Department of the Treasury

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

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	SEP 30, 2013	
	heck if	C Name of organization	D Employer identi	ification number
a	pplicable	o Haino of organization		
_	Addres	St. Luke's Health System, Ltd.		
-	_lchange ∏Name			70681
-	_lchange □Initial	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/s		
<u> </u>	_return ∃Termin-	Transor and shoot (s. test see		381-3790
\vdash	Jated Amend	130 I. Damook		241,486,750.
<u></u>	_return ☐Applica	City, town, or post office, state, and ZIP code	G Gross receipts \$	
	tion _pending	B018e, 1D 03/12	H(a) Is this a group	
	p =	F Name and address of principal officer:David C. Pate, M.D., J.D	for affiliates?	Yes X No
		same as (c)	H(b) Are all affiliates i	
1 7	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 100 cm.		a list. (see instructions)
		www.stlukesonline.org	H(c) Group exempt	
K F	orm of	organization: X Corporation Trust Association Other L	Year of formation: 2006	M State of legal domicile: ID
Pa		Summary		
<u>т</u>	1 E	Briefly describe the organization's mission or most significant activities: Management	of the delivery of	
ŭ	ŀ	nealthcare services		
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net	assets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	13
Ğ	4 1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of in appointing body and E. Line 1.) U.N	4	1 8
οğ y	5	Total number of individuals employed in calendar year 2012 (Part Vuline 2a)		0
itie	6	Fotal number of individuals employed in calendar year 2012 (Part Vine 2a) Fotal number of volunteers (estimate if necessary)	6	9
cţi	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		a 0.
Ă	í	Net unrelated business taxable income from Form 990-T, line 34		b 0.
	<u> </u>	Ver difference business taxable income from 5 cm 500 ff mile 5 ff	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	789,489	
Revenue		Program service revenue (Part VIII, line 2g)		
Ver		· ·		
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,817,504	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	119,987,648	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		U . U
X	1	Total fundraising expenses (Part IX, column (D), line 25)	07. 212. 600	102.764.027
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,313,628	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	217,817,50	
		Revenue less expenses. Subtract line 18 from line 12		0.
Net Assets or Fund Balances			Beginning of Current Yea	
set	20	Total assets (Part X, line 16)	196,632,838	
age and a second	21	Total liabilities (Part X, line 26)	204,106,55	
2년	22	Net assets or fund balances. Subtract line 21 from line 20	<7,473,71	3. <6,710,162.
Pa	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s		my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
530000				
Sig	n	Signature of officer OF and	Date 0/	13/14
Hei	- 1	Peter DiDio, Vice-President, Controller	1	1
		Type or print name and title	,	
	19010	Print/Type preparer's name Preparer's signature outse	Date Check if	PTIN
Pai	d	Sharon Zorbach An augu Rusale	8///14 If self-em	ployed P00125475
Pre	parer	Firm's name Deloitte Tax LLP	Firm's EIN	86-1065772
	Only	Firm's address 225 W. Santa Clara St.		
		San Jose, CA 95113	Phone no.	408-704-4000
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No

For/n	990 (2012) St. Luke's Health System, Ltd.	56-2570681	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
•	Management of the delivery of healthcare services		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			Yes X No
	the prior Form 990 or 990-EZ?		
_	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Tes No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total e	cpenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 203,995,396. including grants of \$ 1,114,177.) (Revenue)	ıe \$	241,349,354.)
	St. Luke's Health System supports and oversees the operations of		
	qualified inpatient and outpatient care services for all of the		
	supported hospital organizations within the St. Luke's Health		
	System including St. Luke's Regional Medical Center Ltd. Mountain		
	States Tumor Institute Inc. St. Luke's Wood River Medical		
	Center Ltd. St. Luke's Magic Valley Regional Medical Center Ltd. St.	-	
	Luke's Jerome, Ltd., and St. Luke's McCall, Ltd.		
	nuke a verome, ned., and be. nake a meetr, ned.	********	
	In addition, St. Luke's Health Foundation, Ltd., St. Luke's Magic Valley		
	Health Foundation, Inc. and St. Luke's Clinic Coordinated		
	Care, Ltd. (Accountable Care Organization) are supported organizations		
	within the St. Luke's Health System.		
4b	(Code:) (Expenses \$) (Revenue	ue \$)
4c	(Code:) (Expenses \$) (Reven	ue \$)
			
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 203,995,396.		
			Form 990 (2012)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
ь	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? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405	x	
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		х
140	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
14a b				
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		}	
	Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	'		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		In case	11/1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
- •	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
26	Section 504(a) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		

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Х

36

37

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O ...

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Pai						
	Check if Schedule O contains a response to any question in this Part V		vi 2005000000000	0000000		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	3		30
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0		22.0	480
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			N Ball		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			- 0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,.,.	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		••••	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			1
	were not tax deductible?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b		
7	Organizations that may receive deductible contributions under section 170(c).					11.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	1 1		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 300	14.5	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				E I	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e ouring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			I SAME	UNIV.	199
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	(miles list)	
10	Section 501(c)(7) organizations. Enter:	ا ءما				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1.3
11	Section 501(c)(12) organizations. Enter:	احمها	(373
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	11b)	100		11000
				12a	170	To Title
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				303
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
a	Is the organization licensed to issue qualified health plans in more than one state?			134	-	

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Note. See the instructions for additional information the organization must report on Schedule O. ${\bf b} \quad \hbox{Enter the amount of reserves the organization is required to maintain by the states in which the} \\$

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?

13b

Page 6 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				Х
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				17/1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
Ь	Enter the number of voting members included in line 1a, above, who are independent	1b	В		- 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	516		15
-	officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under the				
3	of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form		4	\vdash	х
4	Did the organization become aware during the year of a significant diversion of the organization's as		5		х
5			6		Х
6	Did the organization have members or stockholders?		-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				x
	more members of the governing body?		7a		Α
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or	l		
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:	200111	Y IS YE	
	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ЩМ	Eeri	
	and the second s		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		1000		
·	in Schedule O how this was done		12c	x	
42	Did the organization have a written whistleblower policy?			х	
13	Did the organization have a written document retention and destruction policy?		-	х	
14	· ·		1-7	1,100	
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	450	х	
	The organization's CEO, Executive Director, or top management official		15a	X	\vdash
b	Other officers or key employees of the organization		15b	^	70.00
	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 arrange		4.5	HILL	x
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				O.L.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			100
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	·	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the organiz	ation:	_ _	
	Peter DiDio Vice-President, Controller - 208-381-3790	<u> </u>			
	190 E. Bannock, Boise, ID 83712				
23200	12		Forn	n 990	(2012

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

Х

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.

