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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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



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

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

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

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

May the IRS discuss this return with the preparer shown above? (see instructions)

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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sch# 917 1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

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

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

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

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

- 4d** Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b X	

Form **990** (2010)

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	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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 Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
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	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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 signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did 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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	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		
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.)		
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒
Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18	
b Enter the number of voting members included in line 1a, above, who are independent	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
 Pete DiDio Vice-President, Controllor - 208-381-3790
 190 E. Bannock, Boise, ID 83712

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

Form **990** (2010)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas E. Archie, M.D. Physician	40.00					X		0.	186,167.	24,800.
Daniel B Judd, MD Physician	40.00					X		0.	243,866.	16,349.
Cortney Vandenburg, DO Physician	40.00					X		0.	200,218.	22,012.
Total to Part VII, Section A, line 1c									630,251.	63,161.

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

☒

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

Part XII Financial Statements and Reporting

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

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

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

Schedule D (Form 990) 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Form 990 Schedule D, Part X, Line 2:

Footnote disclosure-Uncertain tax positions under FIN #48

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

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

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

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

Part XIV Supplemental Information *(continued)*

operating losses incurred from 1997 to 2011, which expire in years 2012 to

2026. The Health System does not believe it is more likely than not they

will utilize these losses prior to their expiration and as such has

provided a full valuation allowance against these losses."

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a		X
6b		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: St. Luke's Wood River Medical Center, LtdLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1**Community Health Needs Assessment** (Lines 1 through 7 are optional for 2010)**1** During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8**1**

Yes No

If "Yes," indicate what the Needs Assessment describes (check all that apply):

- a** ☐ A definition of the community served by the hospital facility
- b** ☐ Demographics of the community
- c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☐ How data was obtained
- e** ☐ The health needs of the community
- f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☐ The process for consulting with persons representing the community's interests
- i** ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs
- j** ☐ Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____**3** In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**3****4** Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI**4****5** Did the hospital facility make its Needs Assessment widely available to the public?**5**

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):

- a** ☐ Hospital facility's website
- b** ☐ Available upon request from the hospital facility
- c** ☐ Other (describe in Part VI)

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):

- a** ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community
- b** ☐ Execution of the implementation strategy
- c** ☐ Participation in the development of a community-wide community benefit plan
- d** ☐ Participation in the execution of a community-wide community benefit plan
- e** ☐ Inclusion of a community benefit section in operational plans
- f** ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
- g** ☐ Prioritization of health needs in its community
- h** ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i** ☐ Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs**7****Financial Assistance Policy**

Did the hospital facility have in place during the tax year a written financial assistance policy that:

8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?**8****9** Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?**9**

If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %

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

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

Billing and Collections

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

Part V Facility Information (continued) St. Luke's Wood River Medical Center, Ltd**Policy Relating to Emergency Medical Care**

- 18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18		

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

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

Charges for Medical Care

- 19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):
- a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c ☐ The hospital facility used the Medicare rate for those services
- d ☐ Other (describe in Part VI)
- 20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

20

If "Yes," explain in Part VI.

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

21

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

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

Part I, Line 3c:

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

meet one or both of the following guidelines based on income

and expenses:

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

400% of the then current Federal Poverty Guideline are eligible

for possible fee elimination or reduction on a sliding scale.

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

her allowable medical expenses have so depleted the family's

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

services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be

greater than 30% of the family income. Allowable medical

expenses are the total of the family medical bills that,

if paid, would qualify as deductible medical expenses for

Federal income tax purposes without regard to whether the

expenses exceed the IRS-required threshold for taking the

deduction. Paid and unpaid bills may be included.

Part VI Supplemental Information

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

greater than available assets. Excess medical expenses are

the amount by which allowable medical expenses exceed 30%

of the family income. Available assets do not include the

primary residence, the first motor vehicle, and a resource

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

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

each additional family member.

(B) Service Exclusions:

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

surgery) are not eligible for charity care.

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

arose from injuries sustained in a motor vehicle accident will

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

motor vehicle had a motor vehicle liability policy and has

properly submitted a claim for payment to the motor vehicle

liability insurer, where applicable.

(C) Eligibility Approval Process:

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

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

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

patient is potentially eligible for Medicaid or another

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

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

for benefits under such a program.

