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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 Open to Public

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

Inspection

Α .	for the	2010 calendar year, or tax year beginning OCT 1, 2010 and	enaing S	EP 30, 2011	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	St. Luke's Health Foundation, Ltd.			
	Name chang	Doing Business As		81-060	0973
	lnıtıal return	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Terminated	190 E. Bannock		208-38	1-3790
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	7,303,124.
	Applic	Boise, ID 83712		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer: Jeffrey R. Cilek		for affiliates?	Yes X No
		same as (c)		H(b) Are all affiliates ind	luded? Yes No
$\overline{T}$	Tax-exe	empt status: X 501(c)(3)	or 527	1	list (see instructions)
		e: www.stlukesonline.org		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other	L Year	<del></del>	State of legal domicile; ID
	art I	Summary		•	
	1	Briefly describe the organization's mission or most significant activities. Cultiv	ate phila	nthropy for the	
Activities & Governance		related organizations within St. Luke's Regional Medical Sys		-	
rna	2	Check this box  If the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets
Š		Number of voting members of the governing body (Part VI, line 1a)		3	25
ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		4	23
ο Ο	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
itie		Total number of volunteers (estimate if necessary)		6	23
휺		Total unrelated business revenue from Part VIII, col@@@@@@@@		7a	0.
ď		Net unrelated business taxable income from Form 990 T, line 34		7b	0.
_	<del>                                     </del>			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		4,273,767.	6,985,554.
ž		Program service revenue (Part VIII, line 2g)		17,755.	17,865.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7e)		114,207.	124,892.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,754,	48,206.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	4,427,483.	7,176,517.
	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,113,213.	1,560,577.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ro.	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		627,312.	617,453.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0,	0,
be	'Ca		471.	<u></u>	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>,                                    </u>	409,212.	487,378.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	3,149,737.	2,665,408.
	1	Revenue less expenses Subtract line 18 from line 12		1,277,746.	4,511,109.
50		nevertue less expenses Subtract line to nontrine 12	Re	ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)	-	12,075,143.	16,564,897.
ASS.	21	Total liabilities (Part X, line 26)	-	54,278,	32,923.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		12,020,865.	16,531,974.
Ē	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	v knowledge and belief it is
		ct, and complete. Declaration of pregarer (other than officer) is based on all information of w			,,
_		Petu Dilio			-12
	<b>€</b> ₹	Signature of officer		Date	1 00
Się Hę	<u> </u>	Pete DiDio, Vice-President, Controller			
ΠĘ	₹	Type or print name and title			
Ţ	1	Print/Type preparer's name Preparer's signature	,	Date Check	PTIN
Par	ď	Print/Type preparer's name Sharon Zorbach Preparer's signature Sharon Zorbach	ih 1	7/30/12 If self-employe	ed
Po	parer e Only	Firm's name Deloitte Tax LLP		Firm's EIN	
Signature of the second	e Only	Firm's address 225 W. Santa Clara St.		7.4111.0 2.114	
S	, J,	San Jose, CA 95113		Phone no. 40	08-704-4000
_	w tha !	RS discuss this return with the preparer shown above? (see instructions)	<del> </del>	11 110110 110. 24	X Yes No
	001 02-2		ions		Form <b>990</b> (2010)
JJ2	JU1 UZ-1				(50 10)

	7	81-0600973 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission	
	The St. Luke's Health Foundation cultivates and encourages philanthropy to advance the St. Luke's mission to improve the health	<del></del>
	of people in our region.	
	or people in our region.	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe	∍nses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	ants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 2,280,221. including grants of \$ 1,560,577. ) (Reverse)	enue \$17,865.
	Cultivate and Encourage Philanthropy	<del></del>
		<del></del>
	The Foundation's purpose is to cultivate and encourage philanthropy to	
	support primarily the missions of St. Luke's Regional Medical	
	Center_LtdMountain States Tumor Institute_Incand St. Luke's Humphreys Diabetes Center_Inc.; all of which are related organizations	<del></del>
	within the St. Luke's Health System.	
	within the St. buke's health System.	
4b	(Code. ) (Expenses \$ including grants of \$ ) (Reve	renue \$
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		<del></del>
		<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
		<u> </u>
		<del></del>
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ▶ 2,280,221.	
03200	2	Form <b>990</b> (2010)

# Form 990 (2010) St. Luke's Health Part IV Checklist of Required Schedules

			<u>  Y</u> es	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	i		
_	Schedule D, Part III	8_		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		^
10	If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	•		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		.	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
•	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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ь	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<b>20</b> a		х
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)	20b		
		Form	990 (2	2010)

032003 12-21-10

# Form 990 (2010) St. Luke's Health Foundation, Ltd. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l i	
04-	Schedule J	23	х	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ļ	
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	:		
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	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? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		x
J.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J2		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
••	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	ا ہو ا		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2010)
		,	- (2	,