(A)	(B)			(C Posi	C) ition	ı		(D)	(E)	(F)
Name and Title	Average		not c	heck i	more	than -		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	box, unless person is both an officer and a director/trustee)					from	from related	other	
	(list any	cto						the	organizations	compensation
	hours for	rdire			ĺ	ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruster		۵.	bensa		(W-2/1099-MISC)		organization
	organizations	ual tru	leuoi		ploye	t com				and related organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organization io
(1) Mr. Jon Miller	3,00	=	=	5	×		-			
Chairman		x		x				0.	0.	0
(2) Mr. Thomas Saldin	3.00			П		\vdash				
Chair Elect		x		х				0.	0.	0
(3) Mr. Larry Cope	3.00	\Box								
Director		х						0.	0.	0
(4) Mr. Arthur F. Oppenheimer	3.00	П								
Director		х					L	0.	0,	0
(5) Ms. Brigette Bilyeu	3,00									
Director		х						0.	0.	
(6) Mr. Rich Raimondi	3,00									
Director		Х						0,	0.	0
(7) Mr. Alan Horner	3.00									_
Director		Х	L					0.	0.	0
(8) James Smith, M.D.	3.00						1			
Director	40.00	Х				_		0.	0.	C
(9) Luci DiMaggio, M.D.	3.00									
Director	40.00	Х	<u> </u>		lacksquare	_		0.	0.	
(10) Mr. Bill Whiteacre	3.00			İ						
Director		Х	_	<u> </u>		-		0.	0.	(
(11) Ms. Barbara Wilson	3.00									,
Director		х	-	_	⊢			0.	0.	
(12) Mr. Bob Lokken	3,00	-							0.	
Director	40.00	Х	-	-	┡	-		0,		
(13) David C. Pate, M.D., J.D.	40.00	x		,,				0.	1,132,637.	21,334
President & CEO	40.00	<u> </u>	╫	Х	-	-	\vdash	0,	1,132,037.	21,33
(14) Mr. Jeffrey S. Taylor	6.00	+		x				0.	743,235.	141,439
VP/CFO, Treasurer (15) Ms. Christine L. Neuhoff	40.00	+	1	<u> ^</u>		+	-	 	, , , , , , , , , , , , , , , , , , , ,	
VP General Counsel	2,00	1		x				0.	374,565.	31,42
(16) Mr. Gary L. Fletcher	40.00	+	\vdash	+	+-	+	\vdash			
VP_Chief Operating Officer	2.00	-			x			0,	901,567.	180,08
(17) Barton F. Hill, M.D.	40.00	-	+	+	Ť	+	_			<u> </u>
VP Chief Quality Officer	4.00	-			x			0.	393,781.	35,974
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232007 12-10-12

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	and	iH t	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss per	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Ms. Maureen O'Keeffe	40.00									_
VP,Human Resources			L.		Х			0.	739,514.	36,651.
(19) Mr. John L. Kee VP,Physician Services	2.00				х			0.	364,555.	32,833.
(20) David K. Seppi, M.D.	40,00	Π								
VP,Executive Medical Director	2.00	1			х			0.	354,747.	30,719.
(21) Marc S. Chasin, M.D.	40.00		Π							
VP,Information Technology					Х			0.	289,110.	33,074
(22) Mr. Michael A. Tomazic VP Transformation Officer	40.00				x			0.	336,862.	27,685
(23) Mr. Adrienne M. Edens	40.00						_			
VP Information Technology		1			х			0.	433,445.	5,084
(24) Samantha L. Collier, M.D.	40.00			Г						
VP_Quality		1			х			0.	195,713.	1,068
(25) Mr. Randall M. Billings	40.00									
VP, Payor Provider Relations		1				х		0.	264,365.	30,171
(26) Mr. Michael A. Reno	40.00									5
VP, Process Improvement	2.00	1				Х		0.	225,129.	25,487
1b Sub-total								0.	6,749,225.	
c Total from continuation sheets to Pa	rt VII, Section A							0.	1,772,415.	
d Total (add lines 1b and 1c)								0.	8,521,640.	708,699

compensation from the organization

Yes No

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

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

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 . Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Whitecloud Analytics, Inc.		
P.O. Box 8005, Boise, ID 83707	Healthcare Analytics Services	4,601,576.
West Asset Management, Inc.	Patient A/T Collections	
P.O. Box 2140, Omaha, NE 68103-0140	Services & Consu	3,170,427.
Santa Rosa Consulting, LLC	IT Consulting-Epic Patient	
P.O. Box 347747, Pittsburgh, PA 15251-4747	Billing Syste	2,568,943.
Computer Task Group, Inc.	IT Consulting-Epic Patient	
P.O. Box 711778, Cincinnati, OH 45271-1778	Billing Syste	2,381,415.
Beacon Partners, Inc., 97 Libbey Parkway	IT Consulting-Epic Patient	
Suite 400, Weymouth, MA 02189	Billing Syste	840,187.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than	

See Part VII, Section A Continuation sheets

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Part VII Section A. Officers, Directors, Tru (A) Name and title 27) Mr. Peter P. DiDio P.Controller 28) Mr. Richard H. Holm P.Regional Services 29) Mr. Angela S. Taylor Pitts B sociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D. Dormer Chief Medical Officer	(B) Average hours per week (list any hours for related organizations below line) 40.00 3.00 40.00 0.00	tee or director		Officer	C) ition			(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
Name and title 27) Mr. Peter P. DiDio P.Controller 28) Mr. Richard H. Holm P.Regional Services 29) Mr. Angela S. Taylor Pitts Basociate Legal Counsel 30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	Average hours per week (list any hours for related organizations below line) 40.00 3.00 40.00 0.00		hecl	Posi all t	that	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
27) Mr. Peter P. DiDio P.Controller 28) Mr. Richard H. Holm P.Regional Services 29) Mr. Angela S. Taylor Pitts ssociate Legal Counsel 30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	per week (list any hours for related organizations below line) 40.00 40.00 0.00					Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	week (list any hours for related organizations below line) 40.00 3.00 40.00 0.00	Individual trustee or director	Institutional trustee	Officer	Key employee		Former .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	(list any hours for related organizations below line) 40.00 40.00 3.00 40.00	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	hours for related organizations below line) 40.00 40.00 3.00 40.00 0.00	Individual trustee or direct	Institutional trustee	Officer	Key emptoyee		Former	(W-2/1099-MISC)		organization and related organizations
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	related organizations below line) 40.00 40.00 3.00 40.00 0.00	Individual trustee or	Institutional trustee	Officer	Key employee		Former		212 139	and related organizations
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	below line) 40,00 40,00 3,00 40,00 0,00	Individual trust	Institutional tru	Officer	Key employee		Former	0.	212 139	
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	40,00 40,00 3,00 40,00 0,00	Indiwdua	Institution	Officer	Key empl		Former	0.	212 139	
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	40,00 40,00 3,00 40,00 0,00	ludi	lnst	044	Key		For	0.	212 139	
P,Controller 28) Mr. Richard H. Holm P,Regional Services 29) Mr. Angela S. Taylor Pitts Bsociate Legal Counsel 30) Mr. Edwin E. Dahlberg Dormer President & CEO 31) Mr. Clarence M. Pomeroy Dormer VP 32) Gary J. Krouth, M.D.	40.00 3.00 40.00 0.00					х		0.	212 139	
28) Mr. Richard H. Holm P.Regional Services 29) Mr. Angela S. Taylor Pitts ssociate Legal Counsel 30) Mr. Edwin E. Dahlberg cormer President & CEO 31) Mr. Clarence M. Pomeroy cormer VP 32) Gary J. Krouth, M.D.	3,00 40,00 0,00					Х		0.1	212 139.	
P,Regional Services 29) Mr. Angela S. Taylor Pitts ssociate Legal Counsel 30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	3,00 40,00 0,00								,	33,47
29) Mr. Angela S. Taylor Pitts ssociate Legal Counsel 30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	0.00			-		!			010 101	25 50
ssociate Legal Counsel 30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	0.00				_	х		0.	212,121.	26,50
30) Mr. Edwin E. Dahlberg ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	0.00								107 920	15 60
ormer President & CEO 31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth, M.D.	0.00			_	-	Х	_	0.	197,820.	15,69
31) Mr. Clarence M. Pomeroy ormer VP 32) Gary J. Krouth,M.D.			1					0.	593,955.	
ormer VP 32) Gary J. Krouth,M.D.		1	⊢	-	-	-	Х	0.	333,333.	
32) Gary J. Krouth, M.D.	0.00	1					x	0.	390,937.	
		⊢	-			-	^	0.	330,331.	
ormer chief Medical Officer		┨					x	0.	165,443.	
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Par	t VII						
		Check if Schedule O contains a response	to any question in	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1 a	Federated campaigns 1a			10101100		010,01014
ra E ja		Membership dues 1b					
2 E		Fundraising events 1c					
ar A		Related organizations 1d	47,649.				
S,E		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
je je	•	similar amounts not included above 1f	ļ				
털이		Noncash contributions included in lines 1a-1f: \$					
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		47,649.			
- 1		Total Add into Ta Ti	Business Code				
ا ۵	2 a	Admin. Services	561000	241,349,354.	241,349,354.		
<u> </u>					, ,		· · · · · · · · · · · · · · · · · · ·
ine Se	b						
Ę ja	C						
Program Service Revenue	d						
입	e	All other program service revenue					
		Total. Add lines 2a-2f		241,349,354.			
	3	Investment income (including dividends, inter				· · · · · · · · · · · · · · · · · · ·	
	3	other similar amounts)		89,747.			89,747.
	4	Income from investment of tax-exempt bond					
	4	Royalties					
	5	(i) Real	(ii) Personal				
	6 -		(ii) r ersonar				
	6 a						
		Less: rental expenses	+				
	C			San San Alles San Control	Spill and the State of the Stat		2 3 3 3 3 3 3 3 3 3
1		Net rental income or (loss)				war in the line	
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	-				
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					No la la concessione
		Net gain or (loss)		potential and a second second			
enne	8 a	Gross income from fundraising events (not including \$ of					
) š		contributions reported on line 1c). See					
늅		Part IV, line 18	1				
Other Reven		Less: direct expenses					
	c	: Net income or (loss) from fundraising events	>				
İ	9 a	Gross income from gaming activities. See					
.		Part IV, line 19	1				
	t	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
- 1	10 a	Gross sales of inventory, less returns		TO STATE OF THE STATE OF			
		and allowances					
	t						
		Net income or (loss) from sales of inventory	27 . 12 . 129 . 129				
		Miscellaneous Revenue	Business Code	NAME OF TAXABLE			
	11 a	1					
- 1	t						
	c	·					
	(All other revenue					
	6	Total. Add lines 11a-11d					CAL MERCANO
	12	Total revenue. See instructions.		241,486,750.	241,349,354.	C	89,747
232009 12-10-	9						Form 990 (2012