2. The patient must complete a Financial Assistance Application and

Part VI Supplemental Information

provide required supporting documentation in order to be eligible.

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

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

and Human Services.

4. St. Luke's verifies reported assets.

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

eligibility to the patient or the responsible party within

10 business days of receiving a completed application and the

required supporting documentation.

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

patients applying for charity care services.

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

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

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

family income or insurance status changes to such an extent that

the patient becomes ineligible.

Part I, Line 6a:

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

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

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

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

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

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

Part I, Line 7:

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

Part VI Supplemental Information

unreimbursed Medicaid.

Part I, Ln 7 Col(f):

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

Amount of bad debt expense included in Form 990, Part IX, line 25 is \$2,541,004.

Part II:

The community building activities for St. Luke's Wood River Medical Center include the following:

Advocates Gala Event:

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

Community Health Improvement Advocacy:

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

Girls on the Run:

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

Part VI Supplemental Information

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

Part III, Line 4:

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

Part III, Line 8:

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

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

Part III, Line 9b:

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

Part VI Supplemental Information

to pay for the billed amounts.

Part III: Section B. Medicare line 7**Medicare Surplus Explanation:**

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

Part VI, Line 2:

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

Part VI, Line 3:

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

Part VI Supplemental Information

1. Signage

2. Patient brochure

3. Billing Statement

4. Written collection action letter

5. Online at www.stlukesonline.org/billing

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

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

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

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

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

Part VI, Line 4:

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

Part VI, Line 5:

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

Part VI Supplemental Information

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

Part VI, Line 6:

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

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

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

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Childrens Hospital

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

Part VI Supplemental Information

--St. Luke's Eagle Urgent Care

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

a critical access hospital located in Ketchum, Idaho, as well

as various physician clinics.

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

of the following:

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

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

--Canyon View-(Behavioral Health)

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

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

clinics.

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

provider of cancer services and a nationally recognized leader in

cancer research. MSTI provides advanced care to thousands of cancer

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

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

center for children, only federally sponsored center for

hemophilia, and only blood and marrow transplant program.

MSTI's services and therapies include breast care services, blood and

marrow transplant, chemotherapy, genetic counseling, hematology,

hemophilia treatment, hospice, integrative medicine, marrow donor

center, mobile mammography, mole mapping, nutritional counseling,

PET/CT scanning, patient/family support, pediatric oncology, radiation

Part VI Supplemental Information

therapy, rehabilitation, research and clinical trials, Schwartz Center

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

boards, and Wound, Ostomy, and Continence Nursing.

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

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

different locations in southwest Idaho and Eastern Oregon. Locations

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

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

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

diabetes, their families and health care professionals.

Trusted by over 600 Treasure Valley referring physicians, SLHDC

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

our experienced Certified Diabetes Educators, clients learn how to

manage diet, exercise and medication to stay healthy and prevent

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

and amputations. SLHDC programs are recognized by the American

Diabetes Association.

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

Type 2 diabetes.

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

largest free-standing diabetes centers in the United States.

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

Part VI Supplemental Information

area physicians and other health care professionals. These include:

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

Nose, and Throat; Family Medicine; Gastroenterology; General

Surgery; Hypertensive Disease; Internal Medicine; Maternal/Petal

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

Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine;

Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and

Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

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

management service contracts. These partners include:

(1) Challis Area Health Center

(2) Elmore Medical Center

(3) North Canyon Medical Center

(4) Salmon River Clinic

(5) Weiser Memorial Hospital

Name of the organization

St. Luke's Wood River Medical Center

Employer Identification number
84-1421665

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**

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

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed
---------	---

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

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

Schedule I (Form 990) (2010)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

Part I Questions Regarding Compensation

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

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

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

Schedule J (Form 990) 2010

Part III Supplemental Information

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

Part II-Column (f)

Explanation of Prior Compensation:

Reportable compensation is based on the total amount paid during calendar

year 2010, including current year payments of amounts reported in prior

years as contributions to employee benefit plans and deferred compensation,

together with investment earnings from those prior year contributions. As a

result, certain amounts have been reported twice, both in prior years when

earned or accrued, and again in the current year paid.

