

**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.

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

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> St. Luke's Wood River Medical Center		<b>D Employer identification number</b> 84-1421665
	Doing Business As		<b>E Telephone number</b> 208-381-3790
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	190 E. Bannock		<b>G Gross receipts \$</b> 50,774,577.
City or town, state or country, and ZIP + 4 Boise, ID 83702		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> Cody Langbehn same as (c) (See Schedule O for more detail)		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J Website:</b> www.stlukesonline.org		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1996	<b>M State of legal domicile:</b> ID

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide health care services to the community.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VII, line 3)	3	18
	4 Number of independent voting members of the governing body (Part VII, line 4)	4	16
	5 Total number of individuals employed in calendar year 2010 (Part VII, line 5a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	265
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	787,209.	300,646.
	9 Program service revenue (Part VIII, line 2g)	48,364,780.	50,288,830.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,020.	7,267.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,731.	74,310.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,237,740.	50,671,053.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,840.	20,810.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,998,021.	27,569,448.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 423,877.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,920,370.	21,681,196.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,942,231.	49,271,454.	
19 Revenue less expenses. Subtract line 18 from line 12	2,295,509.	1,399,599.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 56,999,661.	End of Year 57,021,089.
	21 Total liabilities (Part X, line 26)	5,631,594.	4,258,359.
	22 Net assets or fund balances. Subtract line 21 from line 20	51,368,067.	52,762,730.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Pete DiDio</i>	Date 8-2-12			
	Pete DiDio, Vice-President, Controller Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Sharon Zorbach	Preparer's signature <i>Sharon Zorbach</i>	Date 7/30/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ Deloitte Tax LLP	Firm's EIN ▶	Phone no. 408-704-4000		
	Firm's address ▶ 225 W. Santa Clara St. San Jose, CA 95113				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Provide health care services

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

4a (Code: ) (Expenses \$ 32,103,779. including grants of \$ 20,810. ) (Revenue \$ 41,827,554. ) Medical & Surgical

Services at St. Luke's Wood River Medical Center include a 24-hour emergency department, outpatient surgery, diagnostics, maternity services, physical and occupational therapy, mammography, intensive care and medical/surgical units. During fiscal year 2011 St. Luke's Wood River Medical Center provided qualified inpatient care for 1,318 admissions covering 3,154 patient days. They also provided patient care associated with 33,838 outpatient visits.

4b (Code: ) (Expenses \$ 6,390,612. including grants of \$ 0. ) (Revenue \$ 4,357,217. ) Physician Services

Wood River has medical practices serving the following areas: Internal Medicine, OBGYN, Family Medicine, Orthopedics, and Sports Medicine. In fiscal year 2011, the practices had 44,513 visits.

4c (Code: ) (Expenses \$ 3,133,204. including grants of \$ 0. ) (Revenue \$ 4,104,059. ) Emergency and Transport

During Fiscal Year 2011, the emergency department had 7,810 patient visits.

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

4e Total program service expenses 41,627,595.

**Part IV Checklist of Required Schedules**

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

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Pete DiDio Vice-President, Controller - 208-381-3790

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mr. Scott Nelson Chairman	5.00	X					0.	0.	0.	
Mr. David Hinson Vice-Chairman	4.00	X					0.	0.	0.	
Mr. William Boeger Vice-Chairman	4.00	X					0.	0.	0.	
Mr. Terry Ring Vice-Chairman	4.00	X					0.	0.	0.	
Jon Thorson, M.D. Director	3.00	X					0.	0.	0.	
Mr. John Chapman Director	3.00	X					0.	0.	0.	
Mr. Bob Henley Director	3.00	X					0.	0.	0.	
Ms. Cynthia Murphy Vice-Chairman	3.00	X					0.	0.	0.	
Mr. Keith Perry Director	3.00	X					0.	0.	0.	
Ms. Vicki Riedel Director	3.00	X					0.	0.	0.	
Mr. Peter Becker Vice-Chairman	3.00	X					0.	0.	0.	
Scott McLean, M.D. Director	3.00	X					0.	0.	0.	
Ms. Margie Hill Director	3.00	X					0.	0.	0.	
Mr. George Kirk Director	3.00	X					0.	0.	0.	
Ms. Sharon Oliverio Director	3.00	X					0.	0.	0.	
Mr. Eric Thomas Director	3.00	X					0.	0.	0.	
A. Herbert Alexander, M.D. Director	3.00	X					0.	7,500.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph Rodriguez, M.D. Director	40.00	X						0.	298,608.	36,911.
Rich Paris, M.D. Director	40.00	X						0.	237,385.	35,719.
Mr. Rich Holm Director	40.00	X						0.	190,748.	23,325.
Ms. Jennifer Halverson Director	3.00	X						0.	0.	0.
Mr. John Kee Interim CEO	40.00			X				0.	331,979.	30,281.
Mr. Carl Hollingsworth Chief Financial Officer	40.00			X				0.	162,959.	26,495.
Ms. Sharon Kensinger Sr. VP Patient Care	40.00				X			0.	168,256.	24,475.
Dan Fairman, M.D. Physician	40.00					X		0.	227,195.	36,202.
Tracy L. Busby, M.D. Physician	40.00					X		0.	206,280.	28,670.
<b>1b Sub-total</b>								0.	1,830,910.	242,078.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	630,251.	63,161.
<b>d Total (add lines 1b and 1c)</b>								0.	2,461,161.	305,239.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **28**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine Of Idaho, 13960 W. Wainwright, Suite A, Boise, ID 83713	Emergency Physicians	1,365,002.
Big Wood Anesthesia, Inc. P.O. Box 987, Ketchum, ID 83340-0987	Anesthesia Services	1,200,000.