032004 12-21-10

# Form 990 (2010) St. Luke's Health Foundation, Ltd. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		Check it Schedule O contains a response to any question in this Part V			<u> </u>
be first the number of Forms W-2G included on line 1 a Enter 0-1 in applicable   Discussion   Di				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) withings to prize womens?  2 Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this sequence of the provided of the provided of the celendary year ending with or within the year covered by this sequence of the provided of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling) winnings to prize winners?  8 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  8 Ided for the calendar year ending with or within the year covered by this return  9 If at least one is reported on line 2 a, did the organization the all required federal employment tax returns?  9 If If Yes, 1 saw in of lines 1 and 2 as greater than 250, you may be required to e-fife (see instructions)  9 If If Yes, 1 saw in files 2 fair and 2 as greater than 250, you may be required to e-fife (see instructions)  9 If Yes, 2 saw in file a form 990 For for the year If 1 "No, *provide an explanation in 8 Schedule 0  9 If Yes, 2 share the name of the foreign country   № 1 so a bank account, securities account, or other financial account()?  9 If Yes, 2 share the name of the foreign country   № 1 so a bank account, securities account, or other financial account()?  9 If Yes, 2 short the name of the foreign country   № 1 so a bank account, securities account, or other financial account()?  9 If Yes, 2 short the name of the foreign country   № 1 so a bank account, securities account, or other financial account()?  9 If Yes, 2 short the name of the foreign country   № 2 see instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  9 If Yes, 2 short the security to a prohibited tax shelter transaction at any time during the tax year?  9 If Yes, 3 short the security to a prohibited tax shelter transaction at any time during the tax year?  10 If Yes, 3 short the security to the dorso of the value of the goods or serves provided?  11 If Yes, 3 short the organization noticity the dorso of the value of the goods or serves provided?  12 If Yes, 3 short the organization notify the dorso of the value of the goods or serves provided?  13 If Yes, 3 short the regimentation receive a pyrement in excess of \$75 made partly as a contribution on quantation from 8899 as required?  14 If Yes, 3 short the regimentation received a contribution of unificial					•
2a Enter the number of employees reported on Form W.3. Transmettal of Wagos and Tax Statements.  field for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?	1c		ļ
If at least one is reported on in e2a, old the organization file all required federal employment tax returns?   Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return  2a 0			
3a but the organization have unrelated business gross income of \$1,000 or more during the year?  bit 1'Yes, has it filed a Form 9901 for this year? if *100, "provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts  bit 1'Yes, "enter the name of the foreign country   ▶  See instructions for filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts  8 Was the organization aparty to be prohibited tax shelter transaction?  5 Life 3 Was the organization of the organization that if was or is a party to a prohibited tax shelter transaction?  5 Life 3 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 Life 6 Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Diff the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Life Form 8292?  9 Life Form 8292?  1 Life Form 8292?  1 Life Form 8292?  1 Life Form 8292.  1 Life Form 8292.  1 Life Form 8292.  2 Life Old the organization received a contribution of during the year and to file groups of the organization file form a divised funding the year and to file groups of the program of the program state in similariting doner advised funding.  1 Life Organization from the Very Septiment of Gross Received a contribution of cars, boats, arplaines, or other vehicles, did the organization file Form 1098 CT Sponsoring organizations maintaining doner advised funding organizations. Did the supporting organizations in maintaining doner advised funding organizations. Did the supporting	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a significant error of the random occurin (a foreign country   №  5b If "Yes," enter the name of the foreign country   №  5ce instructions for filing requirements for form TD F 90.22 1, Report of Foreign Bank and Financial account)?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that few as or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Saor 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8b If "Yes," indicate the arganization include with every solicitation and party for goods and services provided to the payor?  7c If "Yes," indicate the marker of Forms 8826 filed during the year  8b If "Yes," indicate the number of Forms 8826 filed during the year  9b If the organization include with every pay premiums on a personal benefit contract?  9c If the organization received a contribution of cars, boats, antiques, or other verbicles, did the organization file Form 8898 are required to the form 8898 are required to the form 8898 are required to the organization received a contribution of cars, boats, antiques, or other verbicles, did the organization file Form 8898 are required?  9c Sponsoring organization and services for other sources against amounts due or park		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts  8 Was the organization rate of the foreign country by the organization of the form TD F 90:22 1, Report of Foreign Bank and Financial Accounts  8 Was the organization rate of the foreign Country by the organization flat of the shelf transaction at any time during the tax year?  5 Dear any to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization flat of the shelf transaction at any time during the tax year?  5 Dear any contributions that were not tax deductible?  6 If "Yes," to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Dear any contributions that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to libe payor?  8 Did the organization receive apartly interest or otherwise dispose of targible personal property for which it was required to file Form 8282?  8 Did the organization notity the donor of the value of the goods or services provided?  9 Did the organization of Forms 8282 filed during the year  10 Did the organization contributions under section 509(3) supporting organizations. On the number of Forms 8282 filed during the year  10 Did the organization received a contribution of qualified intellectual property, did the organizations. Brief is form the payment of the payment of the supporting organization will also a contribution of qualified intellectual p	<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
trancial account in a foreign country (such as a bank account, securities account, or other financial account)?  4.3	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Sa Was the organization a party to a prohibited tax shelter transaction?  5a Was the organization of the form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts  5b Was the organization for the form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization neture were applied in excess of \$75 made party is a contribution of updation receive a payment in excess of \$75 made party as a contribution of updation receive a payment in excess of \$75 made party is a contribution of updation received and the donor of the value of the goods or services provided?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If If "Yes," indicate the number of Forms 8282 filed during the year  10 bit the organization received a contribution of qualified infleticular property, did the organization life Form 8899 as required?  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7 Section \$01(c)(T) organizations maintaining donor advised funds and section \$99(a)(3) supporting organizations. Did the supporting organizations are included on Part VIII, line 12  9 Gross income from members or shareholders  10 If "Yes," foreith the amount of trace were property therese traceived or accrued duri	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  **See Mask the organization a party to a prohibited tax shelter transaction at any time during the tax year?**  5a		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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billowing transition party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 6 a or 5b, did the organization file Form 8886-17  Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If 'Yes,' did the organization nclude with every solicitation and partly for goods and services provided to the payor?  Organizations that may receive deductible contributions under section 170(c).  If 'Yes,' did the organization nclify the donor of the value of the goods or services provided?  If 'Yes,' did the organization nclify the donor of the value of the goods or services provided?  If 'Yes,' did the organization nclify the donor of the value of the goods or services provided?  If 'Yes,' indicate the number of Forms 8282 filed during the year of the goods or services provided?  If 'Yes,' indicate the number of Forms 8282 filed during the year  If 'Yes,' indicate the number of Forms 8282 filed during the year  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, anginates, or other wheleds, did the organization file Form 8899 as required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Described to the organization make any taxable distributions under section 4966?  Described for the amount of tax exempt charitable trusts. Is the orga		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  Ital  It	9			i	
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15a Section 4947(a)(1) non-exempt interest received or accrued during the year 15b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·	96		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		! I			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a   X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	U				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	1 <b>2</b> 2	,	122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b			120		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			132		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	4	•	.54		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  13b  13c  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	h	- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	~				
14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b	С			Ì	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •	14a		х
				9 <b>90</b> (	2010)

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, at	nd for a	"No" i	respor	ıse							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions											
	Check if Schedule O contains a response to any question in this Part VI				х							
Sec	tion A. Governing Body and Management											
		_		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	25										
b	Enter the number of voting members included in line 1a, above, who are independent 1b	23			1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	l	2	ļ	х							
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	n [										
	of officers, directors or trustees, or key employees to a management company or other person?	ŀ	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1	4		х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Ì	5		х							
6												
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ľ										
	governing body?	- 1	7a	•	x							
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ŀ										
•	by the following:											
а	The governing body?		8a	х								
		L	8b	х	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	0.0									
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				1							
000	tion D. 1 Onotoo (mis section D requests information about policies not required by the internal nevenue source)			Yes	No							
100	Does the organization have local chapters, branches, or affiliates?	Г	10a	163	X							
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		IUa		<del></del> -							
D	and branches to ensure their operations are consistent with those of the organization?	'	10b									
110	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			Х	<del></del>							
		F	11a		ļ							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1	40-	x	!							
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		-							
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1	401	х	l							
_	to conflicts?	-	12b	_	<del> </del>							
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-	х								
40	in Schedule O how this is done		12c	X								
13	Does the organization have a written whistleblower policy?		13									
14	Does the organization have a written document retention and destruction policy?	ŀ	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>,                                     </u>	u l								
a	The organization's CEO, Executive Director, or top management official		15a	X								
Ь	Other officers or key employees of the organization		15b	х	<u> </u>							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-										
	taxable entity during the year?	}	16a		Х							
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	on										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's											
	exempt status with respect to such arrangements?		16b									
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► None											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at	vailable f	or									
	public inspection. Indicate how you make these available. Check all that apply.											
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest p	olicy, an	d fina	ncial								
	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 o	rganızatı	on. 🕨									
	Pete DiDio Vice-President, Controller - 208-381-3790											
	190 E. Bannock, Boise, ID 83712											
			Form	990 (	2010)							

