

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)

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning** OCT 1, 2011 **and ending** SEP 30, 2012

<b>B</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	<b>C Name of organization</b> St. Luke's Magic Valley Regional Medical Center, Ltd. <b>Doing Business As</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 801 Pole Line Road _____ <b>City or town, state or country, and ZIP + 4</b> Twin Falls, ID 83301		<b>D Employer identification number</b> 56-2570686
	<b>F Name and address of principal officer:</b> James Angle same as C above		<b>E Telephone number</b> 208-381-3790
	<b>I Tax-exempt status:</b> <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		<b>G Gross receipts \$</b> 272,377,517.
	<b>J Website:</b> ▶ www.stlukesonline.org/magic_valley		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ _____
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____			<b>L Year of formation:</b> 2006 <b>M State of legal domicile:</b> ID

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provide health care services			
	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 VI, line 3)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2011 (Part VII, line 2a)	2460	
	6	Total number of volunteers (estimate if necessary)	149	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	170,780.	
	7b Net unrelated business taxable income from Form 990-T, line 34	-24,963.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,246,650.	1,693,073.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,735,920.	269,930,923.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,352.	276,293.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505,222.	156,613.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,553,144.	272,056,902.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	480,619.	956,613.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	99,113,712.	96,797,604.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	128,364,073.	160,091,649.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	227,958,404.	257,845,866.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	22,594,740.	14,211,036.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	317,937,789.	303,722,031.
	22	Net assets or fund balances. Subtract line 21 from line 20	247,728,091.	222,297,785.
		70,209,698.	81,424,246.	

**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	Date			
	Peter DiDio, Vice-President, Controller Type or print name and title	8-13-13			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Sharon Zorbach	Sharon Zorbach	8/6/13	<input type="checkbox"/>	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

X

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

1 Briefly describe the organization's mission: Delivery of Health Care Services

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 and section 4947(a)(1) trusts 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 \$ 233,823,102. including grants of \$ 956,613.) (Revenue \$ 258,405,717.) Medical & Surgical:

St. Luke's Magic Valley is a 186-bed hospital, 700,000 square foot health care facility with acute care and acute rehabilitation as well as St. Luke's Canyon View Behavioral Health Services. With more than 1,900 employees and more than 200 physicians with 28 specialties, St. Luke's Magic Valley provides the most comprehensive health care services in south central Idaho, including: general acute care services, Inpatient Rehabilitation services, Behavioral Health Services, cancer services with St. Luke's Mountain States Tumor Institute (MSTI), Cardiopulmonary and Cardiac Catheterization, CARES (Children At Risk Evaluation Services), Community Connection

4b (Code: ) (Expenses \$ 3,319,606. including grants of \$ ) (Revenue \$ 7,141,275.) Behavioral Health:

St. Luke's Canyon View Behavioral Health Services, a 28-bed inpatient facility, provides treatment for adolescents, adults, and seniors. St. Luke's Canyon View offers intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. Canyon View utilizes individual, family, and group counseling to address personal, family, emotional, psychiatric, behavioral, and addiction-related problems. Our wide variety of services allows Canyon View to carefully match the needs of each person who comes to us for help with the most appropriate, cost-effective level of care. Outpatient services are scheduled at convenient hours.

4c (Code: ) (Expenses \$ 2,745,019. including grants of \$ ) (Revenue \$ 4,383,931.) Comprehensive Rehabilitation and Therapy Services

The Gwen Neilson Anderson Rehabilitation Center at St. Luke's Magic Valley is a licensed, comprehensive, 14-bed acute inpatient rehabilitation center. Our inpatient unit provides state-of-the-art, evidenced-based rehabilitation care for patients requiring:

- Intensive physical, occupational, and/or speech therapy (at least three hours per day).
-- Specialized 24-hour rehabilitative nursing in an inpatient setting
-- Daily oversight by a medical doctor who specializes in physical medicine and rehabilitation (a physiatrist).

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

4e Total program service expenses 239,887,727.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21; 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
<b>b</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, XII, and XIII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>b</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
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>25b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly 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	
<b>27</b> 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
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</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
<b>28c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>4b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 7		
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b> Did the organization have members or stockholders? .....	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  None
- 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
- 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, Contoller - 208-371-3790  
 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 (describe hours for related organizations in Schedule O)	(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. Tom Ashenbrener Board Chair	5.00	X		X				0.	0.	0.
(2) Mr. Gary Babbel Planning Chair	4.00	X		X				0.	0.	0.
(3) Eric Cassidy, D.O. Quality Chair	4.00	X		X				0.	0.	0.
(4) Jeff Fox, Ph.D. Secretary	4.00	X		X				0.	0.	0.
(5) Mr. Robert Alexander Director	3.00	X						0.	0.	0.
(6) Ms. Cindy Collins Director	3.00	X						0.	0.	0.
(7) Steve Kaatz Director	3.00	X						0.	0.	0.
(8) Mr. Terry Kramer Director	3.00	X						0.	0.	0.
(9) Ron McGarrigle, M.D. Director	3.00	X						0.	0.	0.
(10) Ms. Becky Nelson Director	3.00	X						0.	0.	0.
(11) Russ Newcomb, M.D. Director	3.00	X						0.	0.	0.
(12) Robert Ward, M.D. Director	3.00	X						0.	0.	0.
(13) Mr. Stephen Westfall Director	3.00	X						0.	0.	0.
(14) Mr. Shawn Barrigar Director	3.00	X						0.	0.	0.
(15) Mark Wright, D.D.S. Director	3.00	X						12,840.	0.	0.
(16) Mr. James L. Angle President/CEO	40.00	X		X				0.	318,404.	18,424.
(17) Ms. Amy Bearden Chief Nursing Officer	40.00				X			164,283.	0.	22,254.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) James H. Rao, M.D. Physician	40.00				X		486,209.	0.	18,758.	
(19) Steven F. Johnson, M.D. Physician	40.00				X		448,509.	0.	24,685.	
(20) Timothy A. Enders, D.O. Physician	40.00				X		356,231.	0.	23,505.	
(21) Jonathan D. Myers, M.D. Physician	40.00				X		333,133.	0.	30,204.	
(22) Randall J. Skeem, M.D. Physician	40.00				X		316,241.	0.	17,371.	
<b>1b Sub-total</b>							2,117,446.	318,404.	155,201.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,117,446.	318,404.	155,201.	