Form 990 (2012) St. Luke's Health System, Ltd.

Part IX Statement of Functional Expenses

	a response to any question in thi	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments organizations in the United States. See Part IV		1,114,177.		
	· · · · · · · · · · · · · · · · · · ·	-,,		
2 Grants and other assistance to individua				
the United States. See Part IV, line 22 Grants and other assistance to government	- COLUMN - C	3		
3 Grants and other assistance to governm organizations, and individuals outside the	·			
United States. See Part IV, lines 15 and	1			
	1201			
4 Benefits paid to or for members5 Compensation of current officers, direct	X=3/3/X/X=311=4/			
trustees, and key employees			5,838,918.	
6 Compensation not included above, to disqual				
persons (as defined under section 4958(f)(1)	i i			
persons described in section 4958(c)(3)(B)	I I			
7 Other salaries and wages	0.0.000000	43,316,134.	7,570,376.	***
Pension plan accruals and contributions (incl	00000000			
section 401(k) and 403(b) employer contribu		2,635,164.		
9 Other employee benefits		73,192,626.		
10 Payroll taxes		3,243,542.	810,886.	
11 Fees for services (non-employees):				
a Management	8,526,836.	6,821,469.	1,705,367.	
b Legal	262 775	210,220.	52,555.	
c Accounting		222,740.	55,685.	
d Lobbying				
e Professional fundraising services. See Part IV				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of I				
column (A) amount, list line 11g expenses or	i I	259,661.	3,112,107.	
12 Advertising and promotion	204 260	348,288.	33,572.	
13 Office expenses	201 002	721,546.	180,387.	
14 Information technology		18,641,613.	4,660,403.	
15 Royalties	1			
16 Occupancy	E00 742	479,794.	119,948.	
17 Travel	1 506 025	1,221,548.	305,387.	
18 Payments of travel or entertainment exp				
for any federal, state, or local public offi				
19 Conferences, conventions, and meeting				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization		24,936,776.	6,234,194.	
23 Insurance	5,887,160.	4,709,728.	1,177,432.	
Other expenses. Itemize expenses not covere above. (List miscellaneous expenses in line 2 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule 6	4e. If line (A)			
a Purchased Services	8,127,425.	6,501,940.	1,625,485.	
b Telephone Expense	4,608,467.	3,686,774.	921,693.	
c Recruitment Expense	4,565,015.	3,652,012.	913,003.	
d Dues/Memberships	2,165,416.	1,732,333.	433,083.	
e All other expenses	8,088,184.	6,347,311.	1,740,873.	
25 Total functional expenses. Add lines 1 through	igh 24e 241,486,750.	203,995,396.	37,491,354.	(
26 Joint costs. Complete this line only if the org	anization			
reported in column (B) joint costs from a cor	mbined			
educational campaign and fundraising solicit	ation.			
Check here if following SOP 98-2 (ASC 9	58-720)			Form 990 (201)

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 89,781,619. 139,502,275. Cash - non-interest-bearing 2,088,171. 1,424,529. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 662,295 5,341. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 5,017,915. 7,851,109. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 214,847,388. basis. Complete Part VI of Schedule D 10a 84,610,559. 65,153,945. 149,693,443. b Less: accumulated depreciation 10b 10c 13,330,126. 19,816,548. Investments · publicly traded securities 11 11 330,000. 330,000. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 812,153, 2,312,153. 15 Other assets. See Part IV, line 11 15 196,632,838. 236,395,900. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 36,726,244. 47,866,742. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 195,239,320. 167,380,307 25 204,106,551. 243,106,062. 26 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <7,473,713.> **27** <6,710,162.> Unrestricted net assets _____ 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 <7,473,713.>33 <6,710,162.> Total net assets or fund balances 236,395,900. 196,632,838, 34 Total liabilities and net assets/fund balances

Form 990 (2012)

Fórm	990 (2012) St. Luke's Health System, Ltd.	56-2570681		Pag	_{je} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	241	,486,	750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	241	,486,	750.
3	Revenue less expenses. Subtract line 2 from line 1	3			0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<7	,473,	713.>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		763,	551.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<6	,710,	162.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		6.0		
	Separate basis Consolidated basis Both consolidated and separate basis		4		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:		5, 1		
	Separate basis		19.29		25
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		15.0		CHAR
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1037
	Act and OMB Circular A-133?		3a_		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

0

Schedule A (Form 990 or 990-EZ) 2012

Employer identification number Name of the organization 56-2570681 St. Luke's Health System Ltd. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 X 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. d Type III - Non-functionally integrated c X Type III - Functionally integrated a Type I b Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No х the governing body of the supported organization? 11g(i) Х 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. (i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) of your support? laovernina document? above or IRC section (see instructions)) No Yes No Yes No Yes St. Luke's х х Х Regional Medical C82-0161600 HOSPITAL Mountain States x Х Tumor Institute 82-0295026 HOSPITAL Х St. Luke's Wood Х х River Medical Cent84-1421665 HOSPITAL X St. Luke's Magic HOSPITAL Х Х Х Valley Regional Me56-2570686 St. Luke's Health Х Х 81-0600973 FOUNDATION X Foundation, Ltd.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

See Part IV for Line 11 Continuation

232021

Total

2012.04000 St. Luke's Health System, Lt SLHS___1

						D
Schedule A (Form 990 or 990-EZ) 2012 Part II Support Schedule for (rganizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	Page 2
(Complete only if you checked	_					
fails to qualify under the tests						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties			1			
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 instruct	ions)			12	
13 First five years. If the Form 990 is fo	r the organization	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3)	

