

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Luke's Regional Medical Center		D Employer identification number 82-0161600	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 190 E Bannock		E Telephone number 208-381-3790	
	City or town, state or country, and ZIP + 4 Boise, ID 83712		G Gross receipts \$ 861,313,377.	
F Name and address of principal officer: Chris Roth Same as (c) (See Schedule O for more detail)			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: www.stlukesonline.org			If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number	
L Year of formation: 1906			M State of legal domicile: ID	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 1b)	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2010 (Part III, line 2a)	7601
	6 Total number of volunteers (estimate if necessary)	675
	7a Total unrelated business revenue from Part VIII, column (C), line 12	1,722,460.
b Net unrelated business taxable income from Form 990-T, line 34	<353,373.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 3,173,619. Current Year: 2,865,463.
	9 Program service revenue (Part VIII, line 2g)	710,752,565. 848,076,273.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,463,029. 6,531,529.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	598,138. 381,480.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	721,987,351. 857,854,745.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,404,966. 3,969,756.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	350,828,443. 426,023,848.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	326,155,155. 385,937,954.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	680,388,564. 815,931,558.
19 Revenue less expenses. Subtract line 18 from line 12	41,598,787. 41,923,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,107,452,302. End of Year: 1,116,285,033.
	21 Total liabilities (Part X, line 26)	716,538,701. 698,634,621.
	22 Net assets or fund balances. Subtract line 21 from line 20	390,913,601. 417,650,412.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Pete DiDio</i>	Date: 8/2/12
	Pete DiDio, Vice-President, Controller	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name: Sharon Zorbach	Preparer's signature: <i>Sharon Zorbach</i>
	Firm's name: Deloitte Tax LLP	Firm's EIN: []
	Firm's address: 225 W. Santa Clara St. San Jose, CA 95113	Phone no. 408-704-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Provide 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 [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 602,671,468. including grants of \$ 3,129,308.) (Revenue \$ 618,505,059.) Medical & Surgical: St. Luke's Regional Medical Center is comprised of two hospital campuses(Boise and Meridian), one urgent care center(Eagle), and physician clinics throughout the Treasure Valley. The hospitals provide 24-hour emergency care, diagnostic procedures, a variety of inpatient and outpatient care, and maternity and pediatric care. Known for its clinical excellence, St. Luke's has been recognized for quality and patient safety, and is proud to be designated a Magnet Hospital, the gold standard for nursing care. In addition, St. Luke's has the only children's hospital in the state of Idaho.

4b (Code:) (Expenses \$ 35,902,473. including grants of \$ 254,032.) (Revenue \$ 50,227,181.) St. Luke's Childrens Hospital/Specialty Center St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year, with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit, Pediatric Intensive Care Unit, and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit, Pediatric Emergency Department, and Pediatric Surgery Suites. At our Children's Hospital School, we help our young patients keep pace with their classmates. At CARES(Children

4c (Code:) (Expenses \$ 62,074,433. including grants of \$ 586,416.) (Revenue \$ 115,946,023.) Heart & Vascular: St. Luke's provides more heart procedures than any other hospital in Idaho, providing cardiac care for heart patients throughout Idaho, and into parts of Oregon, Nevada, and Utah. St. Luke's supports the region through partnerships with physicians, hospitals, and regional clinics where patients are cared for in their own communities. Classes and screenings are offered to promote heart and vascular health and support those living with cardiovascular disease. In addition, St. Luke's has provided hundreds of automated external defibrillators (AEDs) to local schools, civic organizations and businesses, and has worked with area hospitals to achieve standardized clinical protocols for heart attack

4d Other program services. (Describe in Schedule O.) (Expenses \$ 45,812,861. including grants of \$) (Revenue \$ 62,393,273.)

4e Total program service expenses 746,461,235.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields for numerical values.

Form 990 (2010)

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 Pete DiDio Vice-President, Contoller - 208-381-3790
 190 E. Bannock, Boise, ID 83712

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mr. J. Patrick McMurray Chair	5.00	X					0.	0.	0.	
Mr. Michael M. Mooney Vice-Chair	4.00	X					0.	0.	0.	
Mr. Jim Everett Secretary	4.00	X					0.	0.	0.	
Mr. A. J. Balukoff Director	3.00	X					0.	0.	0.	
Mr. Rich Raimondi Vice-Chair	4.00	X					0.	0.	0.	
Ms. Barbara L. Wilson Director	3.00	X					0.	0.	0.	
Thomas J. Coffman, M.D. Director	3.00	X					48,000.	0.	0.	
Thomas R. Huntington, M.D. Director	3.00	X					13,211.	0.	0.	
Mr. George Iliff Vice-Chair	4.00	X					0.	0.	0.	
Mr. John Jackson Director	3.00	X					0.	0.	0.	
Ms. Carolyn Terteling-Payne Director	3.00	X					0.	0.	0.	
Ms. Cathy R. Silek Director	3.00	X					0.	0.	0.	
Ms. Gay Simplot Director	3.00	X					0.	0.	0.	
Bishop Brian Thom Director	3.00	X					0.	0.	0.	
Mr. Charles H. Wilson Director	3.00	X					0.	0.	0.	
Mr. Herb Patriarcho Director	3.00	X					0.	0.	0.	
Alan Swajkoski, M.D. Director	3.00	X					36,900.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ms. Joy Kealey Director	3.00	X						0.	0.	0.
Mr. LaMont Keen Director	3.00	X						0.	0.	0.
Catherine Reynolds, M.D. Director	3.00	X						0.	0.	0.
Mr. Christopher Roth President/CEO	40.00	X		X				326,043.	0.	32,998.
Mr. Gary L. Fletcher System VP, COO	40.00	X		X				1,006,040.	0.	204,008.
Mr. Jeffrey S. Taylor VP and System CFO	40.00			X				381,970.	0.	47,026.
Ms. Pamela H. Bernard COO	40.00				X			233,001.	0.	213,855.
Barton F. Hill, M.D. VP & CMO	40.00				X			306,363.	0.	35,035.
Ms. Joanne T. Clavelle VP & CNO	40.00				X			265,347.	0.	41,643.
1b Sub-total								2,616,875.	0.	574,565.
c Total from continuation sheets to Part VII, Section A								4,793,545.	0.	247,066.
d Total (add lines 1b and 1c)								7,410,420.	0.	821,631.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 271

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

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine Of Idaho, 13960 W. Wainwright, Suite A, Boise, ID 83713	Emergency Room Physicians	14,990,237.
Idaho Family Physicians 130 E. Boise Ave, Boise, ID 83706	Medical Services	2,076,923.
Unity Medical, Inc. 923 South Bridgeway Place, Boise, ID 83616	Consulting	1,983,335.
Woman's Clinic 100 E. Idaho, Ste 400, Boise, ID 83702	Medical Services	1,652,319.
Hummel Architects, PLLC 2785 Bogus Basin Road, Boise, ID 83702	Architectural Services	963,200.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 44

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gregory G. Janos, M.D. Exec. Med. Dir. Children's Services	40.00				X			165,367.	0.	8,472.
Donald K. Stritzke, M.D. Physician	40.00					X		978,571.	0.	43,598.
William A. Jones, M.D. Physician	40.00					X		975,078.	0.	39,026.
Karl P. Undesser, M.D. Physician	40.00					X		936,793.	0.	68,629.
Murali N. Bathina, M.D. Physician	40.00					X		889,147.	0.	47,727.
Larry A. Tansey, M.D. Physician	40.00					X		848,589.	0.	39,614.
Total to Part VII, Section A, line 1c								4,793,545.		247,066.