**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 **37**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> 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		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
Physician Center, 630 Addison Ave W, Ste. 100, Twin Falls, ID 83301	Medical Services	6,684,940.
Emergency Physicians of Southern Idaho, 2188 Addison Avenue East, Twin Falls, ID	Emergency Room Physicians	5,077,213.
RMJ Safari PLLC, 714 N. College Road Ste. A, Twin Falls, ID 83301	Medical Services	3,885,318.
Blue Lakes Gastroenterology, 660 Shoshone St. East, Twin Falls, ID 83301	Medical Services	3,246,441.
Magic Valley Women's Health, 630 Addison Ave. W. Ste. 210, Twin Falls, ID 83301	Medical Services	3,194,754.

**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 **121**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	928,079.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	764,994.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			1,693,073.			
<b>Program Service Revenue</b>	<b>2 a</b> Net Patient Revenue	<b>Business Code</b> 900099	267,054,592.	267,054,592.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue	900099	2,876,331.	2,876,331.			
	<b>g Total.</b> Add lines 2a-2f			269,930,923.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		309,661.			309,661.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	160,569.				
		(ii) Personal	174,736.				
		<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)		-14,167.				
	<b>d</b> Net rental income or (loss)			-14,167.			-14,167.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		112,511.			
		<b>b</b> Less: cost or other basis and sales expenses			145,879.		
		<b>c</b> Gain or (loss)			-33,368.		
	<b>d</b> Net gain or (loss)			-33,368.			-33,368.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MSO Admin & Billing Se	561000	100,462.		100,462.			
<b>b</b> Transcription Services	541900	45,540.		45,540.			
<b>c</b> Information Technology	541519	24,117.		24,117.			
<b>d</b> All other revenue	812300	661.		661.			
<b>e Total.</b> Add lines 11a-11d			170,780.				
<b>12 Total revenue.</b> See instructions.			272,056,902.	269,930,923.	170,780.	262,126.	

**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) but are not required to complete columns (B), (C), and (D).

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	956,613.	956,613.		
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	592,403.		592,403.	
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	76,285,612.	67,392,973.	8,892,639.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,557,103.	2,252,833.	304,270.	
9 Other employee benefits	11,753,321.	10,334,078.	1,419,243.	
10 Payroll taxes	5,609,165.	4,919,527.	689,638.	
11 Fees for services (non-employees):				
a Management	40,880,672.	40,857,144.	23,528.	
b Legal	244,212.		244,212.	
c Accounting	19,251.		19,251.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	835,797.	823,716.	12,081.	
12 Advertising and promotion	244,822.	2,000.	242,822.	
13 Office expenses	2,190,985.	85,754.	2,105,231.	
14 Information technology	9,758,549.	9,758,370.	179.	
15 Royalties				
16 Occupancy	808,484.	187,475.	621,009.	
17 Travel	374,724.	280,222.	94,502.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	115,688.	115,688.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,026,171.	22,842,013.	184,158.	
23 Insurance	141,829.	141,829.		
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	36,039,033.	35,371,198.	667,835.	
b Provision For Bad Debt	15,748,442.	15,748,442.		
c Contract Services	9,479,604.	8,285,510.	1,194,094.	
d Repairs	2,336,800.	1,965,974.	370,826.	
e All other expenses	17,846,586.	17,566,368.	280,218.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>257,845,866.</b>	<b>239,887,727.</b>	<b>17,958,139.</b>	<b>0.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	18,989,045.	<b>1</b>	9,781,050.
	<b>2</b> Savings and temporary cash investments	1,992,708.	<b>2</b>	2,046,769.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	37,774,762.	<b>4</b>	40,948,117.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	25,158.	<b>5</b>	86,656.
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	3,018,403.	<b>8</b>	3,348,651.
	<b>9</b> Prepaid expenses and deferred charges	642,424.	<b>9</b>	485,666.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 282,721,960.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 38,180,381.	252,084,702.	<b>10c</b> 244,541,579.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11	101,560.	<b>13</b>	61,101.
	<b>14</b> Intangible assets	1,570,776.	<b>14</b>	786,162.
	<b>15</b> Other assets. See Part IV, line 11	1,738,251.	<b>15</b>	1,636,280.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	317,937,789.	<b>16</b>	303,722,031.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	20,921,590.	<b>17</b>	19,141,744.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	2,191,794.	<b>21</b>	1,795,135.
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	224,614,707.	<b>25</b>	201,360,906.
	<b>26 Total liabilities.</b> Add lines 17 through 25	247,728,091.	<b>26</b>	222,297,785.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	70,142,115.	<b>27</b>	81,354,939.
	<b>28</b> Temporarily restricted net assets	67,583.	<b>28</b>	69,307.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	70,209,698.	<b>33</b>	81,424,246.	
<b>34</b> Total liabilities and net assets/fund balances	317,937,789.	<b>34</b>	303,722,031.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	272,056,902.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	257,845,866.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,211,036.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	70,209,698.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,996,488.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	81,424,246.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
<b>3a</b>	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	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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