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

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2010

Open To Public Inspection

Name of the organization

St. Luke's Wood River Medical Center

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

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

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II	Loans to and/or From Interested Persons.
----------------	---

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Thomas E. Archie,		X	35,000.	2,498.		X		X	X	
Cortney Vandenburg		X	80,000.	37,777.		X		X	X	
Total				40,275.						

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

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

(a) Purpose of Loan: Tuition and Housing Assistance

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

(a) Purpose of Loan: Tuition and Housing Assistance

Schedule L Part II-Loans To and From Interested Persons

Physician Loan Policy:

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

offer various incentives for employment, including:

(1) Net Income Guarantee

(2) Housing Assistance

(3) Relocation Assistance

(4) Tail Coverage for Malpractice Claims, and

(5) Sign-on Bonus

These incentives are structured as a physician loan to the prospective

Part V Supplemental Information

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

employee, bearing a reasonable rate of interest reflecting market

conditions. As the physician fulfills the terms of the employment

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

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

physician must repay a liquidated damages amount specified in the loan

agreement.

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

Dr. Thomas E. Archie:

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

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

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

disclosed:

Purpose of Loan: Tuition and Housing Assistance

Original Principal Amount: \$35,000

Beginning of Year Balance: \$26,610

Balance Due : \$14,783

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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St. Luke's Wood River Medical Center

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

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

Medical Center, Ltd.

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

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

authority over St. Luke's Wood River Medical Center, Ltd. (Corporation).

Actions requiring approval authority may be initiated by either the

Corporation or its Member, but must be approved by both the Corporation

(by action of its Board of Directors) and the Member. Actions requiring

approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

(c) Appointment of members of the Corporation's Board of Directors, other

than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if

and when removal is requested by the Corporation's Board of Directors,

which request may only be made if the Director is failing to meet the

reasonable expectations for service on the Corporation's Board of

Directors that are established by the Member and are uniform for the

Corporation and for all of the other hospitals for which the Member

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

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

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

then serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation, and

deviations to an approved budget over the amounts established from

time to time by the Member; and

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

the Corporation.

Implementation Authority means those actions which the Member may take

without the approval or recommendation of the Corporation. This authority

will not be utilized until there has been appropriate communication between

the Member and the Corporation's Board of Directors and its Chief Executive

Officer. Actions requiring implementation authority include:

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

Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if

and when the Member determines in good faith that the Director is

failing to meet the Approved Board of Member Expectations. This

authority to remove Directors shall not be used merely because there

is a difference in business judgment between the Director and

the Corporation or the Member, and shall never be used to remove one

or more Directors from the Corporation's Board of Directors in order

to change a decision made by the Corporation's Board of Directors;

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

032212
01-24-11

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

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

Corporation;

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

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

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

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

(g) The dissolution of the Corporation;

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

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

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

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

032212
01-24-11

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

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

audited financial statements and with the assistance of the organization's
finance and accounting staff. The final draft of the 990 is made available
for review to the Chief Financial Officer and the Finance Committee of the
Board of Directors. The Board receives the final version of the Form prior
to filing.

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

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

Name of the organization

St. Luke's Wood River Medical Center

Employer identification number

84-1421665

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

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

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

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

fields. Our relationships with physicians range from having privileges at

the hospital to full employment.

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

competitive pay and benefits.

Physician compensation is based on a range of criteria and can be

influenced by a number of variables including:

-Community need for medical specialty

-Experience

-Productivity

-Geography

-National surveys adjusted for local conditions

-Willingness to serve regardless of patients' ability to pay

-Duration of relationship and contractual terms

To ensure physician compensation and benefits remain within industry

standards and legal requirements for not-for-profit institutions, St.

Luke's has a Physician Arrangements policy that specifies circumstances

requiring a third-party valuation and also periodically uses third-party

consulting firms to review St. Luke's physician compensation arrangements.

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

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

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

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

Form 990 Part VII Section A

Allocation of Compensation and Hours:

The total hours worked and compensation reported for John Kee and Rich Holm represent services rendered to the following organizations within the St. Luke's Health System:

John L. Kee:

St. Luke's Health System, Ltd.

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

Rich Holm:

St. Luke's Health System, Ltd.