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d	615,515.					
	e	Government grants (contributions)	1e	2,249,948.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f		2,865,463.					
	Program Service Revenue	2 a	Net Patient Revenue	Business Code	900099	827,712,730.	827,712,730.		
b		Outpatient Retail Rx		446110	3,619,054.	2,614,317.	1,004,737.		
c		Joint Venture Income		900099	2,968,602.	2,968,602.			
d		VHA Coop Cash Distrib.		900099	1,025,750.	1,025,750.			
e									
f		All other program service revenue		900099	12,750,137.	12,750,137.			
g		Total. Add lines 2a-2f			848,076,273.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			<302,039.>		<302,039.>	
	4	Income from investment of tax-exempt bond proceeds			6,564,427.		6,564,427.		
	5	Royalties							
	6 a	Gross Rents	(i) Real	(ii) Personal					
			3,032,312.						
			b	Less: rental expenses	3,458,632.				
			c	Rental income or (loss)	<426,320.>				
	d	Net rental income or (loss)				<426,320.>	<426,320.>		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			269,141.						
			b	Less: cost or other basis and sales expenses					
			c	Gain or (loss)	269,141.				
	d	Net gain or (loss)				269,141.	269,141.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
			b	Less: direct expenses					
c			Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a							
		b	Less: direct expenses						
		c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a							
		b	Less: cost of goods sold						
		c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code							
11 a	LAUNDRY	812300		717,723.		717,723.			
b	EMPLOYEE PARKING REV	900099		90,077.		90,077.			
c									
d	All other revenue								
e	Total. Add lines 11a-11d			807,800.					
12	Total revenue. See instructions			857,854,745.	847,071,536.	1,722,460.	6,195,286.		

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total	(A) expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		3,969,756.	3,969,756.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22					
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16					
4 Benefits paid to or for members					
5 Compensation of current officers, directors, trustees, and key employees		3,038,863.		3,038,863.	
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	339,110,172.		304,161,715.	34,948,457.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,429,349.		21,986,414.	2,442,935.	
9 Other employee benefits	39,094,313.		35,184,882.	3,909,431.	
10 Payroll taxes	20,351,151.		18,316,036.	2,035,115.	
11 Fees for services (non-employees):					
a Management		32,825,695.	31,050,694.	1,775,001.	
b Legal		3,351,121.	18,872.	3,332,249.	
c Accounting		1,889.	1,889.		
d Lobbying		122,297.	122,297.		
e Professional fundraising services. See Part IV, line 17					
f Investment management fees		485,661.	485,661.		
g Other		2,272,787.	1,960,815.	311,972.	
12 Advertising and promotion		2,748,284.	381,332.	2,366,952.	
13 Office expenses		5,641,105.	698,389.	4,942,716.	
14 Information technology		12,376,275.	12,376,275.		
15 Royalties					
16 Occupancy		8,921,170.	8,408,749.	512,421.	
17 Travel		2,067,148.	1,611,687.	455,461.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					
19 Conferences, conventions, and meetings					
20 Interest		14,678,024.	14,678,024.		
21 Payments to affiliates					
22 Depreciation, depletion, and amortization		49,483,074.	49,483,074.		
23 Insurance		2,806,638.	2,756,122.	50,516.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)					
a Supplies		143,873,283.	142,768,667.	1,104,616.	
b Contract Services		33,813,457.	29,335,801.	4,477,656.	
c Provision for Bad Debt		31,894,265.	31,894,265.		
d Repairs		11,742,296.	11,163,940.	578,356.	
e Patient Transport		4,503,110.	4,501,070.	2,040.	
f All other expenses		22,330,375.	19,144,809.	3,185,566.	
25 Total functional expenses. Add lines 1 through 24f		815,931,558.	746,461,235.	69,470,323.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	55,726,155.	1	66,485,654.
	2	Savings and temporary cash investments	68,329,468.	2	31,429,046.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	76,142,574.	4	52,143,145.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net	490,727.	7	490,727.
	8	Inventories for sale or use	18,764,627.	8	16,867,326.
	9	Prepaid expenses and deferred charges	2,922,679.	9	3,795,637.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 753,346,087.		
	b	Less: accumulated depreciation	10b 363,917,087.		
	11	Investments - publicly traded securities	272,097,314.	11	271,684,499.
	12	Investments - other securities. See Part IV, line 11	7,722,458.	12	7,615,794.
	13	Investments - program-related. See Part IV, line 11	15,918,970.	13	10,774,483.
	14	Intangible assets	46,594,161.	14	52,679,394.
	15	Other assets. See Part IV, line 11	161,662,352.	15	212,890,328.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,107,452,302.	16	1,116,285,033.	
Liabilities	17	Accounts payable and accrued expenses	98,747,430.	17	84,256,008.
	18	Grants payable		18	
	19	Deferred revenue	4,493,167.	19	4,394,478.
	20	Tax-exempt bond liabilities	485,832,054.	20	479,023,489.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	372,515.	23	1,589,062.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	127,093,535.	25	129,371,584.
	26	Total liabilities. Add lines 17 through 25	716,538,701.	26	698,634,621.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	390,630,409.	27	417,644,164.
	28	Temporarily restricted net assets	283,192.	28	6,248.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	390,913,601.	33	417,650,412.	
34	Total liabilities and net assets/fund balances	1,107,452,302.	34	1,116,285,033.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	857,854,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	815,931,558.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,923,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	390,913,601.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<15,186,376.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	417,650,412.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2009 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

St. Luke's Regional Medical Center

82-0161600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate 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 aggregate 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 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) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 902,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 615,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 298,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 217,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 78,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 69,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

St. Luke's Regional Medical Center

82-0161600

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 62,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 62,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 51,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 47,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 46,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 43,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 43,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 43,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 34,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 34,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 32,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 22,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 21,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 13,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 9,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 8,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 8,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 7,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 5,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

St. Luke's Regional Medical Center

82-0161600

Part II Noncash Property (see instructions)

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ See separate instructions.