032006 12-21-10

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

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

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Peter A. Langhus, M.D.			T			T				-	
Director	4.00	x						0.	0.	0	
Mr. Herbert Patriarche		t	┢								
Chairman	5.00	x			1			0.	0.	0	
Mr. Kenny Bolton											
Director	4.00	x						0.	0.	0	
Ted Bohlman, M.D.									· · · · · · · · · · · · · · · · · · ·		
Secretary	4.00	x						0.	0.	0	
Ms. Laura Bettis											
Director	4.00	x	İ					0.	0.	0	
Mr. Stephen C. Brown											
Director	3.00	x						0.	0.	0	
Mr. Darın DeAngelı											
Chair-Elect	3.00	х			l			0.	0.	0	
Mr. William G. Gilbert											
Treasurer	3.00	х						0.	0.	0	
Ms. Joy Kealey											
Director	4.00	х		L		L		0.	0.	0	
Ms. Gail May											
Director	3,00	х	<u> </u>	L	L	_	L	0,	0.	0	
David K. Merrick, M.D.		l									
Director	3.00	Х			_	<u> </u>		0.	0.	0	
Mr. Mike Shannahan		]					1				
Director	3.00	Х	L.			_	<u> </u>	0.	0.	0	
Mr. Doug Oppenheimer	i										
Director	3.00	х	<u> </u>		<u> </u>	<u> </u>	┖	0.	0.	0	
Mr. Mark Peterson											
Director	3.00	х	<u> </u>		_	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0	
Ms. Charlie M. Smith.	1										
Director	3.00	X	<u> </u>	<u> </u>	L	ļ	_	0.	0.	0	
Ms. Carolyn Terteling-Payne											
Director	3.00	X	ــــ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0	
Mr. D. John Thornton							1	_		_	
Director	3.00	Х			L_	L_	Щ,	0.	0.	Form <b>990</b> (2010	

032007 12-21-10

Form 990 (2010)

Form 990 (2010) St. Luke's He								<del></del>	81-060	0973		F	age 8
Part VII Section A. Officers, Directors, Tru	ustees, Key E	mpl	oyee	es, a	nd	Hıgl	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per				C) ition	1		(D) Reportable compensation	(E) Reportable compensation			(F) stimat nount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	fr org an	other npensa rom th janiza d rela anizat	ation ie tion ted
Ms. Barbara L. Wilson	2 00	<u> </u>											
Director West Today November 1	3.00	Х	<del> </del>		┢	-	├-	0.		0.			0.
Ms. Judith Wright Director	3.00	ļ.,						0.		0.			0.
Mr. Doug Houston	3.00	Х	┢		-	├─					_		
Director	3.00	x						0.		0.			0.
Mr. Jefferson Jewel	0,00	<del> </del>			<u> </u>	╁┈	-					•	
Director	3.00	x	]			ļ		0.		0.			0.
Ms. Marilyn Beck	1	<del>                                     </del>											
Director	3.00	х				}		0.		0.			0.
Mr. Paul Lodge		П											
Director	3.00	х		Ш				0.		0.			0.
Mr. J. Patrick McMurray					ļ								
Director	3.00	X		Ш	_		_	0.	· · ·	0.			0.
Mr. Dana Reddington	2 22	l				İ							•
Director John Witte, M.D.	3.00	Х		Н	├	├—	<u> </u>	0.		0.			0.
Director	3.00	x						0.		0.			٥.
1b Sub-total	3.00		L		_	_	<u>.                                    </u>	0.		0.			0.
c Total from continuation sheets to Part V	I Section A							0.	1,851,	181.		305	727.
d Total (add lines 1b and 1c)	., 000.101171					•		0.	1,851,	$\rightarrow$			727.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	0,000 in reportabl	le			
compensation from the organization													1
										ı		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	ibio	yee,	orr	nignest compensated er	npioyee on		3		х
4 For any individual listed on line 1a, is the su	•								the organization			x	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>	-		-						ıdı ıal for sanııcas	. }	4		<del>                                     </del>
rendered to the organization? If "Yes," com							Ciat	ed organization of indiv	iddar for services	·	5		x
Section B. Independent Contractors	<del></del>									•		<u> </u>	·
Complete this table for your five highest co the organization.     NONE	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	
(A) Name and business	address	-						(B) Description of s	services	С	(C	C) nsatio	n .
							7						
							+					·	
·							$\perp$						
							1						<del></del>
2 Total number of independent contractors (i	ncluding but n	ot li	mıte	d to	tho	se li	sted	d above) who received in	nore than				
\$100,000 in compensation from the organi	zation 🕨					1							

Part VII   Section A. Officers, Directors, Tr		mple I	oyee	es, a	ind l	ligh	est	Compensated Employ		(E)
(A) Name and title	(B) Average				C) ation	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours	(c			that		ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ms. Sally Zive		=	=		¥	<u> </u>	_			
Director	3.00	х			l			0.	0.	(
Mr. Gary L. Fletcher										
System VP, COO	40.00	x				Ì		0.	1,006,040.	204,00
Barton F. Hill, M.D.										_
Director	40.00	х						0.	306,363.	35,03
Mr. Chris Roth										
President/CEO	40.00	х		х				0.	326,043.	32,99
Mr. Jeffrey R. Cilek										
Executive Director	40,00	Х	_	х	_	ļ	<u> </u>	0.	212,735.	33,68
				ŀ						
<del></del>	<del> </del>									
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		$\vdash$	T							
			<u>L</u> _	<u> </u>	<u> </u>	L_	L			<u> </u>
								i	i	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts,	С	Fundraising events	1c	414,197.				
ĒĒ		Related organizations	1d	1,088,681.				
Sim		Government grants (contributions						1
ie ti	f	All other contributions, gifts, grants, a	1 1	5 400 676				
을히		similar amounts not included above	1f	5,482,676.				
SE	g		f \$		6,985,554.			
	n	Total. Add lines 1a-1f	<del></del>	Business Code	0,363,334.			-
as I	2 a	Estate Plan Seminars		611430	17,865.	17,865.		
ķ	b				27,000.	21,555.		
Program Service Revenue	c							
e a	d							
Par.	e						<del></del>	
۾	f		!					
	9	Total. Add lines 2a-2f		<b>&gt;</b>	17,865.			
	3	Investment income (including divi	dends, intei	rest, and				
- 1		other sımılar amounts)		▶	124,892.			124,892.
	4	Income from investment of tax-ex	empt bond	proceeds 🕨				
	5	Royalties		<u> </u>				<u> </u>
			(i) Real	(ii) Personal				
	6 a	<u> </u>		<del>                                     </del>		:		
	b	· •						
	C	, , <u> </u>						
		Net rental income or (loss) Gross amount from sales of (i)	Securities	(II) Other				
ŀ	, .	assets other than inventory	Occumes	(ii) Other		1		
	ь	Less: cost or other basis						
ŀ	_	and sales expenses		}				
	С	Gain or (loss)			ŀ			
l	d			<b>•</b>				
e n	8 a	Gross income from fundraising ev	ents (not		·	, [		
		including \$ 414,19	7. of					
Other Reven		contributions reported on line 1c)	See					
ē		Part IV, line 18	а					
됩		Less direct expenses	t					
		Net income or (loss) from fundrais	-	<b>P</b>	48,206.			48,206.
	9 a	Gross income from gaming activit						
		Part IV, line 19	a _					
		Less direct expenses  Net income or (loss) from gaming	activities	)\				
		Gross sales of inventory, less retu					<del></del>	
	10 a	and allowances	a	,		İ		
	b	Less cost of goods sold	b					
		Net income or (loss) from sales of	_	<b>•</b>				
Γ		Miscellaneous Revenue		Business Code	İ		·····	
	11 a							<u> </u>
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
- 1	12	Total revenue. See instructions.		. <b>&gt;</b> ]	7,176,517.	17,865.	0	173,098.