**2011**

**Name of the organization**

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

**Employer identification number**

56-2570686

**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) (2011)



<b>Name of organization</b> St. Luke's Magic Valley Regional Medical Center, Ltd.	<b>Employer identification number</b> 56-2570686
--	---

**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		\$ 7,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 903,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 361,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 71,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 35,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> St. Luke's Magic Valley Regional Medical Center, Ltd.	<b>Employer identification number</b> 56-2570686
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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		\$ 24,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	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 Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
---	--

**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> St. Luke's Magic Valley Regional Medical Center, Ltd.	<b>Employer identification number</b> 56-2570686
--	---

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

**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

**2011**

Open to Public Inspection

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.**

Employer identification number  
**56-2570686**

**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?  Yes  No
- 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)?  Yes  No
- 9 In Part XIV, 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 XIV, 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 XIV.
- 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 XIV 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 XIV.

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages 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   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV 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	185,000.	9,022,886.		9,207,886.
b Buildings		160,023,481.	10,674,668.	149,348,813.
c Leasehold improvements		10,549,457.	2,105,118.	8,444,339.
d Equipment		101,500,709.	25,400,595.	76,100,114.
e Other		1,440,427.		1,440,427.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				244,541,579.

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Related Organizations	165,604,174.
(3) Third Party settlement	17,087,489.
(4) Capital Lease	83,221.
(5) Pension Liability	18,586,022.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 201,360,906.

FIN 48 (ASC 740) Footnote in Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII 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 XIV.)	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 XIV.)	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 XIII 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 XIV.)	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 XIV.)	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 XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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, 2012, the Company had approximately \$4,120,000 of UBTI Net Operating Losses from





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.** Employer identification number **56-2570686**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>185</u> %		
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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 _____ %		
<b>c</b> If the organization did not use FPG to determine 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, to determine eligibility for free or discounted care.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>5c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>6b</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.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			8,909,558.		8,909,558.	3.68%
<b>b</b> Medicaid (from Worksheet 3, column a)			34,435,344.	27,058,180.	7,377,164.	3.05%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			11,231,092.	8,079,006.	3,152,086.	1.30%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			54,575,994.	35,137,186.	19,438,808.	8.03%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,397,309.	57,659.	1,339,650.	.55%
<b>f</b> Health professions education (from Worksheet 5)			961,525.	15,592.	945,933.	.39%
<b>g</b> Subsidized health services (from Worksheet 6)			2,165,314.	1,419,383.	745,931.	.31%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			829,876.		829,876.	.34%
<b>j Total.</b> Other Benefits			5,354,024.	1,492,634.	3,861,390.	1.59%
<b>k Total.</b> Add lines 7d and 7j			59,930,018.	36,629,820.	23,300,198.	9.62%

**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			2,750.		2,750.	.00%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			7,955.		7,955.	.00%
6 Coalition building			2,072.		2,072.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			12,777.		12,777.	

**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?	X	
2 Enter the amount of the organization's bad debt expense		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	47,729,850.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	65,546,849.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,816,999.
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 (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 %
2 Magic Valley Paramedic Services, LLC	Paramedic Services	100.00%		
3 St. Luke's Clinic, LLC	Physician Services	100.00%		
4 Magic Health Partners, LLC	Admin. Services for non provider-based groups	100.00%		



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: St. Luke's Magic Valley Regional Medical

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 Needs Assessment: 20 <u>    </u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input 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 Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input 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 Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	x	
9 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.		

**Part V Facility Information** (continued) St. Luke's Magic Valley Regional Medical

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	<b>10</b> 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.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	<b>11</b> 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)		
<b>12</b> Explained the method for applying for financial assistance? .....	<b>12</b> x	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>13</b> 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 type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> 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? .....	<b>14</b> x	
<b>15</b> 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)		
<b>16</b> 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? .....	<b>16</b>	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)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) St. Luke's Magic Valley Regional Medical

**Policy Relating to Emergency Medical Care**

	Yes	No
<p><b>18</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Part VI)</p>	x	

**Individuals Eligible for Financial Assistance**

<p><b>19</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p><b>a</b> <input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</p> <p><b>b</b> <input 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</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Part VI)</p>		
<p><b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....</p> <p>If "Yes," explain in Part VI.</p>		x
<p><b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....</p> <p>If "Yes," explain in Part VI.</p>		x

**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? 12

Name and address	Type of Facility (describe)
1 St. Luke's Magic Valley MOB 775 Pole Line Rd. W. Twin Falls, ID 83301	Various Family Medicine & Specialty Physician Clinics
2 St. Luke's Canyon View 228 Shoup Avenue W. Twin Falls, ID 83301	Psychiatric and Addiction
3 St. Luke's Clinic-Physician Center 2550 Addison Avenue E. Twin Falls, ID 83301	Family Medicine, Internal Medicine, & Pediatric Physician Clinics
4 St. Luke's Woman's Imaging Center 762 N. College Road Twin Falls, ID 83301	Women's Imaging Services
5 St. Luke's Clinic-Physician Center 746 N. College Road Twin Falls, ID 83301	Family Medicine & Specialty Physician Clinic
6 St. Luke's Clinic-Physician Center 730 N. College Road, Suite A Twin Falls, ID 83301	Family Medicine & ENT Physician Clinics
7 St. Luke's Clinic-Ortho./Plastic Surg 714 N. College Road, Suite A Twin Falls, ID 83301	Orthopedics and Plastic Surgery-Physician Clinic
8 St. Luke's Clinic-Physician Center 550 Polk, Suite A Twin Falls, ID 83301	Family Medicine-Physician Clinic
9 St. Luke's Clinic-Neurology 738 N. College Road, Suite C Twin Falls, ID 83301	Neurology and Physical Med. & Rehab-Physician Clinic
10 Magic Valley Paramedics 121 Aspenwood Twin Falls, ID 83301	Ground Paramedic Services