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)			1
	organization, check this box and stop here				<u></u>
Se	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)	14		9	%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		9	16
168	a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	nore, check t	nis box and		7
	stop here. The organization qualifies as a publicly supported organization			>]
ŀ	33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, ch	eck this box	_	
	and stop here. The organization qualifies as a publicly supported organization				
178	a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, a	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 Par	t IV how the	organization		_
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				
ı	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or	17a, and line	15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	in Part IV ho	w the	_	_
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anization]
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see instru	uctions		

Schedule A (Form 990 or 990-EZ) 2012

column (f)

Schedule A (Form 990 or 990-EZ) 2012 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
25 doubt don't be don't library places accorded Dow't II \

qualify under the tests listed b	elow, please com	olete Part II.)				
Section A. Public Support		,				
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>			1	
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.)				R4 = 111 - 11 - 11 - 11	VETER BUSY	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			<u></u>			
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 fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	ion 501(c)(3) organi	zation,
check this box and stop here						_
Section C. Computation of Pub	ic Support Pe	ercentage				
15 Public support percentage for 2012 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	<u>%</u>
Section D. Computation of Inve						
17 Investment income percentage for 20	312 (line 1 0c, colu	mn (f) divided by li	ne 13, column (f))		1 1	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check t			
232023 12-04-12			16	So	nedule A (Form 99	90 or 990-EZ) 2012

organization (described on lines 1-9 above or IRC section document?		(v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (i) organized in th		on in col. ed in the .?	e support				
		(see instructions))	Yes	No	Yes	No	Yes	No	
t. Luke's McCall,									
	27-3311774	HOSPITAL	Х		х		Х		
t. Luke's Jerome,					1				
itd.	82-0227163	HOSPITAL	х		Х		Х		
t. Luke's Magic									
alley Health Four	82-0342863	FOUNDATION	х		х		Х		
St. Luke's Clinic									
oordinated Care, I	45-5195864	ACO	х		х		х		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number						
St.	Luke's Health System, Ltd.	56-2570681					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
, -	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in m lete Parts I and II.	noney or property) from any one					
Special Rules							
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for u If this box is check purpose. Do not c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

223452 12-21-12

Employer identification number

St. Luke's Health System Ltd

56-2570681

art II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>. </u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	990, 990-EZ, or 990-PF) (2

SCHEDULE D

(Form 990)

1 2

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6

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Employer identification number

Name of the organization

56-2570681 St. Luke's Health System, Ltd. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of 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 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

and section 170(h)(4)(B)(ii)?

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

- 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
 - (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

Schedule D (Form 990) 2012

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

232051 12-10-12

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)	Sched		Health System,				56-25			age 2
Content Con		t III Organizations Maintaining C	ollections of A	rt, Histori	cal Treasure	s, or Oth	er Similar As	sets(contir	nued)_	
B Qubits exhibition d	3	Using the organization's acquisition, accession	on, and other record	ds, check any	of the following	that are a s	significant use of	its collectio	n item	S
b Scholarly research e Other Provides a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provides a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization collection? ▼exempt purpose in Part XIII. 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. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is it is the organization to agent the arrangement in Part XIII and complete the following table: Cell Beginning balance It is is the organization beginning the year Fordition and curring the year It is is the organization includes an amount on Form 990, Part X, line 21? Is if yes in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Beginning of year balance Is if yes in the organization includes an amount on Form 990, Part X, line 21. Beginning of year balance Onter investment earnings, gains, and losses of the organization answered "Yes" to Form 990, Part X, line 10. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Is yes. A dra there endowment Is in line 22, 25, and 25 should equal 100%. A retur		(check all that apply):								
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 answered "Ves" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table: Amount It is is the organization and part XIII and complete the following table the organization that are held and administered for the organiza	а	Public exhibition	C							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 buring the year, did the organization solicit or receive donations of art', historical treasures, or other similar assets 10 be sold to raise funds wither than to be maintained as part of the organization's collection? 10 be sold to raise funds within than to be maintained as part of the organization answered "Yes" to Form 950, Part IV, line 9, or 11 be the organization an agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. 12 be the organization and agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. 13 be fit "Yes," explain the arrangement in Part XIII and complete the following table: 14 be organization to fund the year 15 clinique belance 16 clinique belance 17 belance 18 beginning of year balance 19 contributions 19 beginning of year balance 19 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 11 belance and the section of the organization answered "Yes" to Form 980, Part IV, line 10. 19 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 11 belance and the section of the organization answered "Yes" to Form 980, Part IV, line 10. 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 11 belance and the section of the organization answered "Yes" to Form 980, Part IV, line 10. 12 contributions 13 contributions 14 contributions 15 contributions 16 contributions 17 contributions 18 contributions 19 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 10 contributions 11 contributions 12 contributions 13 contributions 14 contributions 15 cont	b	Scholarly research	€	e U Othe	r		·			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV	_									
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, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c 1c Amount 1d 1d Id 1d								Part XIII.		
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. a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization and separt, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? yes No If "Yes," explain the arrangement in Part XIII and complete the following table: a Beginning balance										1
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?										<u>No</u>
18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 19 Ending balance 20 Did the organization include an amount on Form 990, Part X, line 217 10 Did the organization include an amount on Form 990, Part X, line 217 11 Did the organization include an amount on Form 990, Part X, line 217 12 Did the organization include an amount on Form 990, Part X, line 217 13 Beginning of year balance 14 Beginning of year balance 15 Contributions 16 Contributions 17 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 18 Beginning of year balance 19 Contributions 10 Contributions 10 Contributions 10 Contributions 11 Contributions 12 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 29 Board designated or quasi-endowment 30 Part IV Endowment I Linds not in the possession of the organization that are held and administered for the organization by: 10 Unrelated organizations 30 Part VI Endo, and C should equal 10096. 31 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: 10 Unrelated organizations 11 Land 12 Description of property 13 Cost or other basis (investment) 14 Land 15 Description of property 16 Cost or other basis (investment) 17 Description of property 18 Cost or other basis (investment) 19 Description of property 10 Description of property 11 Land 12 Land 13 Land 14 Land 14 Land 15 Land 16 Land 17 Land, Buildings, and Equipment. See Form 990, Part X, ine 10. 17 Land, Buildings, and Equipment. See Form 990, Part X, ine 10. 18 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land 19 Land	Par			ete if the org	anization answer	ed "Yes" to	Form 990, Part	V, line 9, or		
on Form 990, Part X? Yes										-
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the following table:		*						—		٦.,
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1								L Yes		J No
c Beginning balance d Additions during the year e Distributions during the year 1 tending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 4 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 2 Did trives the attending spains, and losses of Gentro trives and programs 3 Grants or scholarships 4 Other expenditures for facilities and programs 5 End of year balance 6 Other expenditures for facilities and programs 7 Endowment Funds or the testimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasilendowment ▶ 96 8 Permanent endowment ▶ 96 9 Fermanent endowment ▶ 96 9 Fermanent endowment Index not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related orga	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IX, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Contributions c Net investment earnings, gains, and losses of Contributions c Net investment earnings, gains, and losses of Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶								Amoun	t	
Bistributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 217 3 Did the organization include an amount on Form 990, Part X, line 217 4 Did the organization include an amount on Form 990, Part X, line 217 4 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include an amount on Form 990, Part X, line 217 5 Did the organization include and organization include include and organization include and organization include a	C	Beginning balance		*********	*******					
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b If Y'es,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 1990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Prior year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (c) Two years back (d) Three years back (e) Four										T
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years b									<u></u>	J No □
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Prior	year (c) IW0	years back	(d) Three years ba	ick (e) rou	years	Dack
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment							<u> </u>			
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$\bigsim_{\text{9}}\$ where the percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) c Leasehold improvements d 4, 867, 109, 4, 867, 109, 4, 867, 109, 4, 867, 109, 5 Buildings c Leasehold improvements d 402, 846, 402, 846, 402, 846, 402, 846, 402, 846, 6 Buildings and Sequipment and se										
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities						ļ		
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (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 XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 Land 4 , 867, 109, 5 Buildings 1 4, 610, 470, 6 81, 681, 1 3, 928, 789, c Leasehold improvements 4 Description of propents 4 Description of propents 1 Buildings 1 Land 1 Buildings 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings 1 Land 1 Buildings		CONTRACT STATE							-	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses								
a Board designated or quasi-endowment ▶	g						L			
b Permanent endowment	2				olumn (a)) held a	s:				
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value 1a Land (d) Book value 4 , 867, 109 (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 , 867, 109 (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1b Land (d) Book value 1a Land (d) Book value 1b Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1a Land (d) Book value 1b Land (d) Book value 1a				%						
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 3a(ii) 3b c Leasehold R? 3b c Leasehold representation 4 , 867 , 109. 4 , 867 , 109. 4 , 867 , 109. 5 , 13 , 928 , 789. 4 , 867 , 109. 4 , 867 , 109. 5 , 13 , 928 , 789. 6 , 402 , 846. 6 , 402 , 846. 7 , 731 , 719. 6 , line 10(c).)								0-0	res	IND
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,867,109. 4,867,109. b Buildings 14,610,470. 681,681. 13,928,789. c Leasehold improvements 402,846. 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.										\vdash
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,867,109. 4,867,109. 4,867,109. b Buildings 14,610,470. 681,681. 13,928,789. c Leasehold improvements 402,846. 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.	b	-						30		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,867,109. 4,867,109. 4,867,109. b Buildings 14,610,470. 681,681. 13,928,789. c Leasehold improvements 402,846. 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.										
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1a Land 4,867,109. 4,867,109. b Buildings 14,610,470. 681,681. 13,928,789. c Leasehold improvements 402,846. 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.		Description of property	1 ''			1 ' '		(a) Boo	ok valu	ıe
b Buildings 14,610,470. 681,681. 13,928,789. c Leasehold improvements 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.				anony			opi odiación		867	109
c Leasehold improvements 402,846. 402,846. 402,846. d Equipment 187,235,244. 149,011,762. 38,223,482. e Other 7,731,719. 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.		•					681 681			
d Equipment e Other 7,731,719. 38,223,482. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.							001,001.		<u> </u>	
e Other 7,731,719. 7,731,719. 7,731,719. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 65,153,945.					<u></u>	_	149 011 762	38		<u> </u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)							120,011,102.			
Total: Add lines to a micegnite: (Colorini (C) mice. Square				+ V 00/11mm /						
	Tota	i. Add lines 1a through 1e. (Column (d) must e	:quai гопп ээо, Par	c A, COIUITIN (رد. (در), iiiie ا		Saha			