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

See Part VII, Section A Continuation sheets





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	29,313.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	271,333.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			300,646.				
<b>Program Service Revenue</b>	<b>2 a</b> Net Patient Revenue	Business Code	900099	49,922,382.	49,922,382.			
	<b>b</b> VHA Rebate		900009	67,500.	67,500.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue		900099	298,948.	298,948.			
	<b>g Total.</b> Add lines 2a-2f			50,288,830.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			7,267.			7,267.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross Rents	(i) Real	177,834.					
		(ii) Personal						
		<b>b</b> Less: rental expenses		103,524.				
		<b>c</b> Rental income or (loss)		74,310.				
	<b>d</b> Net rental income or (loss)			74,310.			74,310.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)							
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code					
<b>11 a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions.				50,671,053.	50,288,830.	0.	81,577.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	20,810.	20,810.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,396,098.		1,396,098.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,095,547.	18,281,704.	2,639,159.	174,684.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,478,392.	1,206,357.	260,508.	11,527.
9 Other employee benefits	2,247,362.	1,833,831.	396,008.	17,523.
10 Payroll taxes	1,352,049.	1,103,262.	238,245.	10,542.
11 Fees for services (non-employees):				
a Management	2,041,432.	1,527,606.	507,298.	6,528.
b Legal	176,307.		176,307.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	416,785.	406,336.	10,449.	
12 Advertising and promotion	263,574.	3,497.	229,436.	30,641.
13 Office expenses	453,932.	91,967.	358,298.	3,667.
14 Information technology	638,407.	638,407.		
15 Royalties				
16 Occupancy	65,341.	64,341.	1,000.	
17 Travel	439,845.	231,366.	184,779.	23,700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	109.	109.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,894,294.	3,894,294.		
23 Insurance	167,824.	167,824.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Supplies	6,366,411.	6,091,837.	229,098.	45,476.
b Provision For Bad Debt	2,541,004.	2,541,004.		
c Contract Service	1,454,142.	1,233,180.	173,562.	47,400.
d Allocated SLHS Admin. E	1,022,382.	1,022,382.		
e Repairs	938,080.	850,348.	87,732.	
f All other expenses	801,327.	417,133.	332,005.	52,189.
25 Total functional expenses. Add lines 1 through 24f	49,271,454.	41,627,595.	7,219,982.	423,877.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	<1.>	<b>1</b>	1.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,125,585.	<b>4</b>	6,212,602.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	40,275.
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,625,505.	<b>8</b>	2,486,651.
	<b>9</b> Prepaid expenses and deferred charges .....	43,010.	<b>9</b>	46,184.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 73,538,873.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 29,301,430.		
		46,714,958.	<b>10c</b>	44,237,443.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	186,667.	<b>14</b>	146,666.
<b>15</b> Other assets. See Part IV, line 11 .....	1,303,937.	<b>15</b>	3,851,267.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	56,999,661.	<b>16</b>	57,021,089.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	4,106,432.	<b>17</b>	3,191,134.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,525,162.	<b>25</b>	1,067,225.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,631,594.	<b>26</b>	4,258,359.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	51,150,962.	<b>27</b>	52,488,733.
	<b>28</b> Temporarily restricted net assets .....	217,105.	<b>28</b>	273,997.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	51,368,067.	<b>33</b>	52,762,730.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	56,999,661.	<b>34</b>	57,021,089.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,671,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,271,454.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,399,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,368,067.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<4,936.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	52,762,730.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2010)