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010
LHA

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

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	122,297.	122,297.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	122,297.	122,297.												
c	Total lobbying expenditures (add lines 1a and 1b)	815,809,261.	815,809,261.												
d	Other exempt purpose expenditures	815,931,558.	815,931,558.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,000,000.	1,000,000.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	149,583.	168,264.	120,363.	122,297.	560,507.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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

Table with columns (a) Yes, No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with columns Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

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

Table with columns Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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:

Table with 2 columns: Description (1c-1f), Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

(i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

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

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

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

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

(a) Description	(b) Book value
(1) Def. Bond Finance Costs	7,745,610.
(2) Retention Bonus	376,250.
(3) Physician Loans	933,237.
(4) Executive Flex Plan	835,580.
(5) Due From Related Organizations	202,999,651.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	212,890,328.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Third Party Settlement	55,170,154.
(3) Benefit Plan Liabilities	68,372,234.
(4) Accrued Interest Payable-Bonds	5,829,196.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	129,371,584.

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 VII, 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 VII, 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 VII, 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 30,2011, the Company had approximately \$4,160 of UBTI Net Operating Losses from

Part XIV Supplemental Information (continued)

operating losses incurred from 1997 to 2011 which expire in years 2012 to
 2026. The Health System does not believe it is more likely than not they
 will utilize these losses prior to their expiration and as such has
 provided a full valuation allowance against these losses."

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheets 1 and 2)			15,262,564.		15,262,564.	1.95%
b Unreimbursed Medicaid (from Worksheet 3, column a)			103,481,838.	86,578,279.	16,903,559.	2.16%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			10,097,977.	8,217,271.	1,880,706.	.24%
d Total Financial Assistance and Means-Tested Government Programs			128,842,379.	94,795,550.	34,046,829.	4.35%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			20,905,511.		20,905,511.	2.67%
f Health professions education (from Worksheet 5)			10,836,966.	530,492.	10,306,474.	1.31%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			5,092,820.	2,403,644.	2,689,176.	.34%
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,279,184.		1,279,184.	.16%
j Total Other Benefits			38,114,481.	2,934,136.	35,180,345.	4.48%
k Total. Add lines 7d and 7j			166,956,860.	97,729,686.	69,227,174.	8.83%

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						
3 Community support			76,245.		76,245.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			76,245.		76,245.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	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 (at cost)	16,564,396.		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	0.		
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	113,257,787.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	158,012,185.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	<44,754,398.>
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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Heart and Vascular Management, LLC	Consulting Services on Heart & Vascular Service Lines.	51.00%		49.00%
3 Idaho Gyn/Oncology Services	Gynecology/Oncology Services	50.00%		
4 Idaho Cytogenetics Laboratory, LLC	Genetic Testing	50.00%		
5 St. Luke's-Elks Rehabilitation Services, LLC	Physical/Speech/Occupational Therapy Services	50.00%		
6 Wound Care and Hyperbaric Treatment Center, LLC	Wound Care Services	90.00%		
8 Southwest Idaho Community Network, LLC	Group Purchasing-Drugs	60.67%		
9 SL Phys Realty-Louise, LLC	Medical Office Building	86.68%		
10 1500 Shoreline, LLC	Administrative Office Building	54.73%		

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 St. Luke's Regional Medical Center									
190 E. Bannock									
Boise, ID 83712	X	X	X				X		
2 St. Luke's Meridian Medical Center									
520 S. Eagle Road									
Meridian, ID 83642	X	X					X		

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 Regional Medical Center

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

Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)

	Yes	No
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 all of 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: <u>20</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		

Financial Assistance Policy

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?		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

Part V Facility Information (continued) St. Luke's Regional Medical Center

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?		
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input 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 type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
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 actions (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	
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 actions (describe in Part VI)		
17	Indicate which actions the hospital facility took before initiating any of the collection 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 a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) St. Luke's Regional Medical Center

Policy Relating to Emergency Medical Care

18 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?

	Yes	No
18		

If "No," indicate the reasons why (check all that apply):

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility did not have a policy relating to emergency medical care
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c The hospital facility used the Medicare rate for those services
- d Other (describe in Part VI)

20 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?

If "Yes," explain in Part VI.

20		

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

21		

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 Meridian Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
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	1	
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 all of 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	3	
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	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
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	7	
Financial Assistance Policy		
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?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> %		

Part V Facility Information (continued) St. Luke's Meridian Medical Center

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
11 Explained the basis for calculating amounts charged to patients?		
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?		
13 Included measures to publicize the policy within the community served by the hospital facility?		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input 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 type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
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 actions (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
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 actions (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection 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 a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e <input type="checkbox"/> Other (describe in Part VI)			

Part V Facility Information (continued) St. Luke's Meridian Medical Center

Policy Relating to Emergency Medical Care

		Yes	No
18	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?		
	If "No," indicate the reasons why (check all that apply):		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
	If "Yes," explain in Part VI.		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	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?		
	If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?		
	If "Yes," explain in Part VI.		

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 38

Name and address	Type of Facility (describe)
1 St. Luke's Clinic-Intermountain Ortho 600 W. Robbins Rd., Suite 100 Boise, ID 83702	Orthopedics/Rheumatology Physician Clinic
2 St. Luke's Clinic-Intermountain Ortho 1109 W. Myrtle St. Boise, ID 83702	Orthopedics-Physician Clinic
3 St. Luke's Boise Orthopedic Surgery 1425 W. River Street Boise, ID 83702	Orthopedic Surgery Center
4 St. Luke's Surgery Center 333 N. 1st Street Boise, ID 83702	Surgery Center/Various Specialty Physician Clinics
5 Children's Specialty Center 100 E. Idaho St. Boise, ID 83712	Various Specialty Peds Physician Clinics
6 Anderson Center 100 E. Idaho St. Boise, ID 83712	Various Specialty Physician Clinics
7 Jefferson Medical Office Plaza 300 E. Jefferson St. Boise, ID 83712	Cardiology & Internal Medicine Physician Clinics
8 St. Luke's Meridian MOB 520 S. Eagle Road Meridian, ID 83642	Various Specialty Physician Clinics
9 Meadowlake Village MOB 3525 E. Louise Dr. Meridian, ID 83642	Various Specialty Physician Clinics
10 St. Luke's Imaging Center 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Type of Facility (describe)
11 St. Luke's Eagle Urgent Care 3101 E. State St. Eagle, ID 83616	Urgent Care & Various Physician Specialty Clinics
12 St. Luke's Clinic-Idaho Family Physic 130 E. Boise Ave, Boise, ID 83706	Family Medicine-Physician Clinic
13 St. Luke's Clinic-Capital City Family 1520 W. State St. Suite 100 Boise, ID 83702	Family Medicine-Physician Clinic
14 St. Luke's Clinic-Mt. View Family Med 3301 N. Sawgrass Way Boise, ID 83704	Family Medicine-Physician Clinic
15 St. Luke's Clinics-Park Center 701 E. Parkcenter Blvd. Boise, ID 83706	Various Specialty Physician Clinics
16 St. Luke's Clinic-Syringa Family Med. 2347 E. Gala St., Suite 150 Meridian, ID 83642	Family Medicine-Physician Clinic
17 St. Luke's Idaho Pulmonary Associates 2347 E. Gala St. Meridian, ID 83642	Pulmonary Physician Clinic
18 St. Luke's Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine-Physician Clinic
19 St. Luke's Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine-Physician Clinic
20 St. Luke's Family Health 3090 Gentry Way, Suite 200 Meridian, ID 83642	Family Medicine-Physician Clinic