S+	Luke a	Health	System	T.+d

Part VII Investments - Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives		_	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	····		
(C)			
(D)			
(E)			
(F)	<u>.</u>		
(G)			
(H)			
(I)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		10	
Part VIII Investments - Program Related. See		13.	Cost or end-of-year market value
(a) Description of investment type	(b) Book value	(c) Method of Valuation:	Cost of 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 1	5.		
	escription		(b) Book value
(1)			
(2)			
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X, lin	1e 25.	(b) Book value	
1. (a) Description of liability		(a) DOOK VAILE	
(1) Federal income taxes		163 075 337	
(2) Due to Related Organizations		163,075,337.	
(3) SERP Plan Accr'd Tax Grossup		15,551,281.	
(4) Professional Liability		8,913,248.	
(5) Workers Compensation		1,461,708.	
(6) Health Insurance IBNR		6,237,746.	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	195,239,320.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			
2. FIN 48 (ASC 740) FOOthote, in Part Alli, brovide the text	t of the footnote to the	organization's financial statem	ents that reports the organization's

232053 12-10-12

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 St. Luke's Health System, Ltd.		56-2570681	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E-210 20	250	
а	Net unrealized gains on investments	2a		
ь	Donated services and use of facilities	2b	12.53	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		1993	
е	Add lines 2a through 2d	************************	2e	
3	Subtract line 2e from line 1	***********	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	120 0		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J. S. S.	
b	Other (Describe in Part XIII.)	4b	100	
	Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Exp	enses 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:			
а	Donated services and use of facilities	2a	1000	
b	Prior year adjustments			
c	Other losses	· 1 _ 1		
d	Other (Describe in Part XIII.)		S 500 0	
e	Add lines 2a through 2d	M-0000Get-	2e	- 35500
3	Subtract line 2e from line 1			70
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			meres x
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	- 1220 The Control of the Control of	20-0		
	Add lines 4a and 4b	PAVI (HARROSCH	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information			
	plete 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
Y lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addi	itional information.	
Λ, ΙΙΙ	e 2, Part XI, Illies 20 and 45, and 1 art XII, Illies 20 and 45.7160 complete this part	to provide any add		
_				
For	n 990 Schedule D,Part X,Line 2:			
1011	3,70 Deficació D,1020 11,2210 21			
Foot	note Disclosure-Uncertain Tax Positions Under FIN #48			
-	SHOULD PERSONNEL CHICATER THE FOUNDATION OF THE			
/ 50	urce: Consolidated Financial Statements-St. Luke's Health Syst	em)		
150	ite: Consolidated liminolal peacements by, band b mealth bj.			
"mb	Health System is subject to federal excise tax on its			
	nearen system in namicos to rederat energe can en res			
1150	elated business taxable income(UBTI). For the period ended			
unr	STATES DESTRESS CANADIC INCOME, OBIT, FOR the period ended			
Sen	tember 30,2013,the Company had approximately \$3,947,000 of			
Seb	commer 20,2013, one company and approximately 40,500,000 of		Schedule D (For	m 990) 2012
			30	,

Schedule D (Form 990) 2012 St. Luke's Health System, Ltd.	56-2570681	Page 5
Schedule D (Form 990) 2012 St. Luke's Health System, Ltd. Part XIII Supplemental Information (continued)		
UBTI Net Operating Losses from operating losses incurred from		
1999 to 2013 which expire in years 2014 to 2028. The Health System		
1335 to 2013 which expire in years 2017 to 2020. The hearth bycock		
The second secon		
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."		

		-
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	200000000000000000000000000000000000000	12 (200 120)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public OMB No. 1545-0047

Inspection

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

▶ Attach to Form 990.

Name of the organization		,	:				Employer identification number
St.	Luke s Health System, Ltd.	a.			1		÷0000
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring 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	Governments and	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Provide support for the
University of Washington							education and retention
P.O. Box 94224							of internal medicine and
Seattle, WA 98124	91-6001537	501(c)(3)	647,583.	0			psychiatry residents for
							Provide support to the
Ada Canyon Medical Education							Medical education for
305 West Jefferson Street							physicians, PA's and
Boise, ID 83702	84-1417388	501(c)(3)	.000,09	0			nurses for Ada
							the state of the s
Family Medicine Residency of							ario or rodding antional
Idaho, Inc 777 North Raymond							Family Residency Program
Street - Boise, ID 83704	20-5934739	501(c)(3)	40,000.	0.			in Idaho.
							Provide support to the
ourted way							Idaho Suicide Drevention
2340 South Vista Avenue	82-0299013	501(c)(3)	37,500.	0			Hotline,
							Provide support for the
Idaho Children's Trust Fund							implementation of an
304 West State Street							initiative to train
Boise, ID 83702	82-6000995	115	35,000.	0			adults to
							Provide support for the
Susan G Komen for the Cure							2013 Race for the Cure, in
6901 West Emerald Street, Suite 209							partnership with
Boise ID 83704	75-2462834	501(c)(3)	35,000.	0			Community Health Care
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	rganizations listed in the	e line 1 table	0.000	0.00		14.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part IV for Column (h) descriptions

232101 12-18-12

Schedule I (Form 990) (2012)

Schedule I (Form 990) St. Luke's Health System, Ltd.