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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



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

**2010**

<b>Name of the organization</b> St. Luke's Wood River Medical Center	<b>Employer identification number</b> 84-1421665
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

<b>Name of organization</b>  St. Luke's Wood River Medical Center	<b>Employer identification number</b>  84-1421665
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 271,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 17,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 12,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  St. Luke's Wood River Medical Center	<b>Employer identification number</b>  84-1421665
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**Part II Noncash Property** (see instructions)

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

Name of organization  St. Luke's Wood River Medical Center	Employer identification number  84-1421665
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,478,563.		4,478,563.
b Buildings		49,925,133.	15,362,409.	34,562,724.
c Leasehold improvements				
d Equipment		18,981,076.	13,939,021.	5,042,055.
e Other		154,101.		154,101.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				44,237,443.

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

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

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

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

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

(a) Description	(b) Book value
(1) Due from related organizations	3,577,270.
(2) Restricted funds	273,997.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	3,851,267.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Due to Medicare/Medicaid	1,067,225.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,067,225.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Form 990 Schedule D, Part X, Line 2:

Footnote disclosure-Uncertain tax positions under FIN #48

(Source: Consolidated Financial Statements-St. Luke's Health System)

"The Health System is subject to federal excise tax on its unrelated

business taxable income(UBTI). For the period ended September 30,2011, the

Company had approximately \$4,160 of UBTI Net Operating Losses from





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **St. Luke's Wood River Medical Center** Employer identification number **84-1421665**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400</u> %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			1,591,972.		1,591,972.	3.41%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			3,235,413.	2,935,323.	300,090.	.64%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			248,293.	196,451.	51,842.	.11%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			5,075,678.	3,131,774.	1,943,904.	4.16%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			429,180.	0.	429,180.	.92%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			2,624.		2,624.	.01%
<b>j Total.</b> Other Benefits			431,804.		431,804.	.93%
<b>k Total.</b> Add lines 7d and 7j			5,507,482.	3,131,774.	2,375,708.	5.09%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			4,414.		4,414.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			4,414.		4,414.	.01%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....

	Yes	No
1		X
2		
3		
4		
5		
6		
7		
8		
9a	X	
9b	X	

2 Enter the amount of the organization's bad debt expense (at cost) ..... 2 1,801,979.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy ..... 3 0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) ..... 5 10,296,270.

6 Enter Medicare allowable costs of care relating to payments on line 5 ..... 6 9,628,351.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) ..... 7 667,919.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

- Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? ..... 9a X

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: St. Luke's Wood River Medical Center, Ltd

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

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

**Part V Facility Information** (continued) St. Luke's Wood River Medical Center, Ltd

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

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	<b>14</b>	
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....	<b>16</b>	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) St. Luke's Wood River Medical Center, Ltd

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....		
If "No," indicate the reasons why (check all that apply):			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		
<b>Charges for Medical Care</b>			
<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....		
If "Yes," explain in Part VI.			

**Part V** Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
1 St. Luke's Clinic-Family Medicine 1450 Aviation Drive Hailey, ID 83333	Family Medicine Physician Clinic
2 St. Luke's Clinic-Sun Valley Sports 191 W. Fifth St. Ketchum, ID 83340	Orthopedic/Sports Medicine Physician Clinic



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

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

meet one or both of the following guidelines based on income

and expenses:

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

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

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

**Part VI Supplemental Information**

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

greater than available assets. Excess medical expenses are

the amount by which allowable medical expenses exceed 30%

of the family income. Available assets do not include the

primary residence, the first motor vehicle, and a resource

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

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

each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary (e.g. cosmetic

surgery) are not eligible for charity care.

2. Eligibility for charity care for a patient whose need for services

arose from injuries sustained in a motor vehicle accident will

be considered only if the patient, driver, and/or owner of the

motor vehicle had a motor vehicle liability policy and has

properly submitted a claim for payment to the motor vehicle

liability insurer, where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patient for other sources of coverage and

eligibility in government programs. St. Luke's documents the

results of each screening. If St. Luke's determines that a

patient is potentially eligible for Medicaid or another

government program, St. Luke's shall encourage the patient to

apply for such a program and shall assist the patient in applying

for benefits under such a program.

2. The patient must complete a Financial Assistance Application and

**Part VI** Supplemental Information

provide required supporting documentation in order to be eligible.