### 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)

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,560,577.	1,560,577.		
2	Grants and other assistance to individuals in				<del></del>
	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	125,781.	31,445.	62,891.	31,445
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	370,662.	185,331.	70,733.	114,598
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	36,387.	18,193.	6,944.	11,250
9	Other employee benefits	53,059.	26,530.	10,125.	16,404
)	Payroll taxes	31,564.	15,782.	6,023.	9,759
1	Fees for services (non-employees):				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<del>-</del>
f	Investment management fees	16,530.	16,530.		
g	Other				
2	Advertising and promotion	19,092.			19,092
3	Office expenses	7,026.	7,026.		
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	27,940.	27,940.		
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·		
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		· <del>-</del>
3	Insurance				
4	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.)				
а	Contract Services	283,981.	283,981.		<del></del>
ь	Supplies	67,490.	67,490.		
c	Acknowledgements	25,923.	0.		25,923
d	Food Service	20,468.	20,468.		· · · · · · · · · · · · · · · · · · ·
e	Dues/Memberships	4,781.	4.781.		<del> </del>
f	All other expenses	14,147.	14,147.		
, 5	Total functional expenses. Add lines 1 through 24f	2,665,408.	2,280,221.	156,716.	228,471
<u>.</u> 3	Joint costs. Check here July following SOP			· 1	
,	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				

032010 12-21-10

Form 990 (2010)
Part X Balance Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing				1	300,001
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		Γ	172,440.	3	1,836,854
	4	Accounts receivable, net		Γ		4	2,090
	5	Receivables from current and former officers, di	rectors.	ıstees, kev			
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	nder section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sections	tion 501	(9) voluntary			
		employees' beneficiary organizations (see instru				6	
3	7	Notes and loans receivable, net	•			7	
733613	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	714.			
	ь	Less accumulated depreciation	10b		0.	10c	714
	11	Investments - publicly traded securities			5,833,225.	11	5,166,788
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,069,478.	15	9,258,450
	16	Total assets. Add lines 1 through 15 (must equ	al line 3		12,075,143.	16	16,564,897
_	17	Accounts payable and accrued expenses			54,278.	17	32,923
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			-	20	
,	21	Escrow or custodial account liability. Complete I	Part IV o	Schedule D		21	
	22	Payables to current and former officers, director		_			_
		highest compensated employees, and disqualifi	ed pers	s. Complete Part II		į	
i		of Schedule L	-			22	
	23	Secured mortgages and notes payable to unrela	ated thir	parties		23	
İ	24	Unsecured notes and loans payable to unrelated	d third p	ties		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			54,278.	26	32,923
		Organizations that follow SFAS 117, check he	ere 🕨	x and complete			
3		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		L		27	
	28	Temporanly restricted net assets			6,993,949.	28	11,142,115
	29	Permanently restricted net assets		5,026,916.	29	5,389,859	
3		Organizations that do not follow SFAS 117, cl	heck he	▶ ☐ and			
5		complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds		Ĺ		30	
	31	Paid-in or capital surplus, or land, building, or eq	quipmen	und		31	
	32	Retained earnings, endowment, accumulated in	come, c	ther funds		32	
.	33	Total net assets or fund balances			12,020,865.	33	16,531,974

Form **990** (2010)

Forn	Form 990 (2010) St. Luke's Health Foundation, Ltd.			Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				<u></u>
	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	7	7 <u>,</u> 176	,517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,665	,408.
3	Revenue less expenses Subtract line 2 from line 1	3	4	,511	,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	2,020	,865.
5	Other changes in net assets or fund balances (explain in Schedule O) 5				0.
6					,974.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	L	х
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	1	j	•
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		25		l

Form **990** (2010)

### SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

			Health Foundation						81	1-0600973	
Part I	Reason	for Public Char	rity Status (All organiz	zations mu	ıst comple	te this par	t.) See ins	tructions.			
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)	-			
1 🔲	A church, co	envention of churche	s, or association of chur	ches desc	nbed in se	ection 170	X(b)(1)(A)(i	).			
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
з 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospital's name,	
	city, and stat										
5 📖	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	, a govern	mental un	ıt descnb	ed in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)								
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>secti</b> c	on 170(b)(	1)(A)(v).				
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public described in	
		( <b>b)(1)(A)(vi)</b> . (Comple	· ·								
8 📙			section 170(b)(1)(A)(vi).								
9 📖			eives: (1) more than 33								
		•	nctions - subject to certa	•		•			• •	•	
			axable income (less sect	tion 511 ta	ıx) from bu	isinesses a	acquired b	y the orga	anization	after June 30, 1975	
		509(a)(2). (Complete	•								
10	-	-	perated exclusively to te		•			•			
11 📖	_		perated exclusively for the						•	• •	
			ations described in section of the section of the section and complete the section and complete the section of				2). See <b>se</b> (	euon 509(	aj(3). Ch	eck the box that	
	a Type		¬ ∴		e III - Fund		tegrated		d 🗔	Type III - Other	
e 🗀			at the organization is not			•	5	r more die		• •	
• —		•	han one or more publicly		•	•	•		•	•	
f_		-	ten determination from t		•				<i>σ</i> (α)(1) Οι	300001 303(4)(2).	
-		rganization, check th			21 11 10 G 1 J	pc 1, 1,pc	, от тур				
g		· •	organization accepted ar	nv aift or c	ontribution	from anv	of the foll	owina pers	sons?		
J	_		rectly controls, either al			•		• •		Yes No	
			upported organization?	J		•		• • • • • • • • • • • • • • • • • • • •		11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(iı)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	
h	Provide the fe	ollowing information	about the supported org	ganızatıon	(s)						
(i) Name	of supported	(ii) EIN	(iii) Type of		rganızatıon			(vi) is	the	(vii) Amount of	
orga	anızatıon		organization (described on lines 1-9		sted in your document?			(i) organız	ed in the support		
			above or IRC section	ļ		L	support?	U.S	.,		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				1							
				<u> </u>		ļ			<b></b>		
				ŀ					i 1		
				-			-		<u> </u>		
					ļ				<del>  </del>		
				<del>                                     </del>	-				<del>                                     </del>		
		:									
<del></del> -				<del> </del>							
Fotal											
	aperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (Form	n 990 or 990-EZ) 2010	
			,					Joneth	11	vLE! EU!U	

032021 12-21-10

Form 990 or 990-EZ.