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II Continuation of drafts and Other Assistance to Governments	Assistance to de	ACHINICINES MIN OF BRITA					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Provide general support
Idaho Stampede Community							of the the Idaho Stampede
tion Inc.							basketball team and their
	47-0881811	501(c)(3)	33,850.	0			philanthropic endeavors.
1							Improve health of infants
March of Dimes							by preventing birth
3222 West Overland Road							defects, premature birth
Boise, ID 83705	13-1846366	501(c)(3)	31,000.	0			and infant
							Provide support to the VA
David A Hindson MD Educational		-					Internal Medicine
Foundation Inc. = 439 West							Residency Program.
4	80-0279825	501(c)(3)	25,000.	.0			Funding will help cover
							Provide support for
American Cancer Society							cancer awareness events
2676 Vista Avenue							in the Treasure
Boise, ID 83705	84-1316555	501(c)(3)	23,000.	0			Valley, Wood River and
							Assist with the costs of
Genesis World Mission, Inc.							the Garden City Community
							Clinic & Volunteer
Garden City, ID 83714	82-0505074	501(c)(3)	20,000.	0.	į		Physicians Network.
Idaho Nonprofit Center							Provide support to the
5440 West Franklin Road, Suite 202							2013 Idaho Underwriter
Boise, ID 83705	94-3419016	501(c)(3)	20,000.	0			Online Campaign.
	:						
Boise Metro Chamber of Commerce							בוסגומה שמונים מניים
P.O. Box 2368	•						ror programs and
Boise, ID 83701	82-0100595	501(c)(6)	15,000.	0.			services.
							Provide support for
American Heart Association							bromotion of heart
270 South Orchard Street, Suite B							70 110
Boise, ID 83705	13-5613797	501(c)(3)	12,500.	0.			disease awareness events.
set of the contract of the con							
2404 West Bank Drive #103							Provide support for the
Boise ID 83705	13-5644916	501(c)(3)	10,000.	0			"Light the Night Walk".
							Schedule I (Form 990)

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant 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 (b) Number of recipients requested from time to time as deemed appropriate. (a) Type of grant or assistance Schedule I, Part I, Line 2: Part III

Page 2

56-2570681

St. Luke's Health System, Ltd.

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

232102 12-18-12

Schedule I (Form 990) St. Luke's Health System, Ltd.	56-2570681	Page 2
Part IV Supplemental Information		
Part II, line 1, Column (h):		
Part II, Time I, Column (17):		
Name of Organization or Government: University of Washington		
(1) Decree of Greek an Assistance Durwide support for the education		
(h) Purpose of Grant or Assistance: Provide support for the education		
and retention of internal medicine and psychiatry residents for the State		
of Idaho.		
Name of Organization or Government: Ada Canyon Medical Education		
(h) Purpose of Grant or Assistance: Provide support to the Medical		
education for physicians, PA's and nurses for Ada County, City of Nampa and		
City of Wood River.		
Name of Organization or Government: Idaho Children's Trust Fund		
raile of organization of dovernment. Italie district the first terms of the first terms o		-
(h) Purpose of Grant or Assistance: Provide support for the		
in-language of an initiative to train adults to prevent recognize and		
implementation of an initiative to train adults to prevent, recognize and		
react to child sexual abuse.		
Name of Organization or Government: Susan G Komen for the Cure		
(h) Purpose of Grant or Assistance: Provide support for the 2013 Race		
for the Cure, in partnership with Community Health Care Partners.		
Name of Organization or Government: March of Dimes		
(h) Purpose of Grant or Assistance: Improve health of infants by		
preventing birth defects, premature birth and infant mortality, March for		
Babies Boise, Nurse Awards and Blue Jean Ball.		
Name of Organization or Government:		
David & Windoon MD Educational Foundation Inc		
David A Hindson MD Educational Foundation, Inc.		
(h) Purpose of Grant or Assistance: Provide support to the VA Internal		
232291	Schedule	e I (Form 990)
05-01-12		

Schedule I (Form 990) St. Luke's Health System, Ltd.	56-2570681	Page 2
Part IV Supplemental Information		
Medicine Residency Program, Funding will help cover the costs of chief		
resident training, board review materials, and other important residency		
functions.		
and the state of t		
Name of Organization or Government: American Cancer Society		
(h) Purpose of Grant or Assistance: Provide support for cancer awareness		
(n) Purpose of Grant of Assistance: Flovide support for cancer awareness		
events in the Treasure Valley, Wood River and Magic Valley.		
events in the Headale valley, noon kivel and hagis valley.		
	100	

940 - 900 -		
	Cabadula	e I (Form 990)
	Schedule	- (Form 990)

SCHEDULE J (Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

St. Luke's Health System, Ltd.

Employer identification number 56-2570681

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	50.7		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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		N E	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			T-	1944
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	30		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	3.77		
	establish compensation of the CEO/Executive Director, but explain in Part III.			T#
	X Compensation committee Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	15 V		
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:	Nag.		
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	10.01		10
а	The organization?			Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	17.50		
	contingent on the net earnings of:			18 145
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		113	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 52 4059 6/ol2	9	I	i

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a), (a)	in prior Form 990
(1) David C. Pate M.D. J.D.	(0	0	0	0	0	0	0
.[3	3 🗉	979,221.	0	153,416.	11,697.	9,637.	1,153,971.	151,094.
(2) Mr. Jeffrey S. Taylor) E	0	0	0	0	0	• 0	*0
OFO Treasurer	E	450,826.	0	292,409.	130,421.	11,018.	884,674.	49,659.
(3) Ms. Christine L. Neuhoff	2	0	0	0	0	0	0.	0.
General Counsel		330,837.	0	43,728.	16,697.	14,724.	405,986.	26,188.
(4) Mr. Gary L. Fletcher	2	0	0	0	0	0	0.	0
Chief Operatin	€	641,987.	0	259,580.	169,029.	11,058.	1,081,654.	115,884.
(5) Barton F. Hill, M.D.	E	0	0	0	0	0	0.	0 *
Chief Quality Of	: 🗉	337,553.	0	56,228.	20,596.	15,378.	429,755.	14,104.
	9	0	0	0	0	0	0	0.
Human		299,215.	0	440,299.	28,394.	8,257.	776,165.	125,569.
(7) Mr. John L. Kee	<u>:</u>	0	0	0	0.	0	0.	0
VP Physician Services	: 🗎	294,513.	0	70,042.	24,495.	8,338	397,388.	26,604.
(8) David K. Seppi, M.D.	Ξ	0.	0	0	0	0	0.	0.
Executive N		312,925.	0	41,822.	16,697.	14,022.	385,466.	0
(9) Marc S. Chasin, M.D.	Ξ	0	0	0	0	0	0.	0.
VP Information Technology	: 🖹	271,572.	0	17,538.	16,697.	16,377.	322,184.	0.
(10) Mr. Michael A. Tomazic	Ξ	0	0	0	0	0	0.	0.
VP, Transformation Officer	: 🗉	302,152.	0	34,710.	11,673.	16,012	364,547.	0.
(11) Mr. Adrienne M. Edens	Ξ	0	0	0	0	0	- 1	- 1
VP, Information Technology	E	354,596.	0	78,849.	5,000.	84.	438,529.	51,706.
(12) Samantha L. Collier, M.D.	€	0	0	0	0	0	.0	0.
VP, Quality	Ξ	178,381.	0	17,332.	828.	240	196,781.	0.
(13) Mr. Randall M. Billings	Ξ	0	0	0	0	0	0.	0
VP, Payor Provider Relations	€	246,555.	0	17,810.	16,697.	13,474.	294,536.	0
(14) Mr. Michael A. Reno	Ξ	0	0	0	0	0	0	0.
VP Process Improvement	E	224,633	0	496	10,577.	14,910	250,616.	0.
(15) Mr. Peter P. DiDio	Ξ	0	0	0	0	0		0
VP, Controller		193,938,	0	18,201.	17,543.	15,930.	245,61	
(16) Mr. Richard H. Holm	8	0	0	0	0.	0	.0	
VP Regional Services	€	176,644	0	35,477.	18,713.	7,795	238,629.	10,211.
67700				C C			Sched	Schedule J (Form 990) 2012