**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 Magic Valley Paramedics 285 Martin St. Twin Falls, ID 83301	Ground Paramedic Services
12 Magic Valley Paramedics 708 Shoshone Twin Falls, ID 83301	Ground Paramedic Services

**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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.

Part I, Line 3c:

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

meet one or both of the following guidelines based on income

and expenses:

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

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

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

**Part VI Supplemental Information**

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, then St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying for benefits under such a program.
2. The patient must complete a Financial Assistance Application and

**Part VI Supplemental Information**

provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family and compares to the latest

Poverty Guidelines published by the U.S. Department of 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 Magic Valley Regional Medical Center, Ltd. does not include the

activities of any of its other related organizations within its community

benefit report.

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.

Part I, Ln 7 Col(f):

**Part VI Supplemental Information**

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.

Amount of bad debt expense included in Part IX, line 25, is \$15,748,442.

**Part II:**

The community building activities for St. Luke's Magic Valley Regional Medical Center, Ltd. include the following:

**Economic Development:**

Physician meetings with regional hospitals to discuss development of simulation program.

**Coalition Building:**

Activities for Coalition Building include involvement of physician in:

- Chamber of Commerce Leadership
- Tobacco-Free Coalition
- State Board of Medicine
- IMA-President of South Central Idaho

**Community Health Improvement Advocacy:**

Support for Serenity Garden project. The Serenity garden Project was

**Part VI Supplemental Information**

established on June 6, 2009 to provide a dignified burial for fetal

remains and give the community a place to visit and grieve their loss.

Physician meetings with Genesis Group to discuss the Mustard Tree Wellness

Clinic operations.

Physician meetings with governor and legislators to discuss starting

medical school in Idaho.

Part III, Line 4:

St. Luke's Magic Valley 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.

The source of the information is the Medicare Cost Report for fiscal year

2012. The amount is calculated by comparing the total Medicare apportioned

costs(allowable costs) to reimbursements received during FY'12.

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

**Part VI Supplemental Information**

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.

St. Luke's Magic Valley Regional Medical:

Part V, Section B, Line 9:

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

meet one or both of the following guidelines based on income

and expenses:

1. Income. Patients whose family income is equal to or less than

400% of the then current Federal Poverty Guideline are eligible

for possible fee elimination or reduction on a sliding scale.

2. Expenses. Patients may be eligible for charity care if his or

her allowable medical expenses have so depleted the family's

income and resources that he or she is unable to pay for eligible

services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be

greater than 30% of the family income. Allowable medical

expenses are the total of the family medical bills that,

if paid, would qualify as deductible medical expenses for

Federal income tax purposes without regard to whether the

expenses exceed the IRS-required threshold for taking the

deduction. Paid and unpaid bills may be included.

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

**Part VI Supplemental Information**

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 will be considered only if the patient, driver, and/or owner of the motor vehicle had a motor vehicle liability policy and has properly submitted a claim for payment 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.
2. The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.



**Part VI Supplemental Information**

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.

St. Luke's Magic Valley Regional Medical:

Part V, Section B, Line 10:

Policy for providing discounted care is included in the St. Luke's Health System's overall policy for determining eligibility for Free and discounted care. Please refer to the response provided regarding the criteria used for free care.

St. Luke's Magic Valley Regional Medical:

Part V, Section B, Line 15e: Liens on Vacation Homes

**Part VI Supplemental Information**

Part V: Section B, Line 13

Posting of Financial Assistance Policy:

During the summer of FY'11, the organization completed a new hospital,  
and has since been in the process of transferring its Financial  
Assistance Policy signage from its old location. This transfer was  
completed during the early part of FY'13.

Schedule H, Part V Section B:

Community Health Needs Assessment:

The St. Luke's Health System hospital locations are in the process of  
completing their Community Health Needs Assessments, as required by  
Internal Revenue Code, Section 501(r). This assessment will be  
submitted to the IRS by September 30, 2013, which is the deadline for  
completion.

Part VI, Line 2:

St. Luke's Magic Valley utilizes internal information and reports from  
Idaho Vital Statistics, data from the Centers for Disease Control and  
Prevention Behavioral Risk Factors Surveillance System (BRFSS), and South  
Central Public Health District to determine community health priorities.  
As we continue to develop community partnerships, identify opportunities to  
provide needed services close to home, fund uncompensated and  
under-compensated care, and provide resources for services in the

**Part VI Supplemental Information**

community, we are committed to the long-term health care needs of the Magic Valley.

Part VI, Line 3:

(A) St. Luke's Magic Valley Regional Medical Center provides notice of the availability of financial assistance via:

- 1. Signage
- 2. Patient brochure
- 3. Billing Statement
- 4. Written collection action letter
- 5. Online at [www.stlukesonline.org/billing](http://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 Magic Valley Regional Medical Center provides services for

**Part VI Supplemental Information**

eight counties of south central Idaho and Elko County, Nevada. The primary service area consists of Gooding, Jerome, and Twin Falls Counties. The criteria used in selecting this area as the community served was to include the entire population of the counties where greater than 85% of the inpatients reside. The residents of these counties comprise about 90% of the inpatients with approximately 68% of the inpatients living in Twin Falls County, 15% in Jerome County, and 8% in Gooding County. All three counties are part of Idaho Health District 5.