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Type of Facility (describe)
21 St. Luke's Clinic-EOMA 3950 17th St., Suite A Baker City, OR 97814	Family Medicine-Physician Clinic
22 St. Luke's Clinic-Idaho Endocrinology 403 S. 11th St., Suite 100 Boise, ID 83702	Endocrinology-Physician Clinic
23 St. Luke's Mountain States Urology 510 N. 2nd St., Suite 103 Boise, ID 83702	Urology-Physician Clinic
24 St. Luke's Family Health 2083 Hospitality Lane Boise, ID 83716	Family Medicine-Physician Clinic
25 St. Luke's Clinic-Boise Heart 287 W. Jefferson St. Boise, ID 83702	Cardiology-Physician Clinic
26 Anderson Plaza 222 N. 2nd St. Boise, ID 83702	Various Physician Clinics-Surgery
27 Idaho Professional Building 125 E. Idaho St. Boise, ID 83712	Various Specialty Physician Clinics
28 St. Luke's Clinic-Fruitland General S 1210 NW 16th St. Fruitland, ID 83619	Physician Clinic-Surgery
29 St. Luke's Idaho Cardiology Assoc. 315 E. Elm Suite 350 Caldwell, ID 83608	Cardiology-Physician Clinic
30 St. Luke's Idaho Cardiology Assoc. 215 E. Hawaii Nampa, ID 83687	Cardiology-Physician Clinic

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Type of Facility (describe)
31 St. Luke's Family Health 3140 W. Milano Dr., Suite 150 Meridian, ID 83646	Family Medicine-Physician Clinic
32 St. Luke's-Caldwell Urology 1620 S. Kimball Ave. Caldwell, ID 83605	Urology-Physician Clinic
33 St. Luke's Clinic-Warm Springs 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-(Surgery)
34 St. Lukes Clinic-Stark Medical 932 W. Idaho Suite 100 Ontario, OR 97914	Family Medicine-Physician Clinic
35 St. Luke's Clinic-Family Medicine 1107 NW 11th St. Fruitland, ID 83619	Family Medicine-Physician Clinic
36 St. Luke's Clinic-Family Medicine 824 S. Diamond St. Nampa, ID 83686	Family Medicine-Physician Clinic
37 St. Luke's Clinic-OB/GYN 300 Main St., Suite 100 Boise, ID 83702	Obstetrics and Gynecology-Physician Clinic
38 St. Luke's Ref. Lab & Central Laundry 3000 S. Denver Way Boise, ID 83705	Reference Lab and Central Laundry Facility

Part V 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, 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 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

Part VI Supplemental Information

provide required supporting documentation in order to be eligible.

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

latest Poverty Guidelines published by the U.S. Department of

Health and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of

eligibility to the patient or the responsible party within

10 business days of receiving a completed application and the

required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all

patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved

for charity care will be effective for six months from the date the

application is submitted, unless during that time the patient's

family income or insurance status changes to such an extent that

the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Regional Medical Center, Ltd.(SLRMC) includes the activity of

Mountain States Tumor Institute(MSTI) within its community benefit report,

since SLRMC is the sole member of MSTI.

Part I, Line 7:

The cost to charge ratio was used for the calculation of charity care at

cost, unreimbursed Medicaid and other means-tested programs.

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 Form 990, Part IX, line 25 is \$31,894,265.

Form 990 Schedule H Part I, Line 7g

Subsidized Health Services Amount Reported in FY'10:

For the FY'10 Form 990 report Schedule H, line 7g, \$11,285,092 was reported as Subsidized Health Services. Upon further review, it has been determined that this amount should have been included in line 7e, "Community health improvement services and community benefit operations".

Form 990 Schedule H Line 7b

Unreimbursed Medicaid Calculation Reported in FY'10:

For FY'10, the Unreimbursed Medicaid amount reported in Schedule H, Line 7b, was \$2,367,270. Upon further review, it has been determined that the correct amount should have been \$10,433,038. The proper disclosure for FY'10 on Schedule H, line 7b should be as follows:

Total Community Benefit Expense \$71,015,582

Direct Offsetting Revenue \$60,582,544

Net Community Benefit Expense \$10,433,038

Part VI Supplemental Information

Part II:

St. Luke's Regional Medical Center, Ltd., in partnership with Saint Alphonsus Regional Medical Center (located in Boise, Idaho), provides forensic exams to sexual assault victims in the Treasure Valley through its Sexual Assault response team. These exams are often coordinated with various community programs, such as the Family Advocacy Center and Education Services (FACES) program, located in Boise, Idaho. In addition, St. Luke's provides financial and in-kind assistance to the following:

Salvation Army Shelter

Nampa Family Shelter

Free Notary Service for Paternity Affidavits: Data is submitted to the Idaho State Bureau of Vital Statistics.

Part III, Line 4:

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

Part III, Line 8:

100% of the shortfall in Medicare reimbursement is considered a community benefit.

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

Part VI Supplemental Information

2011. The amount is calculated by comparing the total Medicare apportioned costs(allowable costs) to the interim payments received during FY'11.