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

St. Luke's McCall, Ltd.

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Name of the organization

St. Luke's Wood River Medical Center

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Also, it should be noted that the hours reported for the officers, key employees, and highest-paid employees are based on a minimum 40 hour work week. However, due to the demands of their roles within the St. Luke's Health System, the hours worked by these individuals often exceed the minimum required 40 hours.

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

Net unrealized losses on investments:

-4,936.

Form 990 Part I-F: Principal Officer

Change in Principal Officer:

On January 23, 2012, it was announced that Mr. Cody Langbehn was appointed Chief Executive Officer for St. Luke's Wood River Medical Center, Ltd.. Mr. Langbehn replaced John Kee, who had been serving dual roles as interim CEO for St. Luke's Wood River Medical Center, along with his other full-time role as St. Luke's Health System Vice-President for Physician Services. Cody holds a Bachelor of Arts degree in Health Care Administration from Concordia College in Moorhead, Minnesota, and a Masters degree in Health Care Administration from Montana State University-Billings. Prior to this appointment, Cody was at the Billings Clinic in Billings, MT.

Form 990 Part III-Statement of Program Accomplishments

Program Expense:

Please note that the program expense amounts reported in Statement

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01-24-11

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

Name of the organization

St. Luke's Wood River Medical Center

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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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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2010

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Inspection

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St. Luke's Wood River Medical Center

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

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

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

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

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

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

Form 990 Schedule R Part I-Disregarded Entity

St. Luke's Clinic-Wood River, LLC

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	St. Luke's Wood River Medical Center	84-1421665
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	190 E. Bannock	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Boise, ID 83702	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Pete DiDio Vice-President, Controller

- The books are in the care of ☒ 190 E. Bannock - Boise, ID 83712
Telephone No. ☒ 208-381-3790 FAX No. ☒ 208-381-4783
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until August 15, 2012.
- 5 For calendar year _____, or other tax year beginning OCT 1, 2010, and ending SEP 30, 2011.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension _____
Additional time is needed to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒ V.P. CONTROLLER

Date ☒

Form 8868 (Rev. 1-2011)

St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the
Years Ended September 30, 2011 and 2010, and
Independent Auditors' Report

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
St. Luke's Health System, Ltd.
Boise, Idaho

We have audited the accompanying consolidated balance sheets of St. Luke's Health System, Ltd. and subsidiaries (the "Health System") as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended. These financial statements are the responsibility of the Health System's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the financial position of St. Luke's Health System, Ltd. and subsidiaries as of September 30, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

The charity care schedule summarized in Note 1, which is the responsibility of the Health System's management, is not a required part of the basic financial statements, and we did not audit or apply limited procedures to such information and we do not express any assurances on such information.

As discussed in Note 1 to the consolidated financial statements, the accompanying 2010 consolidated financial statements have been retrospectively adjusted for the adoption of accounting guidance related to the presentation of noncontrolling interests in the consolidated financial statements.

January 24, 2012

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 105,139	\$ 78,727
Receivables — net	189,437	179,604
Inventories	24,598	23,179
Prepaid expenses	8,588	6,762
Current portion of assets whose use is limited	<u>31,514</u>	<u>30,382</u>
Total current assets	<u>359,276</u>	<u>318,654</u>
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	268,684	263,212
Restricted funds	21,751	61,212
Permanent endowment funds	5,390	5,027
Donor restricted plant replacement and expansion funds and other specific purpose funds	<u>11,316</u>	<u>7,856</u>
Total assets whose use is limited	<u>307,141</u>	<u>337,307</u>
PROPERTY, PLANT, AND EQUIPMENT — Net	<u>794,676</u>	<u>701,231</u>
GOODWILL	<u>30,232</u>	<u>27,703</u>
OTHER ASSETS:		
Land and buildings held for investment or future expansion — at cost — less allowance for depreciation of \$6,842 in 2011 and \$6,320 in 2010	28,839	35,160
Equity interest in joint ventures	5,875	16,061
Deferred financing costs — net	7,746	8,271
Other	<u>34,062</u>	<u>32,609</u>
Total other assets	<u>76,522</u>	<u>92,101</u>
TOTAL	<u>\$ 1,567,847</u>	<u>\$ 1,476,996</u>

See notes to consolidated financial statements.