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

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

and Human Services.

4. St. Luke's verifies reported assets.

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

eligibility to the patient or the responsible party within

10 business days of receiving a completed application and the

required supporting documentation.

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

patients applying for charity care services.

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

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

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

family income or insurance status changes to such an extent that

the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Wood River Medical Center, Ltd. is not required under Idaho

Law to file a community benefit report, since its total licensed beds are

less than the minimum 150 bed requirement threshold. (Wood River has 25

licensed beds.) Moreover, the activity of St. Luke's Wood River Medical

Center, Ltd. is not included in the community benefit report within any of

its related organizations within the St. Luke's Health System.

Part I, Line 7:

The cost to charge ratio was used to calculate charity care at cost and

**Part VI Supplemental Information**

unreimbursed Medicaid.

Part I, Ln 7 Col(f):

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

Amount of bad debt expense included in Form 990, Part IX, line 25 is

\$2,541,004.

Part II:

The community bulding activities for St. Luke's Wood River Medical Center

include the following:

Advocates Gala Event:

Event sponsorship for the Advocates to prevent domestic violence and sexual assault in the community through education,shelter,and supportive services.

Community Health Improvement Advocacy:

Variety of boards that CCH staff represent,including La Alianza,Habitat for Humanity,The Advocates for Domestic Violence, and The Community Drug Coalition.

Girls on the Run:

Sponsorship of 5K and Healthy Living Expo. Girls on the Run Wood River is

**Part VI** Supplemental Information

an after school program to support and empower 3rd-5th grade girls with tools for self esteem and good health.

Part III, Line 4:

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

Part III, Line 8:

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

The source of the information is the Medicare Cost Report for fiscal year 2011. The amount is calculated by comparing the total Medicare apportioned cost (allowable costs) to the interim payments received during FY'11.

Part III, Line 9b:

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

**Part VI** Supplemental Information

to pay for the billed amounts.

Part III: Section B. Medicare line 7

Medicare Surplus Explanation:

Since St. Luke's Wood River Medical Center, Ltd. is classified as a  
 Critical Access Hospital, Medicare reimbursements are based on its  
 allowable costs (calculated as 101% multiplied by allowable costs, minus  
 co-payments and deductibles) incurred during the fiscal year. At the end  
 of each fiscal year, the interim reimbursements received by the  
 hospital (based on prior year Medicare Cost Reports) are compared to its  
 calculated allowable costs. If the interim reimbursements are greater  
 than allowable costs, then the hospital must remit the surplus amount to  
 the CMS fiscal intermediary.

Part VI, Line 2:

St. Luke's Wood River Medical Center conducts community surveys  
 and stakeholder focus groups every two years. From the survey, the  
 top 5 health needs of the community are determined. In addition,  
 information from various sources, including the Idaho Department of  
 Health and Welfare, other local community health agencies, and  
 community health surveys, is utilized.

Part VI, Line 3:

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

**Part VI Supplemental Information**

1. Signage

2. Patient brochure

3. Billing Statement

4. Written collection action letter

5. Online at [www.stlukesonline.org/billing](http://www.stlukesonline.org/billing)

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

(C) St. Luke's provides individual notice of the availability of

financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient

eligibility for patient care, St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

Part VI, Line 4:

St. Luke's Wood River Medical Center, Ltd. serves the health care needs of people living in the greater Blaine County area. Major services include inpatient and outpatient surgery, 24-hour emergency care, diagnostic imaging, maternity services, orthopedics, physical therapy, community education, and support.

Part VI, Line 5:

Our community board serves without pay for the Board and its various

**Part VI Supplemental Information**

committees, and many of the these committees have at large community members. Health fairs are sponsored each year at very little or no cost to the community and are held in three different locations to better serve the community. The hospital sponsors various speakers during the year for medical related issues that are open to the public and very well attended (Brown Bag).

Part VI, Line 6:

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

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

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

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Childrens Hospital

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



**Part VI Supplemental Information**

--St. Luke's Eagle Urgent Care

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

a critical access hospital located in Ketchum, Idaho, as well  
as various physician clinics.

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

of the following:

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

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

--Canyon View-(Behavioral Health)

(4) St. Luke's McCall Hospital, which consists of a critical access

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

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

provider of cancer services and a nationally recognized leader in  
cancer research. MSTI provides advanced care to thousands of cancer  
patients each year at clinics in Boise, Fruitland, Meridian, Nampa,  
and Twin Falls, Idaho. MSTI is home to Idaho's only cancer treatment  
center for children, only federally sponsored center for  
hemophilia, and only blood and marrow transplant program.

