former CEO and Director	641,987.	0.	259,580.	169,029.	11,058.	1,081,654.	115,884.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health System, Ltd. (System), sole member of St. Luke's Regional Medical Center, Ltd. (SLRMC). The System board approves the compensation amount per the recommendation of its compensation committee, and the decision is then reviewed and ratified by the board of directors for SLRMC.

In determining compensation for the CEO, the System board utilizes the following criteria:

- Compensation Committee
- Independent compensation consultant
- Compensation survey or study
- Approval by the board or compensation committee

Part I, Line 4b:

During CY'12, the following individuals participated in a supplemental non-qualified executive retirement plan:

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

	SERP	SERP-Gross Up	Total
Gary L. Fletcher	\$ 61,142	\$ 43,553	\$104,695
Jeffrey S. Taylor	\$121,554	\$ 86,586	\$208,140

Part II-Column (f)

Explanation of Prior Compensation:

Reportable compensation is based on the total amount paid during calendar year 2012, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions. As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year paid.

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. See separate instructions.

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

Part I Bond Issues See Part VI for Column (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Released (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
A Idaho Health Facilities Authority	82-6051863	451295TW9	12/04/08	126,435,101	Capital Projects for Health Care Facilities		X		X
B Idaho Health Facilities Authority	82-6051863	451295VK2	09/09/10	210,427,891	Current Refunding of Bonds Issued 7/20/2000 and		X		X
C Idaho Health Facilities Authority	82-6051863	451295VN6	07/11/12	75,896,250	Capital Projects for Health Care Facilities		X		X
D Idaho Health Facilities Authority	82-6051863	NONE	07/31/12	75,000,000	Capital Projects for Health Care Facilities		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			4,840,000	17,050,000				4,445,000
2 Amount of bonds legally defeased								
3 Total proceeds of issue			126,443,653	210,427,891			76,039,044	75,000,000
4 Gross proceeds in reserve funds			15,731,849	3,676,931				
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			1,410,199				946,613	
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			112,389,945				39,243,249	75,000,000
11 Other spent proceeds							210,427,891	
12 Other unspent proceeds							35,849,182	
13 Year of substantial completion		2009						2013
14 Were the bonds issued as part of a current refunding issue?			X				X	
15 Were the bonds issued as part of an advance refunding issue?			X			X		
16 Has the final allocation of proceeds been made?			X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?			X			X		

Part III Private Business Use

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

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Entity 2

OMB No. 1545-0047

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

2012

Open to Public Inspection

Name of the organization

St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Bond Issues See Part VI for Column (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Igaho Health Facilities Authority	82-6051863	451295VP1	10/24/12	150,000,000.	Current Refunding of Bonds issued 3/4/2009		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		150,000,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		150,000,000.						
12 Other unspent proceeds								
13 Year of substantial completion	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Idaho Health Facilities Authority

(f) Description of Purpose:

Current Refunding of Bonds Issued 7/20/2000 and 5/26/2005

Schedule K, Supplemental Information:

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