	2011	2010
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable, construction, and accrued liabilities	\$ 82,401	\$ 78,899
Accrued salaries and related liabilities	43,530	51,575
Employee benefit liabilities	39,369	37,229
Estimated payable to Medicare and Medicaid programs	70,229	61,538
Current portion of long-term debt and capital leases	<u>12,152</u>	<u>10,265</u>
Total current liabilities	<u>247,681</u>	<u>239,506</u>
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	515,418	520,907
Liability for pension benefits	86,357	70,448
Other liabilities	<u>6,377</u>	<u>7,359</u>
Total noncurrent liabilities	<u>608,152</u>	<u>598,714</u>
NET ASSETS:		
Unrestricted		
The Health System	689,321	619,066
Noncontrolling interests	<u>5,994</u>	<u>6,845</u>
Total unrestricted net assets	<u>695,315</u>	<u>625,911</u>
Temporarily restricted	11,309	7,838
Permanently restricted	<u>5,390</u>	<u>5,027</u>
Total net assets	<u>712,014</u>	<u>638,776</u>
TOTAL	<u>\$1,567,847</u>	<u>\$1,476,996</u>

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Net patient service revenue	\$ 1,251,086	\$ 1,050,204
Other revenue (including rental income)	24,958	27,129
Excess of assets acquired over liabilities assumed in acquisitions	18,598	
Net assets released from restrictions — operating	2,755	4,412
(Loss) income on equity interest in joint ventures	(459)	449
Total unrestricted revenues, gains, and other support	<u>1,296,938</u>	<u>1,082,194</u>
EXPENSES:		
Salaries and benefits	611,204	505,779
Supplies and drugs	209,195	191,461
Depreciation and amortization	73,896	62,540
Contract services	70,247	52,028
Purchased services	76,927	77,393
Provision for bad debts	57,585	40,126
Interest expense	17,218	13,229
Other expenses	<u>96,922</u>	<u>86,442</u>
Total expenses	<u>1,213,194</u>	<u>1,028,998</u>
INCOME FROM OPERATIONS	83,744	53,196
INVESTMENT INCOME	<u>6,794</u>	<u>7,868</u>
REVENUE IN EXCESS OF EXPENSES	90,538	61,064
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	<u>(368)</u>	<u>(637)</u>
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	<u>\$ 90,170</u>	<u>\$ 60,427</u>

See notes to the consolidated financial statements.

	2011	2010
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	\$ 90,538	\$ 61,064
Change in noncontrolling interests from acquisitions	(1,219)	(921)
Change in net unrealized gains on investments	(1,908)	1,096
Net assets released from restrictions — capital acquisitions	1,213	2,776
Change in funded status of pension plan	<u>(19,220)</u>	<u>(10,062)</u>
Increase in unrestricted net assets	<u>69,404</u>	<u>53,953</u>
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	7,491	7,097
Investment income (loss)	170	(25)
Change in net unrealized gains on investments	(222)	509
Net assets released from restrictions	<u>(3,968)</u>	<u>(7,188)</u>
Increase in temporarily restricted net assets	<u>3,471</u>	<u>393</u>
PERMANENTLY RESTRICTED NET ASSETS — Contributions for endowment funds	<u>363</u>	<u>173</u>
INCREASE IN NET ASSETS	73,238	54,519
NET ASSETS — Beginning of year	<u>638,776</u>	<u>584,257</u>
NET ASSETS — End of year	<u>\$ 712,014</u>	<u>\$ 638,776</u>