Both Idaho and the primary service area are comprised of about a 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 19% of the defined service area. Gooding County is approximately 28% Hispanic, Jerome County 31%, and Twin Falls County is 14% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking it as the fourth fastest growing state in the country. The service area followed that trend experiencing a 19% increase in population within that timeframe and is expected to grow by an additional 17% by the year 2020. St. Luke's Magic Valley 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 our community. Over the next ten years, however, the 0 to 19 year old age group is expected to grow by about 25% making it the fastest growing segment. Currently, about 14% of the people in the community are over the age of 65 and by 2020 about the same percentage of

**Part VI** Supplemental Information

our population is expected to be over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to 15.3% in 2010. The poverty rate for the primary service area has increased more than the national average since 2003. In 2003 it was at the national average and by 2010 it was above the national average at over 16%. The poverty rate in the community for children under the age of 18 is 20.9%, which is about the same as the national average.

Median income in the United States has risen by 8% since 2005. Growth in income was slower in Idaho but a little faster in our service area during that period. However, median income in the primary service area is well below the national median and lower than the median income for Idaho as well.

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 of dedicated community leaders has guided St. Luke's for many

**Part VI Supplemental Information**

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 Magic Valley Regional Medical Center, Ltd(SLMV) maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the criteria for SLMV.

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:

--St. Luke's Boise Hospital

**Part VI Supplemental Information**

--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

(2) St. Luke's Wood River Medical Center, 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 Hospital, which consists of a critical access

hospital located in McCall, Idaho, as well as various physician

clinics.

(5) Mountain States Tumor Institute (MSTI) is the region's largest

provider of cancer services and a nationally recognized leader in

cancer research. MSTI provides advanced care to thousands of cancer

patients each year at clinics in Boise, Fruitland, Meridian, Nampa,

and Twin Falls, Idaho. MSTI is home to Idaho's only cancer treatment

center for children, only federally sponsored center for

hemophilia, and only blood and marrow transplant program.

**Part VI Supplemental Information**

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 Humphreys Diabetes Center, Inc. (SLHDC) provides education in diabetes self-management and prevention to people with or at-risk for diabetes, their families and health care professionals.

Trusted by over 600 Treasure Valley referring physicians, SLHDC provides services to more than 4,000 clients each year. Working with our experienced Certified Diabetes Educators, clients learn how to manage diet, exercise and medication to stay healthy and prevent complications such as heart attacks, strokes, blindness, kidney failure, and amputations. SLHDC programs are recognized by the American Diabetes Association.

SLHDC also participates in national research trials for both Type 1 and



**Part VI Supplemental Information**

Type 2 diabetes.

A community program of St. Luke's Health System, SLHDC is one of the  
largest free-standing diabetes centers in the United States.

(7) St. Luke's Jerome Hospital, 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/Petal  
Medicine; Medical Imaging; Metabolic and Bariatric Surgery; Nephrology;  
Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine;  
Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and  
Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

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

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

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

ID

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.** Employer identification number **56-2570686**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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. Check this box if no one recipient 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
College of Southern Idaho 315 Falls Avenue Twin Falls, ID 83303	82-0388193	501(c)(3)	198,050.	0.			Fundings for support of Health Occupations, Foster Grantparent Program, Dental Voucher
Family Health Services Corp 794 Eastland Drive Twin Falls, ID 83301	82-0371093	501(c)(3)	53,500.	0.			Funds to be used to purchase equipment for 6 new examination rooms at the Kimberly Clinic
Hospice Visions 209 Shoup Avenue West Twin Falls, ID 83301	82-0483284	501(c)(3)	27,000.	0.			Funds will be used to defray the costs for access to end of life indigent and uninsured
St. Luke's Magic Valley Health Foundation - 650 Addison Ave W, Suite 270 - Twin Falls, ID 83303	82-0342863	501(c)(3)	24,150.	0.			Fund programs for children with special needs
South Central District Health 513 North Main Street Hailey, ID 83333	82-0335043	115	23,270.	0.			Funds to be used to purchase child safety seats for WIC clients
Mustard Tree Community Wellness Clinic - 676 Shoup Avenue West Suite #2 - Twin Falls, ID 83301	26-1249939	501(c)(3)	20,000.	0.			Fundings to support the Women's health program for the underinsured and uninsured working women

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16.**

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

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

**Schedule I (Form 990) (2011)**

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
Volunteers Against Violence, Inc. (Crisis Center) - P.O. Box 2444 - Twin Falls, ID 83303	82-0372006	501(c)(3)	19,000.	0.			Provide funding to support victims of domestic violence and sexual assault
Shaken Baby Prevention of Idaho 938 River Mist Path Twin Falls, ID 83301	45-0608800	501(c)(3)	15,000.	0.			Funds will be used to bring more awareness and education on shaken baby syndrome to the people of
Interfaith Volunteer Caregivers of Magic Valley - 252 Deere Street Suite A - Twin Falls, ID 83301	84-1417706	501(c)(3)	11,700.	0.			Provides non-medical services to the elderly, disabled, chronically ill
Salvation Army 348 4th Ave N Twin Falls, ID 83301	13-2923701	501(c)(3)	10,000.	0.			Funds will be used to purchase youth specific weight equipment, misc fitness equipment, and
Twin Falls County 425 Shoshone Street North Twin Falls, ID 83303	82-6000318	115	10,000.	0.			Funds provided to improve care for sexual assault victims and collections of forensic evidence, set
Boys & Girls Club of Nampa 316 Stampede Drive Nampa, ID 83687	82-0504332	501(c)(3)	8,500.	0.			Funds to be used for the 2012 after-school fitness program to fight childhood obesity
City of Rupert, Fire Department 624 F Street Rupert, ID 83350	82-6001128	115	7,250.	0.			Funds to be used to purchase new AEDs
Magic Valley Rehabilitation Services Inc. - 484 Eastland Drive South - Twin Falls, ID 83301	82-0306179	501(c)(3)	5,000.	0.			Funds to be used for the operating costs for the Adult Daycare Program
Twin Falls Mental Health Advocates Inc. - 420 Main Avenue S 420 Main Avenue S, Twin Falls, ID 8 - Twin Falls, ID 83301	56-2456562	501(c)(3)	5,000.	0.			Funds to be used for Group sessions teaching basic living skills, communication 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
St. Luke's Magic Valley Health Foundation, Inc. - 775 Polie Line Road - Twin Falls, ID 83301	82-0342863	501(c)(3)	487,528.	0.			Funds are used to cover the operational costs of the St. Luke's Magic Valley Health Foundation