Part III, Line 9b:

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

Part VI, Line 2:

St. Luke's/MSTI determines community needs in three primary ways. First, we periodically conduct surveys covering the organization's primary service area of Ada and Canyon counties. The survey is randomly administered by a professional research company via telephone to heads of households. Sample sizes provide a margin of error of approximately +/-5%. In 2010, we added Gem, Payette, and Washington counties to the sample. Survey results are used as a development tool for our strategic planning process and to provide community perception, awareness, and anecdotal information about health needs in this community. The timing of the survey is significant as we reflect on our mission as the cornerstone of the organization and the strategies that will address the identified needs to support that mission. We also garner information from our constituents at various other times through focused surveys(written, telephone, or focus

Part VI Supplemental Information

group) to address a specific organizational need related to community or hospital services. Secondly, we analyze data provided through such agencies as Ada Planning Association (COMPASS), United Way, Kids Count, Blue Cross of Idaho, and the State of Idaho. These organizations report various socio-economic facts or identify key needs, which help to further develop the picture of health challenges and opportunities across our service area. Finally, we create forums comprised of people from different walks of life to dialogue about the health needs of the community and the opportunities to address those needs. These individuals range from the volunteers that provide an ongoing source of ambassadorship between St. Luke's and the community we serve, to the members of affiliated services (i.e., Humphreys Diabetes Center and the Family Medicine Residency of Idaho), to the leadership of affiliated medical facilities (i.e. McCall, Mountain Home, Gooding, Challis, Wood River, Stanley, and Weiser) and community support organizations (i.e. Healthy Community Access Program, The United Way, Central District Health Department, and Terry Reilly Health Services), to our formal and informal board leadership (Children's Advisory Board, Medical Center Board of Directors, Women's Forum, and Strategic Initiatives Committee), to our own staff who participate in a variety of health-related volunteer roles.

Part VI, Line 3:

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

1. Signage
2. Patient brochure
3. Billing Statement

Part VI Supplemental Information

4. Written collection action letter

5. Online at www.stlukesonline.org/billing

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

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

(D) For cases in which St. Luke's independently determines patient eligibility for patient care, 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 primary service area includes Idaho's Ada County, with its secondary service area covering southwest and south central Idaho and Eastern Oregon. Certain tertiary areas routinely provide care to residents from throughout Idaho and into its surrounding states.

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

Part VI Supplemental Information

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

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

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

Part VI, Line 6:

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

Part VI Supplemental Information

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

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

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

Part VI Supplemental Information

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.

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,

Part VI Supplemental Information

and amputations. SLHDC programs are recognized by the American
Diabetes Association.

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

St. Luke's physician clinics and services are provided in partnership with
area physicians and other health care professionals. These include:
Cardiovascular; Child Abuse and Neglect Evaluation; Endocrinology; Ear,
Nose, and Throat; Family Medicine; Gastroenterology; General
Surgery; Hypertensive Disease; Internal Medicine; Maternal/Fetal
Medicine; Medical Imaging; Metabolic and Bariatric Surgery; Nephrology;
Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine;
Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and
Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

In addition, St. Luke's 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:

Schedule H (Form 990) 2010

**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

2010

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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
Boise State University 1910 University Drive Boise, ID 83725	82-6010706	501(c)(3)	124,650.	0.			Multi-year commitment for nursing building and funds for nursing scholarships
St. Luke's Health Foundation, Ltd. 190 E. Bannock Boise, ID 83712	81-0600973	501(c)(3)	1,088,681.	0.			Cover operational needs for the foundation.
Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83712	20-5934739	501(c)(3)	1,608,513.	0.			Funds used to support th Family Residency Program in Idaho
YMCA 1050 W State St Boise, ID 83702	82-0200908	501(c)(3)	50,850.	0.			Fund YMCA community programs
Chamber Of Commerce-Boise Metro PO Box 2368 Boise, ID 83701	82-0100595	501(c)(6)	32,195.	0.			General sponsorship opportunities
Nampa Harvest Festival Association PO Box 231 Boise, ID 83653	82-0148165	501(c)(3)	12,500.	0.			Funds will be used for awareness campaign and no-cost screen mammogram to women in the Treasure

- 2 Enter total number of section 501(c)(3) and government organizations: **25.**
- 3 Enter total number of other organizations: **1.**

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2010)

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
Women's and Children's Alliance 720 West Washington Boise, ID 83702	82-0204464	501(c)(3)	15,000.	0.			Funds will be used to support programs of WCA, which provide safe shelter, education,
Idaho Stampede Community Foundation, Inc. - P.O. Box 6525 - Boise, ID 83707	47-0881811	501(c)(3)	7,500.	0.			Funds will sponsor the Idaho Stampede basketball team.
Epilepsy Foundation of Idaho 310 W. Idaho Street Boise, ID 83702	23-7160426	501(c)(3)	5,000.	0.			Funds will be used to offset some medical expenses for patients who could not otherwise
Genesis World Mission, Inc. 215 West 35th Street Garden City, ID 83714	82-0505074	501(c)(3)	10,000.	0.			Funds will be used to help underwrite the cost of the Garden City Community Clinic &
Learning Lab, Inc. 715 S. Capital #403 Boise, ID 83702	82-0461933	501(c)(3)	5,750.	0.			Funds will be used for the Lab's Families Health Month to teach families to improve their health
Ronald McDonald House Charities of Idaho, Inc. - Golf Tournament C/O Cactus Petes Inc., P.O. Box 508 Jackpot Nevada 89825 - Jackpot, NV	94-3030996	501(c)(3)	5,000.	0.			Funds will be used to "Share a Night" and offset the \$10 nightly donations that families
Boise Public Schools Foundation 8169 W. Victory Rd. Boise, ID 83709	82-0400689	501(c)(3)	5,000.	0.			Raise funds for innovative and motivational programs that enrich and add to the education of
Family Advocacy Center & Education Services (FACES) - 417 S. 6th St. - Boise, ID 83702	20-4883532	501(c)(3)	15,000.	0.			Funds will be used to support the Court Appointed Special Advocate (CASA) &
Health Education & Leadership Program (HELP) - 400 Lake Lowell Ave. - Nampa, ID 83686	76-0720963	501(c)(3)	5,000.	0.			Funds will be used to underwrite operational costs of the Garden City Community Clinic.

LHA

Schedule I (Form 990)

St. Luke's Regional Medical Center
 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
The Idaho Foodbank P.O. Box 5601 Boise, ID 83705	82-0425400	501(c)(3)	21,127.	0.			Funds to help distribute free emergency food to individuals and families in need.
March of Dimes 3222 W. Overland Rd. Boise, ID 83705	13-1846366	501(c)(3)	10,000.	0.			To improve the health of babies by preventing birth defects, premature birth and infant
United Way 2340 S. Vista Ave. Boise, ID 83705	82-0299013	501(c)(3)	8,235.	0.			Mobilize the caring power of the community to improve lives.
Ada Canyon Medical Education Consortium - 305 W. Jefferson - Boise, ID 83702	84-1417388	501(c)(3)	50,000.	0.			Medical education for physicians, P.A.s and nurses for Ada County, City of Nampa and City of
Boise Rescue Mission P.O. Box 1494 Boise, ID 83701	82-0259387	501(c)(3)	5,000.	0.			Funds will be used to help underwrite the cost of a banquet to support City Light Home for Women
Danny Thompson Memorial Fund P.O. Box 232 Sun Valley, ID 83353	82-0341683	501(c)(3)	25,000.	0.			Provide funding for Leukemia and cancer research.
Hands of Hope Northwest 1201 Powerline Rd. Nampa, ID 83686	84-1398889	501(c)(3)	5,000.	532,236. FMV		Medical supplies	Funds will be used to loan durable medical equipment to people in need in the Treasure
Hispanic Cultural Center of Idaho 315 Stampede Dr. Nampa, ID 83687	84-1403433	501(c)(3)	5,000.	0.			Funds will be used for a health fair for the Latino community of Canyon County during
John Butler Lung Foundation 722 E. Harcourt Rd. Boise, ID 83702	82-0467602	501(c)(3)	10,000.	0.			Provide funding for medical professionals education and research.