MSTI's services and therapies include breast care services, blood and  
marrow transplant, chemotherapy, genetic counseling, hematology,  
hemophilia treatment, hospice, integrative medicine, marrow donor  
center, mobile mammography, mole mapping, nutritional counseling,  
PET/CT scanning, patient/family support, pediatric oncology, radiation

**Part VI Supplemental Information**

therapy, rehabilitation, research and clinical trials, Schwartz Center

Rounds for Caregivers, spiritual care, support groups/classes, tumor

boards, and Wound, Ostomy, and Continence Nursing.

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

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

different locations in southwest Idaho and Eastern Oregon. Locations

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

(6) St. Luke's Humphreys Diabetes Center, Inc. (SLHDC) provides education in

diabetes self-management and prevention to people with or at-risk for

diabetes, their families and health care professionals.

Trusted by over 600 Treasure Valley referring physicians, SLHDC

provides services to more than 4,000 clients each year. Working with

our experienced Certified Diabetes Educators, clients learn how to

manage diet, exercise and medication to stay healthy and prevent

complications such as heart attacks, strokes, blindness, kidney failure,

and amputations. SLHDC programs are recognized by the American

Diabetes Association.

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

Type 2 diabetes.

A community program of St. Luke's Health System, SLHDC is one of the

largest free-standing diabetes centers in the United States.

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

**Part VI Supplemental Information**

area physicians and other health care professionals. These include:

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

Nose, and Throat; Family Medicine; Gastroenterology; General

Surgery; Hypertensive Disease; Internal Medicine; Maternal/Fetal

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

Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine;

Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and

Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

In addition, St. Luke's partners with other regional facilities through

management service contracts. These partners include:

(1) Challis Area Health Center

(2) Elmore Medical Center

(3) North Canyon Medical Center

(4) Salmon River Clinic

(5) Weiser Memorial Hospital



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2:

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Joseph Rodriguez, M.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 265,472.	998.	32,138.	20,228.	16,683.	335,519.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
2 Rich Paris, M.D.	(ii) 193,171.	3,454.	40,760.	19,704.	16,015.	273,104.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
3 Mr. Rich Holm	(ii) 159,377.	685.	30,686.	16,489.	6,836.	214,073.	8,149.
	(i) 0.	0.	0.	0.	0.	0.	0.
4 Mr. John Kee	(ii) 265,294.	1,154.	65,531.	20,228.	10,053.	362,260.	24,650.
	(i) 0.	0.	0.	0.	0.	0.	0.
5 Mr. Carl Hollingsworth	(ii) 130,777.	612.	31,570.	11,891.	14,604.	189,454.	7,424.
	(i) 0.	0.	0.	0.	0.	0.	0.
6 Ms. Sharon Kensinger	(ii) 142,348.	0.	25,908.	10,155.	14,320.	192,731.	7,680.
	(i) 0.	0.	0.	0.	0.	0.	0.
7 Dan Fairman, M.D.	(ii) 193,094.	10,422.	23,679.	18,740.	17,462.	263,397.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
8 Tracy L. Busby, M.D.	(ii) 135,333.	48,165.	22,782.	16,787.	11,883.	234,950.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
9 Thomas E. Archie, M.D.	(ii) 138,657.	18,846.	28,664.	11,331.	13,469.	210,967.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
10 Daniel B Judd, MD Cortney Vandenburg,	(ii) 233,423.	0.	10,443.	3,461.	12,888.	260,215.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
11 DO	(ii) 145,994.	24,085.	30,139.	12,029.	9,983.	222,230.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
12							
13							
14							
15							
16							







**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

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

(a) Name of Person: Thomas E. Archie, M.D.

(a) Purpose of Loan: Tuition and Housing Assistance

(a) Name of Person: Cortney Vandenburg, D.O.

(a) Purpose of Loan: Tuition and Housing Assistance

Schedule L Part II-Loans To and From Interested Persons

Physician Loan Policy:

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

offer various incentives for employment, including:

(1) Net Income Guarantee

(2) Housing Assistance

(3) Relocation Assistance

(4) Tail Coverage for Malpractice Claims, and

(5) Sign-on Bonus

These incentives are structured as a physician loan to the prospective

**Part V Supplemental Information**

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

employee, bearing a reasonable rate of interest reflecting market

conditions. As the physician fulfills the terms of the employment

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

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

physician must repay a liquidated damages amount specified in the loan

agreement.