### 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 )

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						<del></del>
	include any "unusual grants.")	3,225,067.	3,407,170.	4,034,848.	4,273,766.	6,985,554.	21,926,405.
2	Tax revenues levied for the organ-	,	.,		· ·- i- · ·		
	ization's benefit and either paid to						
	or expended on its behalf				!		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,225,067.	3,407,170.	4,034,848.	4,273,766.	6,985,554.	21,926,405.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		i				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						559 <sub>,</sub> 976.
	Public support. Subtract line 5 from line 4						21,366,429.
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·			1	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	3,225,067.	3,407,170.	4,034,848.	4,273,766.	6,985,554.	21,926,405.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	517,026.	785,184.	32,869.	114,207.	124,892.	1,574,178.
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)						02 500 502
	Total support. Add lines 7 through 10			J			23,500,583.
	Gross receipts from related activities,	•	•		_	12	741,961.
13	First five years. If the Form 990 is for	•	first, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stope ction C. Computation of Publ	ic Support Pe	rcentage		<del></del>	<del></del>	
14	Public support percentage for 2010 (I	line 6, column (f) di	vided by line 11, co	olumn (f))	-	14	90.92 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	90.99 %
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> x
b	33 1/3% support test - 2009.If the o	rganization did not	check a box on lin	ne 13 or 16a, and li	ine 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			<b>▶</b>
17a	10% -facts-and-circumstances tes	<b>t - 2010</b> .If the orga	ınızatıon dıd not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% i	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b> e	ere. Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a p	oublicly supported	organization		▶∟」
b	10% -facts-and-circumstances tes	<b>t - 2009.</b> If the orga	inization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anızatıon	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>▶</b> □
					Sche	dule A (Form 990	or 990-EZ) 2010

032022 12-21-10

### 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(	Add lines 7a and 7b				I		
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6					<u> </u>	
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-		•			
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fol	the erganization's	e first second the	d fourth or fifth	av vear ac a costi	1	zation
14	check this box and stop here	u ie organization :	a mai, secono, inii	a, iouitii, of iiith t	an year as a section	on our (c)(o) organi	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (			column (fl)		15	%
16				00,0,1,1,1,7		16	<del></del>
	ction D. Computation of Inves					1.3	
17				ne 13. column (fl)		17	%
18		•	***			18	%
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than :		
. •	more than 33 1/3%, check this box a						▶□
ı	o 33 1/3% support tests - 2009. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	. —
20	line 18 is not more than 33 1/3%, che		_			=	
20	Private foundation. If the organization	п ин посспеск а	DOX OIT IIIIE 14, 19	a, or 190, check t	THIS DOX ATIO SEE IN	311UUUUIIS	

### 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.

2010
Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

	St. Luke's Health Foundatio				81-0600973
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	or Other Similar Fun	ds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.			
		(a) D	onor 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	ne assets held in donor ad	vised fun	nds
•	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a	_		be used o	
Ŭ	for charitable purposes and not for the benefit of the donor of				-
	impermissible private benefit?	or dorior davi-	sor, or for any other purpo	30 0011101	Yes No
Pa		ganization an	swered "Yes" to Form 990	) Part IV	
1	Purpose(s) of conservation easements held by the organizat			, r are 14,	me r.
•				historical	lly important land area
	Preservation of land for public use (e.g., recreation or e	soucation	Preservation of a c		
			rieservation of a C	ertinea m	Stone structure
_	Preservation of open space	£ 1			
2	Complete lines 2a through 2d if the organization held a quali	tied conserva	ition contribution in the for	m or a co	onservation easement on the last
	day of the tax year.				Hold at the End of the Tay Year
					Held at the End of the Tax Year
a	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements		-		2b
С	Number of conservation easements on a certified historic str		• •		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic stru	icture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	leased, extin	guished, or terminated by	the orgar	ization during the tax
	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per		ring, inspection, handling o	DT .	
_	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and	_			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 1	7U(h)(4)(E	··· — —
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that describe	es the or	ganization's accounting for
D-	conservation easements	4 Aut Llink	orical Tracourses	Othor	Cimilar Assats
Pai	t III Organizations Maintaining Collections o			Other	Sillilai Assets.
	Complete if the organization answered "Yes" to Form				<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext	•		erance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri				
Ь	If the organization elected, as permitted under SFAS 116 (AS	•	•		
	treasures, or other similar assets held for public exhibition, e	ducation, or i	esearch in furtherance of	public se	rvice, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				<b>\$</b>
	(ii) Assets included in Form 990, Part X				► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or ot	her sımılar assets for finan	cıal gaın,	
	the following amounts required to be reported under SFAS 1	16 (ASC 958	) relating to these items		
а	Revenues included in Form 990, Part VIII, line 1				► \$ ► \$
b	Assets included in Form 990, Part X				<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 St. Luke's	Health Foundatı	on, Ltd.				81-0600	973	Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasu	res, or Oth	er Simil	ar Asse	ts (conti	nued)
3	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)								
а	Public exhibition	d		exchange	programs				
b	Scholarly research	е	L Other_				_		
c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the orga	anızatıon's ex	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical	reasures,	or other sımıla	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization	s collectio	n?			Yes_	No_
Pa	t IV Escrow and Custodial Arran		te if the organiz	ation ansv	vered "Yes" to	Form 990	), Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribu	tions or ot	her assets no	t included		_	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:					<del></del> .	
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				<u></u>	Yes	L∐ No
	If "Yes," explain the arrangement in Part XIV								
Par	t V   Endowment Funds. Complete if	the organization and	swered "Yes" to	Form 990	, Part IV, line	10.			<u> </u>
		(a) Current year	(b) Prior year	(c) T	wo years back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance	5,403,842.	4,910,4		4,645,558.				
b	Contributions	390,468.	198,6	37.	78,285.				
С	Net investment earnings, gains, and losses	<51,047.	483,2	95.	377,633.				
d	Grants or scholarships								
е	Other expenditures for facilities					1			
	and programs	210,847.	188,5	26.	191,040.				
f	Administrative expenses								
g	End of year balance	5,532,416.	5,403,8	42.	4,910,436.				
2	Provide the estimated percentage of the year	r end balance held a	s:						
а	Board designated or quasi-endowment	8.00	_%						
b	Permanent endowment  1.00	%							
С	Term endowment ▶ 91.00	%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are he	ld and adr	nınıstered for	the organı	zation	_	
	by								Yes No
	(i) unrelated organizations							3a(i)	Х
	(ii) related organizations							3a(ii)	х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10						
	Description of investment	(a) Cost or ot	her (b) (	ost or oth	er (c) A	Accumulate	ed	(d) Book	value
		basis (investm	nent) ba	sıs (other)	de	epreciation			
1a	Land .								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other			_	714.				714.
Tota	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), li	ne 10(c) )	_		<b></b>		714.
							O - 1 1 1 1	D /F	0001 0040