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
Northwest Nazarene University, Inc. - 623 Holly St. - Nampa, ID 83686	82-0200907	501(c)(3)	30,000.	0.			General sponsorship opportunities
Regence Caring Foundation for Children - 1211 W. Myrtle, Suite 110 - Boise, ID 83702	87-0490448	501(c)(3)	5,000.	0.			Funds will be used to provide dental screening & fluoride applications to 400 low-income kids.

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: Nampa Harvest Festival Association

(h) Purpose of Grant or Assistance: Funds will be used for awareness campaign and no-cost screen mammograms to women in the Treasure Valley.

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

(h) Purpose of Grant or Assistance: Funds will be used to support programs of WCA, which provide safe shelter, education, opportunity and hope to women and children victimized by domestic and/or sexual violence.

Name of Organization or Government: Epilepsy Foundation of Idaho

(h) Purpose of Grant or Assistance: Funds will be used to offset some medical expenses for patients who could not otherwise afford to pay for medications, testing and transportation to appts.

Name of Organization or Government: Genesis World Mission, Inc.

(h) Purpose of Grant or Assistance: Funds will be used to help underwrite the costs of the Garden City Community Clinic & Volunteer Physicians' Network.

Name of Organization or Government: Learning Lab, Inc.

(h) Purpose of Grant or Assistance: Funds will be used for the Lab's Families Health Month to teach families to improve their health and well being through increased health literacy and knowledge of nutrition and exercise.

Name of Organization or Government:

Ronald McDonald House Charities of Idaho, Inc.

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Funds will be used to "Share a Night" and offset the \$10 nightly donations that families pay at the house.

Name of Organization or Government: Boise Public Schools Foundation

(h) Purpose of Grant or Assistance: Raise funds for innovative and motivating programs that enrich and add to the education of Boise School District students.

Name of Organization or Government:

Family Advocacy Center & Education Services (FACES)

(h) Purpose of Grant or Assistance: Funds will be used to support the Court Appointed Special Advocate (CASA) & Families First programs.

Name of Organization or Government: March of Dimes

(h) Purpose of Grant or Assistance: To improve the health of babies by preventing birth defects, premature birth and infant mortality.

Name of Organization or Government:

Ada Canyon Medical Education Consortium

(h) Purpose of Grant or Assistance: Medical education for physicians, P.A.s and nurses for Ada County, City of Nampa and City of Caldwell.

Name of Organization or Government: Boise Rescue Mission

(h) Purpose of Grant or Assistance: Funds will be used to help underwrite the costs of a banquet to support City Light Home for Women and Children's 10th anniversary.

Part IV Supplemental Information

Name of Organization or Government: Hands of Hope Northwest

(h) Purpose of Grant or Assistance: Funds will be used to loan durable medical equipment to people in need in the Treasure Valley and medical supplies will be utilized by medical care professionals to provide care to patients.

Name of Organization or Government: Hispanic Cultural Center of Idaho

(h) Purpose of Grant or Assistance: Funds will be used for a health fair for the Latino community of Canyon County during Binational Health Week.

**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

2010

Open to Public Inspection

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" 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 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	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		X
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Mr. Christopher Roth	(i)	282,149.	0.	43,894.	16,396.	359,041.	26,849.
	(ii)	0.	0.	0.	0.	0.	0.
2 Mr. Gary L. Fletcher	(i)	477,732.	0.	528,308.	192,279.	1,210,048.	185,883.
	(ii)	0.	0.	0.	0.	0.	0.
3 Mr. Jeffrey S. Taylor	(i)	328,840.	1,194.	51,936.	36,336.	428,996.	25,035.
	(ii)	0.	0.	0.	0.	0.	0.
4 Ms. Pamela H. Bernard	(i)	180,538.	840.	51,623.	202,088.	446,856.	9,938.
	(ii)	0.	0.	0.	0.	0.	0.
5 Barton F. Hill, M.D.	(i)	261,259.	0.	45,104.	16,396.	341,398.	11,236.
	(ii)	0.	0.	0.	0.	0.	0.
6 Ms. Joanne T. Clavelle	(i)	220,923.	0.	44,424.	16,198.	306,990.	28,645.
	(ii)	0.	0.	0.	0.	0.	0.
7 Gregory G. Janos, M.D.	(i)	164,535.	0.	832.	0.	173,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Donald K. Stritzke, M.D.	(i)	955,311.	0.	23,260.	27,892.	1,022,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.
9 William A. Jones, M.D.	(i)	929,661.	0.	45,417.	27,892.	1,014,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.
10 Karl P. Undesser, M.D.	(i)	537,049.	322,296.	77,448.	46,765.	1,005,422.	37,647.
	(ii)	0.	0.	0.	0.	0.	0.
Murali N. Bathina, M.D.	(i)	540,902.	283,905.	64,340.	36,578.	936,874.	30,471.
	(ii)	0.	0.	0.	0.	0.	0.
12 Larry A. Tansey, M.D.	(i)	795,815.	3,091.	49,683.	27,892.	888,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.
13	(i)						
13	(ii)						
14	(i)						
14	(ii)						
15	(i)						
15	(ii)						
16	(i)						
16	(ii)						

Part III Supplemental Information

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

Part I, Line 1a:

St. Luke's has agreed to directly or indirectly pay all taxes caused by the vesting of accruals of the adjusted benefit prior to termination of employment. The payment shall be made in a manner which results in the executive having no personal outlay for taxes resulting from or related to the adjusted benefit for any associated taxes.