Form 990 Schedule L, Part II Loans to and From Interested Persons

Dr. Thomas E. Archie:

In FY'10, an outstanding loan balance existed for Dr. Thomas E. Archie,

but had not been disclosed in Schedule L, Part II "Loans to and From

Interested Persons." For FY'10, the following amounts should have been

disclosed:

Purpose of Loan: Tuition and Housing Assistance

Original Principal Amount: \$35,000

Beginning of Year Balance: \$26,610

Balance Due : \$14,783

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

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

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

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

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

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

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

Name of the organization St. Luke's Wood River Medical Center	Employer identification number 84-1421665
--	--

then serves as the sole corporate member.

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

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

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

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

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

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

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01-24-11

Name of the organization St. Luke's Wood River Medical Center	Employer identification number 84-1421665
--	--

Corporation;

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

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

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

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

(g) The dissolution of the Corporation;

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

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

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

The Form 990 is prepared by an independent public accounting firm based on

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Name of the organization St. Luke's Wood River Medical Center	Employer identification number 84-1421665
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audited financial statements and with the assistance of the organization's finance and accounting staff. The final draft of the 990 is made available for review to the Chief Financial Officer and the Finance Committee of the Board of Directors. The Board receives the final version of the Form prior to filing.

Form 990, Part VI, Section B, Line 12c: The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any conflicts of interest that have been disclosed by a covered person, or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists, the affected parties must excuse themselves from participating in the situation.

Form 990, Part VI, Section B, Line 15: Executive compensation is set by St. Luke's boards of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. Similar analysis is also completed for physicians and other health care specialties such as nurses and pharmacists. These surveys are usually done every two years, with the most recent compensation survey completed during calendar year 2010.

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

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

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

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

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

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



Name of the organization St. Luke's Wood River Medical Center	Employer identification number 84-1421665
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Given the growing national shortage of physicians, recruiting and retaining physicians is more critical than ever to guarantee that people seeking care at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance provider.

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

The organization's governing documents, conflict of interest policy, and 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 John Kee and Rich Holm represent services rendered to the following organizations within the St. Luke's Health System:

John L. Kee:

St. Luke's Health System, Ltd.

St. Luke's Wood River Medical Center, Ltd.

Rich Holm:

St. Luke's Health System, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's McCall, Ltd.

Name of the organization St. Luke's Wood River Medical Center	Employer identification number 84-1421665
--	--

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

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

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

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

the minimum required 40 hours.

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

Net unrealized losses on investments: -4,936.

Form 990 Part I-F: Principal Officer

Change in Principal Officer:

On January 23, 2012, it was announced that Mr. Cody Langbehn was

appointed Chief Executive Officer for St. Luke's Wood River Medical

Center, Ltd.. Mr. Langbehn replaced John Kee, who had been serving dual

roles as interim CEO for St. Luke's Wood River Medical Center, along

with his other full-time role as St. Luke's Health System

Vice-President for Physician Services. Cody holds a Bachelor of Arts

degree in Health Care Administration from Concordia College in

Moorhead, Minnesota, and a Masters degree in Health Care Administration

from Montana State University-Billings. Prior to this appointment, Cody

was at the Billings Clinic in Billings, MT.

Form 990 Part III-Statement of Program Accomplishments

Program Expense:

Please note that the program expense amounts reported in Statement

032212  
01-24-11

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

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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.

Multiple horizontal lines for text entry.

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

**Related Organizations and Unrelated Partnerships**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 Attach to Form 990. See separate instructions.

Name of the organization: **St. Luke's Wood River Medical Center**  
 Employer identification number: **84-1421665**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
St. Luke's Clinic-Wood River, LLC - 45-2715973, 190 E. Bannock, Boise, ID 83712	Physician Clinics	Idaho	0.	0.	St. Luke's Wood River Medical Center, Ltd.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
St. Luke's Health System, Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	11-3	St. Luke's Health System, Ltd.		X
Mountain States Tumor Institute - 82-0295026 100 E. Idaho Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center, Ltd		X
St. Luke's Regional Medical Center, Ltd. - 82-0161600, 190 E. Bannock, Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X
St. Luke's Health Foundation, Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Solicit Donations	Idaho	501(c)(3)	7	St. Luke's Regional Medical Center, Ltd		X





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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(1)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





**Part VII** Supplemental Information

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

Form 990 Schedule R Part I-Disregarded Entity

St. Luke's Clinic-Wood River, LLC

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