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 val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		_	
(A)		_	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) Total (Col.(b) count occupies are 000 Port V col.(b) Les 10.) Port V			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.	Car Farm 200 Bart V has 10		· · · · · · · · · · · · · · · · · · ·
Tart viii investments - Program Related	See Form 990, Part X, line 13	(a) Mathad of val	.ation.
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			<del></del>
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			<del></del>
Part IX Other Assets. See Form 990, Part X, II		V = 1.44	
	a) Description		(b) Book value
(1) Due From Related Organizations			9,258,450.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<del></del>		
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col (B)	kpo 15 l		9,258,450.
Part X Other Liabilities. See Form 990, Part	Y line 25		3,230,430.
1. (a) Description of liability		Amount	
(1) Federal income taxes	,,		
(2)			
(3)	***************************************		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ne 25 ) e to the organization's financial statements to	at reports the organization's transitiv for timeen	ain tax positions under
2. FIN 48 (ASC 740). 032053 12-20-10			
12-20-10		Sc	hedule D (Form 990) 2010

	dule D (Form 990) 2010 St. Luke's Health Foundation, Ltd.	Audit	ed Finan	cial S			00973	Pa	age 4
Ь		Addit	Cu i man						
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2					
2	Total expenses (Form 990, Part IX, column (A), line 25)			3					
3	Excess or (deficit) for the year. Subtract line 2 from line 1			4					
4	Net unrealized gains (losses) on investments			5					
5 6	Donated services and use of facilities		}	6					
6 7	Investment expenses			7					
7	Prior period adjustments  Other (December in Best VIV.)		ŀ	8					
8	Other (Describe in Part XIV.)		ŀ	9			<del></del>		
9	Total adjustments (net) Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	4.0	-	10	<del> </del>				
10 Par	t XII   Reconciliation of Revenue per Audited Financial Statemer		ith Reven		er Ret	urr	1		
<u> </u>				Р		1	<u> </u>		
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12				_ F	•			
		2a							
a	Net unrealized gains on investments	2b							
b	Donated services and use of facilities	2c	-						
ب د	Recoveries of prior year grants  Other (December in Red VIII.)	2d	<u>.</u>		$\rightarrow$				
ď	Other (Describe in Part XIV)	20			1,	.			
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:	1 . 1			ŀ				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV)	4b				_			
_	Add lines 4a and 4b				<u> </u>	lc _			
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Statemen	ents W	Vith Expe	nses		5 etu	rn		
1	Total expenses and losses per audited financial statements					1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
C	Other losses	2c							
d	Other (Describe in Part XIV)	2d							
е	Add lines 2a through 2d	باستنتسا				e			
3	Subtract line 2e from line 1				_	3		-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
	Other (Describe in Part XIV.)	4b				ı			
	Add lines 4a and 4b				┨╻	ь l			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				-	5			
	t XIV Supplemental Information								
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	. lines 1	a and 4: Par	t IV. lu	nes 1b a	ind 2	b: Part V.	line 4. P	art
	2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl								
,	V, line 4: The intended use of the endowment funds are as		part to pro-		.,				
foll	OWS:								
				-			-		
	<del>" "</del>		-						
Vari	ous programs administered by St. Luke's Children's Hospital		<del></del>	_					
Canc	er research programs								
			<del></del>						
Vari	ous programs administered by Mountain States Tumor Institute								
CARE	s								
Indi	gent care								
					Sc	hed	ule D (For	m 990) 2	2010
032054 12-20-	10								

Schedule D (Form 990) 2010 St. Luke's Health Foundation, Ltd.	81-0600973	Page 5
Part XIV Supplemental Information (continued)		
Hospice		
Pastoral care		
Biomedical research		
Nursing scholarships/education opportunities		
Lecture series for various medical specialties		
Employee/volunteer service recognition programs		<del>-</del>
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		
operating losses incurred from 1997 to 2011 which expire in years 2012 to		
2026. The Health System does not believe it is more likely than not they		
will utilize these losses prior to their expiration and as such has		
provided a full valuation allowance against these losses."		
	- · · · · · · · · · · · · · · · · · · ·	
		<del></del>

### SCHEDULE G

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization						Employer ide	ntification number				
St. Luke's	Health Foundation, Ltd.					81-0600973					
Part I Fundraising Activities required to complete this pa	6. Complete if the organization answirt	ered "\	es" to	Form 990, Part IV,	line 1	7. Form 990 E2	I filers are not				
Indicate whether the organization ra     a	e Solicita  f Solicita  g Special  or oral agreement with any individual  Part VII) or entity in connection with particular or connection with particular or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)		(vi) Amount paid to (or retained by) organization
		Yes	No								
_			•								
Total			<b>•</b>								
<ol> <li>List all states in which the organization or licensing.</li> </ol>	on is registered or licensed to solicit	contrib	utions	or has been notified	l rt ıs	exempt from re	egistration				
ID											
		-									

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

Schedule G (Form 990 or 990-EZ) 2010

	Net gaming income summary Combine line 1, column d, and line 7		
	Enter the state(s) in which the organization operates gaming activities:  Is the organization licensed to operate gaming activities in each of these states?	Yes	L_ No
		163	110
D	If "No," explain:		
40-	We will be a second of the sec		T
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	. L Yes	☐ No
b	If "Yes," explain		

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Sch	edule G (Form 990 or 990 EZ) 2010 St. Luke's Health Foundation, Ltd. 81-	0600973	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	100	
17	Tenter the name and address of the person who prepares the organization's gaming-special events books and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ No
	retain the state gaming license?		LLJ NO
U	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3	
Pa	organization's own exempt activities during the tax year   \$ supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	tion (see instru	ictions)
		<del></del>	
_			
0000	0.1 11 0.5		0 F71 0040

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Open to Public OMB No 1545-0047

ę Employer identification number uke's Humphreys Diabete capital needs of Mountai verall operational and Provide support for the verall operational and rovide support for the uke's Regional Medical rovide support for St. States Tumor Institute. nission of St. Luke's Inspection (h) Purpose of grant rovide support for capital needs of St. 81-0600973 Wealth System, Ltd. or assistance X Yes Center programs Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of valuation (book, if applicable cash grant non-cash assistance assistance or government assistance cash grant assistance or government or government or government or government assistance assistance cash grant loop and additional space is needed (book, if applicable cash grant loop and additional space is needed (g) Description of look, if applicable cash grant loop and additional space is needed (g) Description of look, if applicable cash grant loop and additional space is needed (g) Description of loop. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 。 ö ó 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 615,515 902,182. 37,880 5,000 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) 82-0491110 | 501(c)(3) Enter total number of section 501(c)(3) and government organizations St. Luke's Health Foundation, Ltd. 82-0161600 82-0295026 56-2570681 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Center, Inc. - 1226 River Street -Institute, Inc. - 100 E. Idaho St. Luke's Humphreys Diabetes St. Luke's Health System, Ltd. Center, Ltd. - 190 E. Bannock St. Luke's Regional Medical Mountain States Tumor Воіве, ІD 83712 Boise, ID 83712 ID 83712 Boise, ID 83702 190 E. Bannock Part Part II Воіве

See Part IV for Column (h) descriptions

032101 01-13-11

Schedule I (Form 990) (2010)

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Schedule I (Form 990) (2010)

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Page 2

81-0600973

St. Luke's Health Foundation, Ltd.