Part I, Line 4b:

The following executive participated in a supplemental non-qualified executive retirement plan:

	SERP Award	SERP Gross-up	Total
Gary L. Fletcher	\$174,224	\$126,162	\$300,386

Also, during CY'10, the following retired executive received payment from a supplemental non-qualified executive retirement plan:

William Bodnar Retired Vice-President \$ 11,346

Part III Supplemental Information

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

Part II-Column (f)

Explanation of Prior Compensation:

Reportable compensation is based on the total amount paid during calendar year 2010, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions. As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year paid.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization

St. Luke's Regional Medical Center

Employer identification number
82-0161600

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Idaho Health Facilities Authority	82-6051863	451295TW9	12/04/08	126,435,101	Capital Projects for Health Care Facilities			X			X
B Idaho Health Facilities Authority	82-6051863	451295TX7	03/04/09	150,000,000	Capital Projects for Health Care Facilities			X			X
C Idaho Health Facilities Authority	82-6051863	451295VK2	09/09/10	210,427,891	Current Refunding of Prior Issues			X			X
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,305,000.				5,490,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		126,745,452.		150,502,435.		210,427,891.		
4 Gross proceeds in reserve funds		12,643,510.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		1,410,199.		856,941.				
8 Credit enhancement from proceeds				409,379.				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		112,389,945.		149,236,115.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2008		2011				

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2 Is the bond issue a variable rate issue?		X		X		X		
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6 Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Idaho Health Facilities Authority

(f) Description of Purpose: Capital Projects for Health Care Facilities

(a) Issuer Name: Idaho Health Facilities Authority

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(f) Description of Purpose: Capital Projects for Health Care Facilities

(a) Issuer Name: Idaho Health Facilities Authority

(f) Description of Purpose: Current Refunding of Prior Issues

Part II-Line 3

Difference Between Issue Price and Proceeds:

The difference between the issue price and bond proceeds for the bonds disclosed in columns(A) and (B) relate to investment earnings on proceeds held in construction funds held by the bond trustee prior to final disbursement.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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
S-Sixteen Limited Partners	Board Member is par	2,740,034.	St. Lukes R		X
Syringa Family Medicine, P.	Board Member is a m	150,000.	Catherine R		X

Part V Supplemental Information

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

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

(a) Name of Person: S-Sixteen Limited Partnership

(b) Relationship Between Interested Person and Organization:

Board Member is parent of four members of S-Sixteen

(d) Description of Transaction: St. Lukes Regional Medical Center leases

property from two real estate LLCs, of which S-Sixteen is a member.

(a) Name of Person: Syringa Family Medicine, P.A.

(b) Relationship Between Interested Person and Organization:

Board Member is a member of Syringa Family Medicine, P.A.

(d) Description of Transaction: Catherine Reynolds, M.D., is a member of

Syringa Family Medicine, PA. Compensation for Dr. Reynolds was paid to

Syringa Family Medicine under a Professional Service Agreement.

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.

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St. Luke's Regional Medical Center

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

During FY'11, St. Luke's Hospital locations in the Treasure Valley

provided inpatient care for 30,553 admissions, covering 92,526 patient

days. Also, the hospitals provided patient care associated with 615,660

outpatient visits. In addition to hospital patient care, the various

physician clinics located in the Treasure Valley provided patient care

associated with 563,465 visits.

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

at Risk Evaluation Services), medical evaluation, treatment, and

documentation in cases of alleged abuse are provided.

Within the Children's Hospital, experienced the following patient

volumes during FY'11:

Pediatrics:

Admissions 2,591

Patient Days 8,336

Pediatric Intensive Care Unit:

Admissions 409

Patient Days 1,995

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

patients.

Integral to the Heart & Vascular line is St. Luke's Cardiology

Associates(SLICA), a 14-physician cardiology practice servicing Boise

and the surrounding communities within Idaho. SLICA specializes in the

treatment of diseases and disorders that affect the heart and its

associated blood vessels. In-office diagnostic services include

treadmill stress testing, echocardiography, heart rhythm monitoring,

heart catheterization and nuclear cardiology. Also included in the

practice are special clinics designed to manage irregular heart

beats(arrhythmias)pacemakers and defibrillators, blood thinning

medications, congestive heart failure, and lipids.

During FY'11 the St. Luke's Cardiology Clinics had 39,990 visits.

Form 990, Part III, Line 4d, Other Program Services:

Emergency and Transport

Expenses \$ 35,754,491. including grants of \$ 0. Revenue \$ 55,054,014.

Management Services

Expenses \$ 2,077,032. including grants of \$ 0. Revenue \$ 1,975,387.

Joint Ventures

Expenses \$ 6,488,241. including grants of \$ 0. Revenue \$ 4,736,140.

All Other

Expenses \$ 1,493,097. including grants of \$ 0. Revenue \$ 627,732.

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

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

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

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

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

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

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

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

Implementation Authority means those actions which the Member may take without the approval or recommendation of the Corporation. This authority will not be utilized until there has been appropriate 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;

Name of the organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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(d) Appointment of the auditor for the Corporation and the coordination of the Corporation's annual audit;

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

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

(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 prepared by an independent public accounting firm based on audited financial statements and with the assistance of the organization's

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

finance and accounting staff. The final draft of the 990 is made available for review to the Chief Financial Officer and 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 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 boards of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. Similar analysis is also completed 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 2010.

St. Luke's Health System is committed to providing the highest quality

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Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

medical care to all people regardless of their ability to pay.

To keep that commitment, St. Luke's puts a great deal of time and effort

into recruiting and retaining the top physicians in a variety of medical

fields. Our relationships with physicians range from having privileges at

the hospital to full employment.

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

competitive pay and benefits.

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

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

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

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

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

The organization's governing documents, conflict of interest policy, and financial statements are not available to the public. Form 990 is available for public inspection, which contains financial information.

Form 990 Part VII Section A

Allocation of Compensation and Hours:

The total hours worked and compensation reported for Gary Fletcher, Jeffrey Taylor, Chris Roth and Bart Hill represent services rendered to the following organizations within the St. Luke's Health System:

Gary L. Fletcher:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's Health Foundation, Ltd.

St. Luke's Humphreys Diabetes Center, Inc.

Jeffrey S. Taylor:

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

Chris Roth:

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's Health Foundation, Ltd.

St. Luke's Humphreys Diabetes Center, Inc.

Bart Hill, M.D.:

St. Luke's Regional Medical Center, Ltd.

St. Luke's Health Foundation, Ltd.

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

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

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

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

the minimum required 40 hours.

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

Net unrealized losses on investments: -1,650,640.

Minimum Liability Adj.-Defined Benefit Plan -12,047,772.

Minimum Liability Adj.-Supplemental Non-Qual. Retirement

Plan -1,487,964.

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Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
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Total to Form 990, Part XI, Line 5 -15,186,376.