**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, 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: College of Southern Idaho

(h) Purpose of Grant or Assistance: Fundings for support of Health

Occupations, Foster Grantparent Program, Dental Voucher Program that are  
working to improve the health of people in the community

Name of Organization or Government: Hospice Visions

(h) Purpose of Grant or Assistance: Funds will be used to defray the  
costs for access to end of life indigent and uninsured patients

Name of Organization or Government:

Mustard Tree Community Wellness Clinic

(h) Purpose of Grant or Assistance: Fundings to support the Women's  
health program for the underinsured and uninsured working women of the  
community

Name of Organization or Government: Shaken Baby Prevention of Idaho

(h) Purpose of Grant or Assistance: Funds will be used to bring more  
awareness and education on shaken baby syndrome to the people of Idaho

Name of Organization or Government: Salvation Army

(h) Purpose of Grant or Assistance: Funds will be used to purchase youth  
specific weight equipment, misc fitness equipment, and instructor costs.

Name of Organization or Government: Twin Falls County

(h) Purpose of Grant or Assistance: Funds provided to improve care for  
sexual assault victims and collections of forensic evidence, set up a  
Sexual Assault Nurse Examiner program at CSI.

**Part IV Supplemental Information**

Name of Organization or Government:

Twin Falls Mental Health Advocates Inc.

(h) Purpose of Grant or Assistance: Funds to be used for Group sessions

teaching basic living skills, communication and socialization, symptom

management, exercise, health & wellness, alcohol and substance abuse,

teach vocational skills, provide health meals and food options.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.**

Employer identification number  
**56-2570686**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b>	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?	<b>2</b>	
<b>3</b>	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. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	X
<b>b</b>	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5b</b>	X
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	X
<b>b</b>	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6b</b>	X
<b>7</b>	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	<b>7</b>	X
<b>8</b>	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	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2011



**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	(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 Mr. James L. Angle	(i)	0.	0.	0.	0.	0.	0.
	(ii)	265,450.	40,617.	12,337.	14,524.	336,828.	0.
2 Ms. Amy Bearden	(i)	152,595.	0.	11,688.	14,613.	186,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 James H. Rao, M.D.	(i)	198,134.	254,632.	33,443.	14,358.	504,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 Steven F. Johnson, M.D.	(i)	421,704.	0.	26,805.	14,208.	473,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Timothy A. Enders,	(i)	238,960.	97,217.	20,054.	17,504.	379,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 D.O.	(i)	307,811.	0.	25,322.	19,179.	363,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 Jonathan D. Myers, M.D.	(i)	147,405.	144,482.	24,354.	6,346.	333,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 Randall J. Skeem, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
9	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
10	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
11	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
12	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
13	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
14	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
15	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
16	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.

**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 Magic Valley Regional Medical Center, Ltd. (SLMVRMC). 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 SLMVRMC.

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 IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
First Federal Savings	Common Board Member	2,994,677.	First Feder		X
Magic Valley Anesthesiolog	Board Member is a m	5,593,735.	Exclusive c		X
Emergency Physicians of So	Board Member has ow	5,125,468.	Emergency M		X
Blue Lakes Gastroenterolog	Board member has ow	3,200,875.	Has a Profe		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Jonathan D. Myers M.D.

(a) Purpose of Loan: Residency, Housing, and Tuition Assistance

(a) Name of Person: Timothy A. Enders, D.O.

(a) Purpose of Loan: Residency, Housing, and Tuition Assistance

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: First Federal Savings

(b) Relationship Between Interested Person and Organization:

Common Board Members

(d) Description of Transaction: First Federal Savings purchases patient

accounts receivable from St. Luke's Magic Valley Regional Medical

Center, Ltd.

(a) Name of Person: Magic Valley Anesthesiology Association

(b) Relationship Between Interested Person and Organization:

Board Member is a member of Magic Valley Anesthesiology Association

(d) Description of Transaction: Exclusive contract to provide anesthesia

services to the hospital.

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(a) Name of Person: Emergency Physicians of Southern Idaho

(b) Relationship Between Interested Person and Organization:

Board Member has ownership interest

(d) Description of Transaction: Emergency Medicine of Southern Idaho has

an Exclusive Service Agreement with St. Luke's Magic Valley Regional

Medical Center to provide emergency medical services.

(a) Name of Person: Blue Lakes Gastroenterology

(b) Relationship Between Interested Person and Organization:

Board member has ownership interest in Blue Lakes Gastroenterology

(d) Description of Transaction: Has a Professional Service Agreement

with the organization.

Schedule L Part II-Loans To and From Interested Persons

Physician Loan Policy:

As part of its overall physician recruiting program, St. Luke's will

offer various incentives for employment, including:

(1) Net Income Guarantee

(2) Housing Assistance

(3) Relocation Assistance

(4) Tail Coverage for Malpractice Claims, and

(5) Sign-on Bonus

These incentives are structured as a physician loan to the prospective

employee, bearing a reasonable rate of interest reflecting market

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

conditions. As the physician fulfills the terms of the employment

agreement, the amount advanced is forgiven over the term of the loan.