Schedule I (Form 990) (2010)

Schedule I (Form 990) 2010 St. Luke's Health Foundation, Ltd.	81-0600973	Page 2
Schedule I (Form 990) 2010 St. Luke's Health Foundation, Ltd.  Part IV   Supplemental Information		
Part II, line 1, Column (h):		
Name of Organization or Government:		
Name of Organization of Government,		
St. Luke's Regional Medical Center, Ltd.		
(h) Purpose of Grant or Assistance: Provide support for the overall		
operational and capital needs of St. Luke's Regional Medical Center, Ltd.		
	<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
	·	

### 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 Health Foundation, Ltd.

Employer identification number 81-0600973

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

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2010

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

81-0600973

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(a)	(E)	(F)
		0300 (1)	8 31,400 (11)	10450	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		compensation	incentive	reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or
			COLLIDERIOR	Compensation				Form 990-EZ
	Ξ	0	0	0	0	0	0	0
1 Mr. Gary L. Fletcher	Ξ	477,732.	0.	528,308.	192,279.	11,729.	1,210,048.	185,883.
	Ξ		0.	0.	0	0	0	0
2 Barton F. Hill, M.D.	(ii)	261,259.	0	45,104.	16,396.	18,639.	341,398.	11,236.
	Ξ	0	0	0	0	0	0	0.
3 Mr. Chris Roth	(ii)	282,149.	0.	43,894.	16,396.	16,602.	359,041.	26,849.
	(E)	0	0.	.0	0	0	0	0
4 Mr. Jeffrey R. Cilek	Ξ	176,362.	782.	35,591.	16,568.	17,118.	246,421.	9,927.
	Ξ							
5	<u>(ii)</u>							
	(:)							
9	<u>(ii)</u>							
	Ξ							
7	Ξ							
	Ξ							
8	Ξ							
	Ξ							
6	≘							
	Ξ							
10	≘							
	Ξ							
11								
	Ξ							
12	≘							
	Ξ							
13	9							
	Ξ							
14	╡							
	Ξ							
15	9							
	Ξ							
16	╡							

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

### SCHEDULE O

Internal Revenue Service

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization  St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
Form 990, Part VI, Section A, line 6:	
St. Luke's Regional Medical Center,Ltd. is the sole member of St. Luke's	
Health Foundation, Ltd. (Foundation).	
Form 990, Part VI, Section A, line 7b:	
The following actions by St. Luke's Health Foundation, Ltd. (Foundation) must	
be approved by its sole member, St. Luke's Regional Medical Center, Ltd	
(1) Amendment or restatement of the Articles of Incorporation or the Bylaws	
of the Foundation.	
(2) Purchase, sale, lease, disposition, hypothecation, exchange, gift,	
pledge or encumbrance of any interest in real or personal property,	
provided, however, that in accordance with prudent business practices and	
guidelines as necessary to conduct its regular business activities, the	
Foundation may take action for such such matters approved from time to time	
by the member.	
(3) Election and removal of the directors of the Foundation.	
(4) Enter into any lease agreements for the purpose of borrowing money.	
(5) Any change in the formal or informal expressions of philosophy or	
purpose of the Foundation.	
(6) Merger, consolidation, reorganization or dissolution of the Foundation.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Scheol 032211 01:24-11	dule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization  St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
(7) Sale, lease, mortgage, pledge or other disposition of all or	
substantially all of the assets of the Foundation.	
(8) Creation of a subsidiary of the Foundation or its participation in any	
business entity, including, without limitation, any corporation,	
unincorporated association, partnership, joint venture, consortium or	
cooperative.	<u> </u>
(9) Expend funds in excess of its approved annual aggregate operating	
and capital budgets.	
(10)Appointment of the independent auditor or corporate counsel that is  different from the auditor or counsel of the member.	
(11)Any transaction of the Foundation in which a director or officer of the Foundation has a material financial interest.	
(12)Open accounts with banks, trust companies, or other depositories for	<u> </u>
handling of financial transactions related to the Foundation.	
Form 990, Part VI, Section B, line 11:	
The Form 990 is prepared by an independent public accounting firm based on	
audited financial statements and with the assistance of the organization's	
finance and accounting staff. The final draft of the 990 is made available	
for review to the Chairman and Vice-Chairman of the Board of Directors. The	
Board receives the final version of the Form prior to filing.	

Name of the organization St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
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	
coflicts 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 exits, 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.	
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.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization  St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
Allocation of Compensation and Hours:	
The total hours worked and compensation reported for Gary	
Fletcher Chris Roth Bart Hill and Jeff Cilek represents services	
rendered to the following organizations within the St. Luke's Health	
System:	<del></del>
Gary L. Fletcher:	-
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center, Inc.	
Mountain States Tumor Institute, Ltd.	
St. Luke's Health Foundation, Ltd.	
St. Luke's Humphreys Diabetes Center, Inc.	
Chris Roth:	
St. Luke's Regional Medical Center, Ltd.	
Mountain States Tumor Institute, Inc.	
St. Luke's Health Foundation Ltd.	
St. Luke's Humphreys Diabetes Center Inc.	
Do. Danie D Mangareje Diazotte Contol , Inc.	<del></del>
Down Wall M.D.	
Bart Hill, M.D.:	
St. Luke's Regional Medical Center,Ltd.	
St. Luke's Health Foundation, Ltd.	
Jeff Cilek: 032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number 81-0600973
St. Luke's Health Foundation, Ltd.	01-0000973
St. Luke's Health Foundation, Ltd.	
St. Luke's Health System, Ltd.	
Also it should be noted that the hours reported for the officers key	
employees, and highest paid employees are based on a minimum 40 hour	
work week. However, due to the demands of their roles within the St.	
Luke's Health System the hours worked by these individuals often exceed	
the minimum required 40 hours.	
Form 990 Part III-Statement of Program Accomplishments	
Program Expense:	
	<u> </u>
Please note that the program expense amounts reported in Statement	
III-Statement of Program Accomplishments, do not include an allocation	
of certain administrative and functional support costs. These costs are	
classified as Management and General within Part IX-Statement of	
Functional Expenses.	
	<del></del>
Form 990 Part IX-Statement of Functional Expenses	
Reclass of Certain Expenses classified as "Program" to fundraising expenses	
In the Form 990 return filed in FY'10, we classified advertising and	
promotion expenses, as well as acknowledgements expense, as program	
eynense	
expense.	
Upon further review, it has been determined that going forward, these	
expenses should have been classified as fund-raising. For the FY'11 990	
032212 01-24-11 Sc	thedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
return, we have classified these expense categories as fund-raising	
related expenses.	
Form 990 Part VII Section A	
Jeff Cilek	
In addition to his role as Executive Director of the St. Luke's Health	
Foundation, Mr. Cilek also served in the capacity as Vice-President of	
Government Relations for the St. Luke's Health System, and dedicates	
approximately 50% of his time to each role.	
<del></del>	

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

# 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.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 81-0600973

St. Luke's Health Foundation, Ltd. Name of the organization

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

Part

	(a) Name address and RIV	(b) Primary activity	(c)	(d) Total locome	(e)	(f) Creat controlling
	of disregarded entity		foreign country)			entity
					-	
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)	ions (Complete if the organization and	swered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	lated tax-exempt

Name, address, and EIN  of related organization  Luke's Health System, Ltd 56-2570681		€	(6)
56-2570681	Exempt Code Public charity section status (if section	Direct controlling entity	Section 512(b)(1 controlled entity?
stem,Ltd 56-2570681	501(c)(3))		Yes
		St. Luke's Health	
Health Care Services Idaho 501(c)(3)	3) 11-3	System, Ltd	×
St. Luke's Regional Medical Center, Ltd		St. Luke's Health	
82-0161600, 190 E. Bannock, Boise, ID 83712 Health Care Services Idaho 501(c)(3)	3) 3	System, Ltd	×
Mountain States Tumor Institute - 82-0295026		St. Luke's	
		Regional Medical	
Health Care Services Idaho 501(c)(3)	3) 3	Center, Ltd.	×
St. Luke's Wood River Medical Center, Ltd		St. Luke's Health	
84-1421665, 190 E. Bannock, Boise, ID 83712 Health Care Services Idaho 501(c)(3)	3) 3	System, Ltd	×

032161 12-21-10 LHA

St. Luke's Health Foundation, Ltd.