Form 990 Part I-F: Principal Officer

Change in Principal Officer:

Effective August 1, 2011, Chris Roth succeeded Gary Fletcher as CEO for St. Luke's Regional Medical Center, Ltd., Mountain States Tumor Institute, Inc., St. Luke's Health Foundation, Ltd., and St. Luke's Humphreys Diabetes Center, Inc. Prior to his appointment, Chris served as Chief Operating Officer for St. Luke's Regional Medical Center, Ltd.

Also, effective August 1, 2011, Gary Fletcher assumed the role of Chief Operating Officer for St. Luke's Health System, Ltd.

Form 990 Part III-Statement of Program Accomplishments

Program Expense:

Please note that the program expense amounts reported in Statement III-Statement of Program Accomplishments, do not include an allocation of certain administrative and functional support costs. These costs are classified as Management and General within Part IX-Statement of Functional Expenses.

Form 990 Part VI: Section C. Disclosure-Line 17

States Requiring Form 990 Information-Oregon:

St. Luke's Regional Medical Center, Ltd. (St. Luke's) owns and operates physician clinics located in Ontario, Oregon and Baker City, Oregon.

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Because of this presence, St. Luke's is registered with the Charitable

Activities Section of the Oregon Department of Justice. On an annual

basis, Oregon law requires that any organization registered within the

Charitable Activities Section file "Form CT-12F For Foreign Charities."

Since Form 990 for St. Luke's includes substantially the same

information as required by form CT-12F, a public inspection copy of Form

990 for Fiscal Year 2011 will be included in this filing.

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.

2010
Open to Public
Inspection

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

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
St. Luke's Clinic-Treasure Valley, LLC - 45-2716222, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	0.	0.	St. Luke's 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) 2010

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Luke's Magic Valley Regional Medical Center, Ltd. - 56-2570686, 801 Pole Line Road, Twin Falls, ID 83301	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X
St. Luke's McCall, Ltd. - 27-3311774 190 E. Bannock Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X
St. Luke's Humphreys Diabetes Center, Inc. - 82-0491110, 1226 River Street, Boise, ID 83702	Diabetes Prev.-Self-Mgmt.	Idaho	501(c)(3)	9	St. Luke's Regional Medical Center, Ltd.		X
St. Luke's Regional Medical Center Auxiliary - 82-0255667, 190 E. Bannock, Boise, ID 83702	Supporting Organization	Idaho	501(c)(3)	11-1			X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
SL Phys Realty-Louise, LLC - 26-3731325, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	695,304.	950,365.	X		N/A	X	87.00%
1500 Shoreline, LLC - 27-0681501, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	276,664.	873,539.	X		N/A	X	55.00%
3399 East Louise MOB, LLC - 27-0848198, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	442,203.	1,144,706.	X		N/A	X	67.00%
Ortho-Neuro Management, LLC - 26-4483076, 190 E. Bannock, Boise, ID 83712	Mgmt. Consulting	ID	N/A	Related	1,010,982.	2,096,080.	X		N/A	X	58.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Select Medical Network of Idaho, Inc. - 81-0594024 190 E. Bannock Boise, ID 83712	Provider Network	ID	N/A	C CORP	<51,932.>		0. 100.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Heart and Vascular Management, LLC - 26-2486481, 190 E. Bannock, Boise, ID 83712	Mgmt. Consulting	ID	N/A	Related	658,024.	604,825.	X		N/A	X	51.00%
Idaho Gyn/Oncology Service, LLC - 20-2975807, 1055 N. Curtis Rd., Boise, ID 83706	Health Care	ID	N/A	Related	<88,716.>	87,751.	X		N/A	X	50.00%
Idaho Cytogenetics Laboratory, LLC - 33-1012210, 190 E. Bannock, Boise, ID 83712	Health Care	ID	N/A	Related	<10,859.>	<17,240.>	X		N/A	X	50.00%
St. Luke's-Elk's Rehabilitation Service, LLC - 82-0503100, 204 Fort Place PO BOX 1100, Boise, ID 83701	Health Care	ID	N/A	Related	341,317.	3,155,538.	X		N/A	X	50.00%
Wound Care and Hyperbaric Treatment Center - 90-0288299, 600 N. Robbins Road, Boise, ID 83702	Health Care	ID	N/A	Related	743,386.	4,319,747.	X		N/A	X	90.00%
Southwest Idaho Health Community Network, LLC - 82-0506533, P.O. Box 607, Boise, ID 83701-0607	Group Purchasing-Drug	ID	N/A	Related	1,742.	2,762.	X		N/A	X	62.00%

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 Health Foundation, Ltd.	B	1,088,681.	Operating Loss Subsidy
(2) St. Luke's Health Foundation, Ltd.	C	615,515.	Donations specified for SLRMC
(3) Heart and Vascular Management, LLC	O	1,967,000.	Per Mgmt. Agreement
(4) Ortho Neuro	O	3,105,375.	Per Mgmt. Agreement
(5) SL Phys Realty-Louise, LLC	J	1,783,257.	Per Master Lease Agreement
(6) 1500 Shoreline, LLC	J	1,113,943.	Per Master Lease Agreement

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)3399 East Louise, MOB-LLC	J	1,626,091.	Per Master Lease Agreement
(8)Mountain States Tumor Institute	N	39,509,013.	Salaries & Wages Paid by SLRMC
(9)St. Luke's Health Foundation, Ltd.	N	617,453.	Salaries & Wages Paid by SLRMC
(10)Humphreys Diabetes Center, Inc.	N	434,104.	Salaries & Wages Paid by SLRMC
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Form 990 Schedule R Part I-Disregarded Entity

St. Luke's Clinic-Treasure Valley, LLC:

During FY'11, a new legal entity, St. Luke's Clinic-Treasure Valley, LLC, was created for the purpose of billing the professional component for all physician clinics owned and operated by St. Luke's Regional Medical Center, Ltd. The billing under this new entity will commence upon implementation of the new Epic patient accounts receivable software, which is scheduled to occur in FY'12. Since no billing activity occurred during FY'11, there is no financial information being reported in Schedule R for this new entity.

Form 990 Schedule R Part II-Related Organizations Taxable as a Corporation

Select Medical Network of Idaho:

Select Medical Network of Idaho, Inc. (Select), was organized for the purpose of administering the contracting operations on behalf of participating health care providers within the Select Medical Network. The financial nature of the operation was an expense sharing agreement between the owners of Select, which included St. Luke's Regional Medical Center, Ltd. (SLRMC). In August-2010, SLRMC became the sole member of Select, since the majority of the other members had been acquired by SLRMC. Preparation of the tax return for the fiscal year ending December 31, 2010 (FY'10), is still in process as of the date of this filing. Therefore, the loss reported in Schedule R-Part II, column (f) is an estimate of expenditures incurred, which will be included within Select's FY'10 return.