If the physician does not fulfill the terms of the agreement, the

physician must repay a liquidated damages amount specified in the loan

agreement.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number	56-2570686
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Form 990, Part III, Line 4a, Program Service Accomplishments:

information and referral database, Diabetes and Nutrition Services,  
Diagnostic Imaging, Radiology and Women's Imaging Services, Emergency  
Services, Home Health and Hospice Care, Intensive Care and Newborn  
Intensive Care Units, Laboratory Services, Medical Library (open to the  
public), Maternal-Child Services (OB, Pediatrics and Women's Services),  
Pharmacy, Occupational Health, Adult and Pediatric Rehabilitation  
(Speech, Occupational, Physical Therapy), Comprehensive Surgical  
Services, Magic Valley SAFE KIDS Coalition, Social Services and  
Pastoral Care, Volunteer Services and Auxiliary, and St. Luke's Magic  
Valley Foundation for gift-giving. St. Luke's Magic Valley is fully  
accredited by the Joint Commission and is a participant in the  
Institute for Healthcare Improvement's 5 Million Lives Campaign.

At St. Luke's Magic Valley Medical Center, we take great pride in the  
high quality, skilled, and compassionate care we provide to our  
patients. This focus on excellence has resulted in honors from national  
entities, such as Qualis Health and Solucient. These awards recognize  
that our commitment to safety and performance improvement means  
enhanced and safer care, and an overall better experience for you, your  
family, and everyone we serve.

During FY'12, St. Luke's Magic Valley Regional Medical Center provided  
qualified inpatient care for 11,191 admissions covering 38,317 patient  
days. The hospital also provided care associated with 196,737  
outpatient visits.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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Form 990, Part III, Line 4b, Program Service Accomplishments:

The common goal of our programs is to help people find positive solutions to resolve the challenges and crises in their lives. The hospital is staffed with a diverse group of dedicated, caring professionals. Psychiatrists and other physicians, psychologists, social workers, nurses, therapists, nutritionists, and alcohol/drug counselors work as a team to provide comprehensive, personalized care to each person who comes to us for help.

During FY'12, Canyon View had 677 admissions covering 3,969 patient days.

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

--Individualized case management provided by a licensed social worker

Our rehabilitation services are highly coordinated to optimize clinical outcomes and maximize a patient's independence. All members of the rehabilitation team (physicians, therapists, nurses, case workers, etc.) meet daily to ensure that treatments are tailored to each patient's specific diagnosis and unique needs. Our inpatient programs include:

--Spinal cord injury

--Stroke

--Brain injury

--Neuromuscular diseases, such as multiple sclerosis, Guillain-Barre



Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.

Employer identification number 56-2570686

syndrome, and cerebral palsy

--Orthopedics

--Major multiple trauma

--Amputation

--Arthritis

--Medically complex conditions

All 14 inpatient rehabilitation rooms at St. Luke's are private, and designed specifically to enhance the safety, comfort, and independence of patients recovering from and adapting to a variety of injuries and illnesses. Room features include ADA design, bed-side environmental controls(lights, nurse call light, window shades, etc.), free wireless, broadband internet access, pull-out couch and reclining chair for visiting family members, and video surveillance capability for patients with confusion due to brain injury, stroke, or other illness.

The rehabilitation gymnasium in the Gwen Neilson Anderson

Rehabilitation Center contains state-of-the-art equipment and design features. The spacious gym includes private treatment rooms for one-on-one therapy sessions and a large, open space for wheelchair training, advanced mobility training, and group interaction.

The rehabilitation gym includes the latest in equipment:

--LiteGait gait trainer

--Bioness Neuroprostheses: H200, L300, and L300 Plus

--Saeboflex Inpatient kit

--Dynavision D2

--Dynavox Vmax Plus

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--Empi Vital Stim

--60-inch LCD television with Blu-Ray player and Wii game console

The transitional apartment is a fully functional apartment in which patients can practice basic activities of daily living under the supervision of a trained therapist.

The activity area offers a place for patients and their visitors to gather and engage in therapeutic recreation.

During FY'12, the inpatient rehabilitation unit provided qualified inpatient care for 193 admissions covering 2,447 patient days.

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

Board members Tom Ashenbrenner, Steve Westfall, and Becky Nelson are in a business relationship.

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

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

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

The President and CEO of St. Luke's Magic Valley Regional Medical Center, Ltd., (Corporation) is cooperatively selected by the Corporation and St. Luke's Health System, Ltd. St. Luke's Health System is the sole member of the Corporation.

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

132212  
01-23-12

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

Actions requiring approval authority may be initiated by either the Corporation or its Member, but must be approved by both the Corporation (by action of its Board of Directors) and the Member. Actions requiring approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

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

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

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

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(f) Approval of the strategic/tactical plans and goals and objectives of  
the Corporation.