81-0600973

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							•
(e)	(q)	(c)	(p)	(e)		6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled controlled organization?	K(DA 13) lled tton?
				501(c)(3))		Yes	ş
St. Luke's Magic Valley Regional Medical							
. ,				<u>.u</u>	St. Luke's Health		
Road, Twin Falls, ID 83301	Health Care Services	Idaho	501(c)(3)	<u></u>	System, Ltd		×
St. Luke's McCall, Ltd 27-3311774							
190 E. Bannock				<u> </u>	St. Luke's Health		
Boise, ID 83712	Health Care Services	Idaho	501(c)(3)	<u>.e</u>	System, Ltd		×
St. Luke's Humphreys Diabetes Center, Inc					St. Luke's		
82-0491110, 1226 River Street, Boise, ID					Regional Medical		
83702	Diabetes PrevSelf-Mgmt.	Idaho	501(c)(3)	6	Center Ltd.		×
	-						
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	•						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
				-			
			•				

81-0600973

Schedule R (Form 990) 2010

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Share of end-of-year assets Code V-UBI amount in box 20 of Schedule LK-1 (Form 1065) Œ  $\equiv$ Share of total income ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> Direct controlling entity Share of total income Ē Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicite (state or foreign country) છ **e** 44 Primary activity Direct controlling entity ਭ (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV Part III

Page 3

81-0600973

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	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				4	×	
c Gift, grant, or capital contribution from other organization(s)				5	×	
d Loans or loan guarantees to or for other organization(s)				<b>P</b>		×
e Loans or loan guarantees by other organization(s)				P		×
f Sale of assets to other organization(s)				=		×
g Purchase of assets from other organization(s)				19		×
h Exchange of assets				£		×
i Lease of facilities, equipment, or other assets to other organization(s)				=		×
<ul> <li>Lease of facilities, equipment, or other assets from other organization(s)</li> </ul>				1		×
<ul> <li>Performance of services or membership or fundraising solicitations for other organization(s)</li> </ul>	nzation(s)			¥	×	
<ul> <li>Performance of services or membership or fundraising solicitations by other organization(s)</li> </ul>	ıızatıon(s)			=		×
				Ē	×	
n Sharing of paid employees				£	×	
				٩		×
p Reimbursement paid by other organization for expenses				1p		×
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	ils line, including covered	relationships and transaction thresholds			
(а) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(3)						
(3)						
(4)				!		
(5)				İ		
(9)						
032163 12-21-10	45		Schedule	Schedule R (Form 990) 2010	066	2010

81-0600973

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

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

(4) (e)	(b)	(3)	3	(0)	9	(5)	3
	· ·	·	<u> </u>	(a)		(A)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Section 501(c)(3)	Share of end-of- vear assets	Uispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K·1 (Form 1065)	_Ľ_
			•				
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Schedule R (Form 990) 2010

Schedule	R (Form 990) 2010 St. Luke's Health Foundation, Ltd.	81-0600973	Page 5
Part VI	R (Form 990) 2010 St. Luke's Health Foundation, Ltd.  Supplemental Information	····	
·	Complete this part to provide additional information for responses to questions on Schedule R (see insti	nuctions)	
	Complete this part to provide additional mornation for responses to questions on Schedule in (see linst	iuctions).	
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Form 88	168 (Rev. 1-2011)					Page 2	
	are filing for an Additional (Not Automatic) 3-Mor	nth Extension,	complete only Part II and check this i	oox		<b>▶</b> X	
Note. O	nly complete Part II if you have already been grante	d an automatic	3-month extension on a previously file	d Form	8868	•	
	are filing for an Automatic 3-Month Extension, co						
Part I	Additional (Not Automatic) 3-Mon	th Extensio	n of Time. Only file the original (no	copies	needed)		
Type or	Name of exempt organization				Employer identification number		
print	St. Luke's Health Foundation, Ltd.			۱ ۾	1-0600973		
File by the	Number, street, and room or suite no. if a P.O. t		tions				
extended due date fo	190 E. Bannock	Jox, see mstruc	LIONS				
filing your return See		or a foreign add	fress see instructions				
instruction	Boise, ID 83712	o. a 10.0.g., aac	moso, oso mondonono.				
		·					
Enter th	e Return code for the return that this application is f	for (file a separa	te application for each return)			0 1	
					<del></del>		
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99		01					
Form 99		02	Form 1041-A			08	
Form 990-EZ Form 990-PF		03	Form 4720			09	
	<del></del>	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870						11	
					15 0000	12	
STOP: L	Oo not complete Part II if you were not already gra Pete DiDio Vice-Pr			usiy til	ea Form 8868.		
• The h	nooks are in the care of 190 E. Bannock - E	•					
	hone No. ▶ 208-381-3790	,	FAX No. ▶ 208-381-4783		<del>.</del>		
	organization does not have an office or place of but	 siness in the Ur					
	is for a Group Return, enter the organization's four			his is fo	r the whole grou	in check this	
box >	If it is for part of the group, check this box		ch a list with the names and EINs of a		•	• •	
	equest an additional 3-month extension of time until				ord trib ontonio.	311.0 101	
<b>5</b> Fo	r calendar year , or other tax year beginnin		<del></del>	SEP	30, 2011		
	he tax year entered in line 5 is for less than 12 mon		<del></del>	Final		-	
	Change in accounting period						
7 St	ate in detail why you need the extension						
Ad	ditional time is needed to file a comp	lete and acc	urate return.				
_		-					
						<u> </u>	
	his application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, e	nter the tentative tax, less any				
	nrefundable credits See instructions			8a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6						
	c payments made. Include any prior year overpayme	ent allowed as a	credit and any amount paid	-		_	
	eviously with Form 8868		<del> </del>	8b	\$		
	lance due. Subtract line 8b from line 8a. Include yo		h this form, if required, by using			•	
	TPS (Electronic Federal Tax Payment System). See		d Verification	8c	\$	0.	
Under pei it is true, i	nalties of perjury, I declare that I have examined this form, is correct, and complete, and that I am authorized to prepare	including accomp		ne best o	f my knowledge a	nd belief,	
Signature		▶ V.P. CON	TROLLER	Date	<b>•</b>		
					-	3 (Rev. 1-2011)	
						•	