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF CASH FLOWS

AS OF SEPTEMBER 30, 2011 AND 2010

(In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	\$ 73,238	\$ 54,519
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	73,896	62,540
Net realized loss on investments	800	931
Excess of assets acquired over liabilities assumed in acquisitions	(18,598)	
Unrealized gain (loss) on investments	2,130	(1,605)
Distributions received from joint ventures	(778)	781
Amortization of deferred credit on Magic Valley	(2,382)	(3,175)
Amortization of deferred financing fees	526	472
Restricted contributions released	(7,854)	(7,270)
Loss (gain) on disposition of equipment and other assets	2,421	(57)
Loss (income) on equity interest in joint ventures	459	(449)
Change in funded status of pension plans	19,220	10,062
Changes in assets and liabilities, net of acquisitions of medical practices:		
Net change in receivables	3,801	(27,375)
Net change in inventories	(929)	2,130
Net change in prepaid expenses and other current assets	(1,597)	(1,485)
Net change in other assets	(125)	(956)
Net change in accounts payable, construction, and accrued liabilities	9,044	7,807
Net change in accrued salaries and related liabilities	(8,414)	9,612
Net change in employee benefit liabilities	2,016	2,491
Net change in payable to Medicare and Medicaid programs	8,691	22,700
Net change in other liabilities	(4,715)	870
 Net cash provided by operating activities	 <u>\$ 150,850</u>	 <u>\$ 132,543</u>

See notes to consolidated financial statements.

	2011	2010
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions of property, plant, and equipment and land and buildings held for investment or future expansion	\$ (142,067)	\$ (144,828)
Proceeds from disposition of equipment and other assets		89
Purchase of investments (includes purchases with restricted funds)	(508,241)	(384,916)
Change in restricted cash	39,697	50,411
Proceeds from sales of investments	500,644	407,596
Payments on acquisition of medical practices	(11,491)	(45,741)
Cash received from transaction with McCall	409	
Payments on acquisition of joint venture interests	(4,579)	
Distributions received from joint venture interests		40
Contributions to unconsolidated joint ventures	<u>(213)</u>	<u>(1,237)</u>
Net cash used in investing activities	<u>(125,841)</u>	<u>(118,586)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of long-term debt	(6,808)	(12,879)
Advances on lines of credit	30,316	1,800
Repayments on lines of credit	(29,548)	
Proceeds from contributions for temporarily restricted net assets	7,491	7,097
Proceeds from contributions for endowment funds	363	173
Proceeds from bond premium		3,500
Proceeds from notes payable	1,353	3,535
Payments on notes payables	<u>(1,764)</u>	<u></u>
Net cash provided by financing activities	<u>1,403</u>	<u>3,226</u>
NET INCREASE IN CASH	26,412	17,183
CASH — Beginning of year	<u>78,727</u>	<u>61,544</u>
CASH — End of year	<u>\$ 105,139</u>	<u>\$ 78,727</u>

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization — St. Luke's Health System, Ltd. and subsidiaries (the "Health System") is an Idaho-based not-for-profit organization providing a comprehensive health care delivery system to the communities served. The Health System's general offices are located in Boise, Idaho. The Health System is governed by volunteer boards made up of local citizens.

The Health System's primary hospitals and service areas are located within the State of Idaho in Boise, Meridian, Twin Falls, McCall, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

Basis of Presentation — The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America and in conformity with the American Institute of Certified Public Accountants Audit and Accounting Guide, *Health Care Organizations*. Intercompany transactions have been eliminated.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Such estimates include the useful lives of depreciable assets, liabilities associated with employee benefit programs, self-insured professional liability risks not covered by insurance and potential settlements with the Medicare and Medicaid programs. In addition, valuation reserve estimates are made regarding the collectability of outstanding patient and other receivables.

The Health System utilizes independent third parties to assist in determining reserve estimates associated with self-insured employee benefit programs and professional liability risks, including incurred but not reported claims. Changes in estimates are included in results of operations in the period when such amounts are determined and actual amounts could differ from such estimates.

Statements of Operations — Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as unrestricted revenues, gains and other support and expenses.

Changes in Net Assets — Changes in net assets primarily include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), changes in pension liabilities, and the net change in unrealized gains and losses on investments.

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use by the Health System is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Health System pursuant to those stipulations. Permanently restricted net assets are assets whose use by the Health System is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed.

Donor Restricted Gifts — Unconditional promises to give cash (pledges receivable) and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Total pledges receivable as of September 30, 2011 and 2010, are as follows:

	2011	2010
Less than one year	\$ 75	\$ 157
One to five years	1,762	15
More than five years		
Total pledges receivable	<u>\$ 1,837</u>	<u>\$ 172</u>

Net Patient Service Revenue — Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care — The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. Charity care, based on established charge rates, for the years ended September 30, 2011 and 2010 was \$47,939 and \$50,912, respectively.