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56-2570681

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
1 may 10 to 11 to 12 to	9	0	0	0	0	0	0	0
יייייייייייייייייייייייייייייייייייייי	3 9	175 493	0	22,327.	12,729.	2,962.	213,511	0.
	2	0	0	0	0	0	0	0.
	3 8	0	0	593,955.	0	0	593,955	366,866.
M Pomerov	3	0	0	0	0	0.	0	0.
	3 8	177,253.	0	213,684.	0	0.	390,937	122,926.
T Krouth M D	3	0	0	0	0	0	0	
Medical Officer	€ €			165,443.	0.	0	165,443.	20,189.
	8							
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Page 3	
56-2570681	
St. Luke's Health System, Ltd.	
ule J (Form 990) 2012	

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

Part I, Line 4b:

Form 990-Schedule J, Part 1, Question 4b:

During CY'12, the following individuals participated in a supplemental

non-qualified executive retirement plan:

į	SERP	SERP-Gross Up	Total
Gary L. Fletcher \$ 61,142	\$ 61,142	\$ 43,553	\$104,695
Jeffrey S. Taylor \$121,554	\$121,554	\$ 86,586	\$208,140
Maureen O'Keeffe	\$159,273	\$113,455	\$272,728

Also, during CY'2012 the following retired executives received payments from

a supplemental non-qualified executive retirement plan:

			5	
\$227,089	\$ 90,534	\$145,254		
Retired System CEO	Clarence M. Pomeroy Retired System Vice-President	Retired Chief Medical Officer		
Edwin E. Dahlberg	Clarence M. Pomeroy	Gary J. Krouth		

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232113 12-10-12

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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.

Open To Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

S	t. Luke's	Health System	m,Ltd.					56-	25706	81_			
Part Excess Bene	fit Transa	ctions (section	501(c) (3	3) and	section 501(c)(4) org	aniza	ations only).						
Complete if the c	organization a	nswered "Yes" o	on Form !	990, Pa	art IV, line 25a or 25b	b, or	Form 990-EZ, P	art V, I	ine 40	b.			
4	- 0) Relationship b			lified						(d)	Corre	cted?
(a) Name of disqualified p	person (person and			(0	o) De	scription of tran	sactio	n 		Ye	es	No
			-										
2 Enter the amount of tax i	incurred by th	e organization n	nanagers	or dis	qualified persons du	ring	the year under						
									\$				
3 Enter the amount of tax,									\$				
	•							STOREM					
Part II Loans to and	d/or From	Interested P	ersons	3.									
Complete if the	organization a	nswered "Yes"	on Form	990-EZ	, Part V, line 38a or	Form	n 990, Part IV, lin	e 26;	or if th	e orga	anizati	on	
reported an amo													
(a) Name of	(b) Relations		_ (d) Lo	oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved ard or	(i) W	ritten
interested person	with organization	on of loan		m the ization?	principal amount	`	•	defa	ult?	comn	mmittee? agree		ment?
			То	From	1			Yes	No	Yes	No	Yes	No
				T									
													Ĭ
	<u> </u>			1									
Total					▶ \$				11/2/20		-	1	
Part III Grants or As	ssistance l	Benefiting In	tereste	ed Pe	rsons.								
Complete if the	organization a	answered "Yes"	on Form	990, P	art IV, line 27.								
(a) Name of interested		(b) Relations			(c) Amount of		(d) Type	of) Purp		f
(a) Hamo of microston	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interested p	person ai		assistance		assistan	ce			assist	ance	
		the orga	nization										
					T								-

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

Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE O

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 56-2570681 St. Luke's Health System, Ltd. Form 990, Part VI, Section A, line 2: Larry Cope and Skip Oppenheimer, board members of St. Luke's Health System Ltd., have a business relationship. Form 990, Part VI, Section B, line 11: The Form 990(Form) is reviewed by an independent public accounting firm based on audited financial statements and with the assistance of the organization's finance and accounting staff. The final draft of the Form is made available to the Finance Committee of the Board of Directors. The Board receives the final version of the Form prior to filing. Form 990, Part VI, Section B, Line 12c: The organization annually reviews the conflict of interest policy with each 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 persons 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Health System, Ltd.	Employer identification number 56-2570681
of comparable pay packages offered at similar institutions across the	
country, with the goal of placing executives in the 50th percentile of	
those surveyed. These surveys are usually done every two years, with the	
most recent compensation survey completed during calendar year 2012.	
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, Jeff	
Taylor, Rich Holm, John Kee, Christine Neuhoff, David Seppi, M.D., and Barton	
Hill, M.D. represents services rendered to the following organizations	
within the St. Luke's Health System:	
Gary Fletcher:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
Jeff Taylor:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center,Ltd.	
Mountain States Tumor Institute, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Health System, Ltd.	Employer identification number 56-2570681
Rich Holm:	
St. Luke's Health System, Ltd.	
St. Luke's McCall,Ltd.	
John Kee:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
Christine Neuhoff:	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
David Seppi, M.D.	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
Barton Hill, M.D.	
St. Luke's Health System, Ltd.	
St. Luke's Clinic Coordinated Care,Ltd.	
St. Luke's Health Foundation, Ltd.	
In addition, Luci Dimaggio, M.D., and James Smith, M.D. are members of	
physician practices that have professional service agreements with	
related organizations within the St. Luke's Health System. These	
individuals work at least 40 hours per week on behalf of these	
practices for St. Luke's Magic Valley Regional Medical Center,Ltd.	
and St. Luke's Regional Medical Center, Ltd., respectively. The	
practices with which they are affiliated rather than the physicians,	Caladala O (Farmana and Fig. (2010)
232212 01-04-13 4.1	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Health System, Ltd.	Employer identification number 56-2570681
receive payments for their services to St. Luke's patie	nts. The amounts
paid to the practices during CY'12 are as follows:	
pard to the practices during ti 12 are as fortows:	
Board Member: Luci Dimaggio, M.D.	
Practice Name: Idaho Medicine Associates	
Contracting Related Organization: St. Luke's Magic Vall	ey Regional
Medical Center,Ltd.	
Amount Paid to the Practice: \$ 2,321,402	
Board Member: James Smith, M.D.	
Practice Name: Boise Heart Clinic	
Contracting Related Organization: St. Luke's Regional N	dedical
Center, Ltd.	
Amount Paid to the Practice: \$ 549,719	
Also, it should be noted that the hours reported for the	officers,key
employees, and highest paid employees are based on a mir	nimum 40 hour
work week. However, due to the demands of their roles wi	thin the St.
Luke's Health System, the hours worked by these individu	mals often exceed
the minimum required 40 hours.	
the minimum regarded to needs.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in Minimum Liability-Supplemental Executive	
Retirement Plan(SERP)	613,427.
Reclassification Adjustment	150,124.
Total to Form 990, Part XI, Line 9	763,551.
200010	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Health System, Ltd.	Employer identification number 56-2570681
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.	
	307 Jun
999949	

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

Name of the organization

Parti

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.