Implementation Authority means those actions which the Member may take  
without the approval or recommendation of the Corporation. This authority  
will not be utilized until there has been appropriate communication between  
the Member and the Corporation's Board of Directors and its Chief Executive  
Officer. Actions requiring implementation authority include:

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

(b) Removal of an individual from the Corporation's Board of Directors if  
and when the Member determines in good faith that the Director is  
failing to meet the Approved Board of Member Expectations. This  
authority to remove Directors shall not be used merely because there  
is a difference in business judgment between the Director and  
the Corporation or the Member, and shall never be used to remove one  
or more Directors from the Corporation's Board of Directors in order  
to change a decision made by the Corporation's Board of Directors;

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

(d) Appointment of the auditor for the Corporation and the coordination of  
the Corporation's annual audit;

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

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interest in or other disposition of real or personal property of the Corporation if such property has a fair market value in excess of a limit set from time to time by the Member and that is not otherwise contained in an Approved Budget;

(f) Sale, merger, consolidation, change of membership, sale of all or substantially all of the assets of the corporation, or closure of any facility operated by the Corporation;

(g) The dissolution of the Corporation;

(h) Incurrence of debt by or for the Corporation in accordance with requirements established from time to time by the Member and that is not otherwise contained in an Approved Budget; and

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

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

The Form 990 is reviewed by an independent public accounting firm based on audited financial statements and with the assistance of the organization's finance and accounting staff. The final draft of the 990 is made available to the Finance Committee of the Board of Directors. The Board receives the final version of the Form prior to filing.

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

The organization annually reviews the conflict of interest policy with each

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board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any conflicts of interest that have been disclosed by a covered person, or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists, the affected parties must excuse themselves from participating in the situation.

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

Executive compensation is set by St. Luke's board of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. Similar analysis is also completed by St. Luke's leadership for physicians and other health care specialties such as nurses and pharmacists. These surveys are usually done every two years, with the most recent compensation survey completed during calendar year 2012.

St. Luke's Health System is committed to providing the highest quality medical care to all people regardless of their ability to pay.

To keep that commitment, St. Luke's puts a great deal of time and effort into recruiting and retaining the top physicians in a variety of medical fields. Our relationships with physicians range from having privileges at the hospital to full employment.

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For those physicians who choose to be employed, St. Luke's must offer competitive pay and benefits.

Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

- Community need for medical specialty
- Experience
- Productivity
- Geography
- National surveys adjusted for local conditions
- Willingness to serve regardless of patients' ability to pay
- Duration of relationship and contractual terms
- Performance on quality metrics

To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St.

Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements.

Given the growing national shortage of physicians, recruiting and retaining physicians is more critical than ever to guarantee that people seeking care at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance provider.

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

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

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

for public inspection, which contains financial information.

Form 990 Part VII Section A

Allocation of Compensation and Hours:

The total hours worked and compensation reported for James Angle

represents services rendered to the following organizations within the

St. Luke's Health System:

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

St. Luke's Jerome, Ltd.

St. Luke's Magic Valley Health Foundation, Inc.

Also, it should be noted that the hours reported for the directors

(employed by St. Luke's), officers, key employees, and highest paid

employees are based on a minimum 40 hour work week. However, due to the

demands of their roles within the St. Luke's Health System, the hours

worked by these individuals often exceed the minimum required 40 hours.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	67,533.
Minimum Liability Adj.-Defined Benefit Plan	-2,161,746.
Donations For Capital Expenditures	839,817.
Prior Period Reclassifications	-1,742,092.
Total to Form 990, Part XI, Line 5	-2,996,488.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**  
**Open to Public**  
**Inspection**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Magic Valley Paramedics Services, LLC - 20-5461983, P.O. Box 409, Twin Falls, ID 83301	Paramedic Services	Idaho	3,138,023.	0.	St. Luke's Magic Valley Regional Medical Center, Ltd.
St. Luke's Clinic, LLC - 82-0527710 P.O. Box 409 Twin Falls, ID 83301	Physician Services Admin. Services for Non-Provider Based Physician Groups	Idaho	53,370,796.	8,100,252.	St. Luke's Magic Valley Regional Medical Center, Ltd.
Magic Health Partners, LLC - 82-0507483 P.O. Box 409 Twin Falls, ID 83301		Idaho	208,034.	1,228,654.	St. Luke's Magic Valley Regional Medical Center, Ltd.

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
St. Luke's Health System, Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	11-3	St. Luke's Health System, Ltd.		X
Mountain States Tumor Institute - 82-0295026 100 E. Idaho Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center, Ltd.		X
St. Luke's Wood River Medical Center, Ltd. - 84-1421665, 190 E. Bannock, Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X
St. Luke's Health Foundation, Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Solicit Donations	Idaho	501(c)(3)	7	St. Luke's Regional Medical Center, Ltd.		X

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

Schedule R (Form 990) 2011





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

		Yes	No
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)		X
<b>f</b>	Sale of assets to related organization(s)		X
<b>g</b>	Purchase of assets from related organization(s)		X
<b>h</b>	Exchange of assets with related organization(s)		X
<b>i</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b>	Sharing of paid employees with related organization(s)	X	
<b>o</b>	Reimbursement paid to related organization(s) for expenses		X
<b>p</b>	Reimbursement paid by related organization(s) for expenses		X
<b>q</b>	Other transfer of cash or property to related organization(s)		X
<b>r</b>	Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Luke's Jerome, Ltd.	N	9,705,333	Payroll
(2) St. Luke's Magic Valley Health Foundation, Inc.	N	369,487	Payroll
(3) St. Luke's Magic Valley Health Foundation, Inc.	C	903,924	Contribution
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**Part II, Identification of Related Tax-Exempt Organizations:**

Name of Related Organization:

St. Luke's Jerome, Ltd.

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

Name of Related Organization:

St. Luke's Magic Valley Health Foundation, Inc.

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

**Schedule R-Part II: Related Tax-Exempt Organizations**

St. Luke's Humphreys Diabetes Center, Inc.:

During FY'12, St. Luke's Humphreys Diabetes Center, Inc.(SLHDC)operated as an independent 501(c)(3)entity. Effective 9/30/2012, the board of directors of SLHDC approved its formal dissolution. As a result of the dissolution, the assets and liabilities were transferred to its sole member, St. Luke's Regional Medical Center, Ltd.