In addition to charity care services, the Health System provides services to patients who are deemed indigent under state Medicaid and county indigency program guidelines. In most cases, the cost of services provided to these patients exceeds the amounts received as compensation from the respective programs. In addition, in response to broader community needs, the Health System also provides many programs such as health screening, patient and health education programs, clinical and biomedical services to outlying hospitals, and serves as a clinical teaching site for higher education programs of health professionals. The following unaudited schedule summarizes the charges forgone in accordance with the Health System's charity care policy, the unpaid costs associated with services provided under Medicare, Medicaid, and county indigency programs, and the benefit of services provided to support broader community needs.

	2011	2010
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	107,559	97,019
Estimated benefit of services to support broader community needs	39,724	31,548

Cash — Cash represents cash on hand and cash in banks, excluding amounts whose use is limited. As of September 30, 2011 and 2010, the Health System had book overdrafts of \$8,344 and \$1,931, respectively, at one institution that is included in accounts payable, construction and accrued liabilities.

Inventories — Inventories consist primarily of medical and surgical supplies and are stated at the lower of cost (on a moving-average basis) or market.

Investments and Investment Income — The Health System's long-term and short term investment portfolios are managed according to investment policies adopted by the Health System and based on overall investment objectives. Board designated funds are investments established by the Board for strategic future capital expenditures intended to expand or preserve services provided to the communities it serves. All investments are recorded using settlement date accounting. Investment income and gains (losses) on investments whose use has not been restricted by the donor, including unrestricted income from endowment funds, are reported as part of investment income. Investment income and gains (losses) on investments whose income has been restricted by the donor are recorded as increases (decreases) to temporarily or permanently restricted net assets.

Assets Whose Use is Limited — Assets whose use is limited include assets set aside by the Board of Directors for future capital purposes over which the Board retains control and may, at its discretion, subsequently be used for debt retirement or other purposes. It also includes assets held by trustee under indenture agreements, assets restricted by donors for specific purposes and permanent endowment funds.

Property, Plant, and Equipment — Property, plant, and equipment are recorded at cost except donated assets, which are recorded at fair value at date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

The estimated useful lives of each asset ranges are as follows:

Buildings	15–40 years
Fixed and major movable equipment	2–20 years
Leasehold improvements	5–15 years

Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for renewals and betterments are capitalized. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the records and any gain or loss is reflected in the statement of operations. Periodically, the Health System evaluates the carrying value of property, plant, and equipment for impairment based on undiscounted operating cash flows whenever significant events or changes occur which might impact recovery of recorded assets.

Goodwill — Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized, as defined by *ASC 805, Business Combinations*. The Health System's accounting for goodwill includes the option to first assess qualitative factors to determine whether it is necessary to perform a two-step test for goodwill impairment. If the Health System believes, as a result of its qualitative assessment, that it is more-likely-than-not that the fair value of a reporting unit is less than its carrying amount, the quantitative impairment test is required. Otherwise, no further testing is required.

Goodwill is not amortized, but is subject to annual impairment test at the reporting unit level. A reporting unit is defined as a component of an organization that engages in business activities from which it may earn revenues and incur expenses, whose operating results are regularly reviewed for decision making purposes and for which discrete financial information is available.

The quantitative impairment testing for goodwill includes a two-step process consisting of identifying a potential impairment loss by comparing the fair value of the reporting unit to its carrying amount, including goodwill and then measuring the impairment loss by comparing the implied fair value of the goodwill for a reporting unit to its carrying value. The fair value is estimated based upon internal

evaluations of the related long-lived assets for each reporting unit and can include comparable market prices, quantitative analyses of revenues and future net cash flows. If the fair value of the reporting unit assets is less than their carrying value including goodwill, an impairment loss is recognized.

In addition to annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Land and Buildings Held for Future Investment or Future Expansion — Land and buildings held for investment or future expansion represents land and buildings purchased or donated to the Health System for future operations and are not included in the Health System operations. Depreciation on the buildings is computed using the straight-line method over the estimated useful lives which range from 15 to 40 years.

Costs of Borrowing — Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Financing costs are deferred and amortized over the life of the bonds.