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

St. Luke's Health System, Ltd.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 56-2570681

Direct controlling entity 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.) End-of-year assets **e** Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(P)	(a)	(1)	(6)	3
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) Yo
of related organization		foreign country)	section	status (II section	Allund	enuty	
		•		501(c)(3))		Yes	No
St. Luke's Regional Medical Center, Ltd					St. Luke's Health		
82-0161600, 190 E. Bannock, Boise, ID 83712 Healthcare Services	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.	×	
					St. Luke's		
Mountain States Tumor Institute, Inc					Regional Medical		
83712	Healthcare Services	Idaho	501(c)(3)	3	Center, Ltd.	×	
St. Luke's Wood River Medical Center, Ltd					St. Luke's Health		
84-1421665, 190 E. Bannock, Boise, ID 83712 Healthcare Services	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.	x	
					St. Luke's		
St. Luke's Health Foundation, Ltd					Regional Medical		
81-0600973, 190 E. Bannock, Boise, ID 83712 Fundraising	Fundraising	Idaho	501(c)(3)	7	Center, Ltd.	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2012	Form 990)	2012

See Part VII for Continuations

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St. Luke's Health System, Ltd.

56-2570681

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

Partill Continuation of Identification of Defaced Tax Exempt Organizations							
(a)	(q)	(0)	(p)	(e)	(j)	(g) Section 512(b)(13)	. (213)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	
or related organization		toreign country)		501(c)(3))	Simp	Yes	9
St. Luke's Magic Valley Regional Medical					St. Luke's Health		
- 30-23/0000, 601 FOLE DIME Falls ID 83301	Healthcare Services	Idaho	501(c)(3)	m	System, Ltd.	×	
uke's McCall, Ltd 27-3311774							
190 E. Bannock					St. Luke's Health		
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.	×	
re's Magic V					St. Luke's Magic		
Foundation, Inc 82-0342863, 775 Pole Line					Valley Regional		
Road, Twin Falls, ID 83301	Fundraising	Idaho	501(c)(3)	7	Medical	×	İ
St. Luke's Jerome, Ltd 82-0227163					St. Luke's Magic		
190 E. Bannock					Valley Regional		
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	Medical	×	
					-		
St. Luke's Clinic Coordinated Care, Ltd	Accountable Care				St. Luke's Health		
5195864, 190 E. Bannock, Boise, ID 83712	Organization	Idaho	501(c)(3)	6	System, Ltd.	×	
							İ
						-	
			33				

Schedule R (Form 990) 2012 St. Luke's Health System, Ltd.

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) (b) (c)	(P)	(6)	(a)		(e)	€	(b)	3		(i)	9	(X)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		t income related, tax under 12-514)	Share of total income	Share of end-of-year assets	Disprate al		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Perc
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.)	ganizations Taxable	as a Corp	oration or Trust (Co	omplete if th	he organizatior	n answered "Y	es" to Form 9	90, Part IV, li	ine 34 be	ecause it had	one or m	ore related
(a) Name, address, and EIN of related organization	Z. c	Print	(b) Primary activity	(c) Legal domicite (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 Peend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
Select Medical Network of Idaho, 81-0594024, P.O. Box 1990, Boise	Inc , ID 83701	Provider Network	Network	QI	St. Luke's Health System, Ltd.	C CORP		<125,517.>	^	412,806.	100.00%	
								i				
232162 12-10-12				46						Schedu	ile R (For	Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
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?	is with one or more re	lated organizations listed	n Parts II:IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>1a</u>	×
b Gift grant or capital contribution to related organization(s)				1b	×
S				1c x	
				1d	×
					×
 Loans or loan guarantees by related organization(s) 				9	
				**	×
f Dividends from related organization(s)				 	
g Sale of assets to related organization(s)				19	۷ :
h Purchase of assets from related organization(s)				th Th	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				1;	×
			10 m	*	×
Destructions of contract or membership or fundraising collectations for ralated organization(s)	anization(s)			=	×
Performance of services of membership of furidialising solicitations for related one	anization(s)			Ę	×
	inple			+	×
 Sharing of facilities, equipment, mailing lists, or other assets with related of ganization (s) 	(s) nor			×	
 Sharing of paid employees with related organization(s) 				+	
					×
p Reimbursement paid to related organization(s) for expenses				+	
q Reimbursement paid by related organization(s) for expenses				7q A	8
					,
 Other transfer of cash or property to related organization(s) 				4	4
s Other transfer of cash or property from related organization(s)		***************************************		18	×
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.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	paylo	
(1) St. Luke's Regional Medical Center Ltd.	a	184,112,875.	Pro Rata Overhead Allocation	17.	
(2) St. Luke's Wood River Medical Center Ltd.	O	7,745,307.	Pro Rata Overhead Allocation		
			The state of the s		
(3) St. Luke's Magic Valley Regional Medical Center, Ltd.	a	45,781,440.	Pro Rata Overhead Allocation	3	
(4) St. Luke's McCall, Ltd.	o	2,130,964.	Pro Rata Overhead Allocation		
(5) St. Luke's Jerome, Ltd.	ō	1,716,164.	Fro Rata Overhead Allocation		
ies St. Inke's Regional Medical Center Itd.	0	136,607,646.	607 646. Salaries and Wages-Paid by SLRMC		
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Schedule R (Form 990) 2012 St. Luke's Health System, Ltd.

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.

ا م د ا	1		1	1) I	1	l la
Code V-UBI General or Percentage amount in box 20 partner? overschipped (Form 1065) ves No								
ow G				·				
(j) General or managing partner? Yes NO								ļ
-25-(
(i) e V-UB t in box edule k edule k								
Code Sche Form								
of of								
Disproportionale allocations?	-					-		
(g) Share of end-of-year assets								
(g) Share of ind-of-yea assets		,						
Φ								
e of al								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) orgs.?								
partne 501 000								
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)								
(d) nant in , unrek ed from tion 51								
formin lomin ated, sludec								
Pred (rel exc under								
ile								
(c) igal domic ate or fore country)								
(c) Legal domicile (state or foreign country)								
Le Cst								
(b) Primary activity								
(b)								
Prim								
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) p								
(a) Name, address, and EIN of entity								
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ne, a								
Nar								
Name, ad								

Schedule R (Form 990) 2012 St. Luke's Health System, Ltd.	56-2570681	Page 5
Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (see ins	tructions).	
Part II, Identification of Related Tax-Exempt Organizations:		
	<u> </u>	
Name of Related Organization:		
St. Luke's Magic Valley Health Foundation, Inc.		
Direct Controlling Entity: St. Luke's Magic Valley Regional Medical		
bifect controlling Entity: St. Bake & Magic variety Acquired Modified		
Center, Ltd.		
	. <u></u>	
Name of Related Organization:		
St. Luke's Jerome, Ltd.		
Direct Controlling Entity: St. Luke's Magic Valley Regional Medical		
Center, Ltd.		
Schedule R-Part II: Related Tax-Exempt Organizations		
St. Luke's Jerome, Ltd.		
During FY'13,St. Luke's Jerome,Ltd.(SLJ)operated as an independent		
501(c)(3)entity. Effective 9/30/2013, the board of directors of SLJ		
approved its formal dissolution. As a result of the dissolution, the		
assets and liabilities were transferred to its sole member, St. Luke's		
assets and flabilities were transferred to its sole member, st. bake s		
Magic Valley Regional Medical Center, Ltd.		
Magaz variety regional records		
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