Deferred Credit — In connection with a transaction with Twin Falls County, Idaho in July 2006, a deferred credit was recorded for the excess of the fair value of tangible and identifiable intangible assets acquired and liabilities assumed over the consideration given for the acquisition of Magic Valley Hospital. The deferred credit was being amortized to other revenue on a straight-line basis over 5 years. As of September 30, 2010, the deferred credit was \$2,382 and was included in accounts payable, construction, and accrued liabilities. The deferred credit became fully amortized during 2011. For the years ended September 30, 2011 and 2010, \$2,382 and \$3,175, respectively, was recorded in other revenue.

Investment in Affiliates — The Health System has entered into certain joint ventures and affiliations with other health care providers. The Health System accounts for the joint ventures and affiliations based on the equity method of accounting when it has significant influence. The Health System's share of income or loss is reported as increases or decreases in the respective investment with a corresponding amount reported in income or losses on equity interest in joint ventures.

As of September 30, 2011, significant joint ventures and affiliations include the following:

- St. Luke's Idaho Elks Rehabilitation Services, an equally owned joint venture with Idaho Elks Rehabilitation Hospital, Inc. to provide outpatient rehabilitation services
- Idaho Cytogenetics Diagnostic Laboratory, LLC, an equally owned joint venture with Saint Alphonsus Diversified Care, Inc. to promote general health and cytogenetic diagnostic services
- Idaho Community Health Network, an equally owned joint venture with Kootenai Medical Center, Magic Valley, and Portneuf to provide an organized system for the coordination, delivery and provisions for certain health care services.
- Idaho GYN/Oncology Services, LLC, an equally owned joint venture with Saint Alphonsus Regional Medical Center, Inc., to provide gynecological oncology healthcare services

Income Taxes — The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

Unrelated Business Income — 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 that 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.

Recently Issued and New Accounting Pronouncements — In September 2011, the FASB issued an accounting standards update regarding goodwill and the testing of goodwill for impairment, which simplifies how entities test goodwill for impairment. The update provides an entity the option to first assess qualitative factors to determine whether it is necessary to perform the current two-step test for goodwill impairment. If an entity believes, as a result of its qualitative assessment, that it is more-likely-than-not that the fair value of a reporting unit is less than its carrying amount, the quantitative impairment test is required. Otherwise, no further testing is required. The revised standard is effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011 with an option to early adopt. The Health System has elected to early adopt this pronouncement for the current fiscal year ended September 30, 2011 and it did not have a material impact on the Health System's financial position, results of operations or cash flows.

In July 2011, the FASB issued an accounting standard regarding the presentation and disclosure of patient service revenue, provisions for bad debts and the allowance for doubtful accounts to provide greater transparency regarding a health care entity's net patient revenue and the related allowances for doubtful accounts. The standard requires certain health care entities to change the presentation of the provision for bad debts associated with patient service revenue by reclassifying the provision from operating expenses to a deduction from net patient revenue and requires enhanced disclosures about net patient revenue and the policies for recognizing revenue and assessing bad debts. This guidance is effective for fiscal years beginning on or after December 15, 2011. The Health System is currently evaluating the impact that adopting this standard will have on the Health System's financial position, results of operations or cash flows.

In January 2010, the FASB issued a new accounting standard, which requires more robust disclosures about the different classes of assets and liabilities measured at fair value, the valuation techniques and inputs used, the activity in Level 3 fair value measurements and the transfers between Levels 1, 2 and 3. The new disclosures and clarifications of existing disclosures are effective for fiscal years beginning after December 15, 2009. The adoption of this standard had no impact on the Health System's financial position, results of operations or cash flows.

In August 2010, the FASB issued a new accounting standard, which clarifies that health care entities should not net insurance recoveries against related claim liabilities. The guidance is effective for fiscal years beginning after December 15, 2010. The Health System is currently evaluating the impact that adopting this standard will have on the Health System's financial position, results of operations or cash flows.

In August 2010, the FASB issued a new accounting standard, which prescribes a specific measurement basis of charity care for disclosure. The guidance is effective for fiscal years beginning after December 15, 2010. The adoption of this standard is not expected to have any impact on the Health System's financial position, results of operations or cash flows.

In April 2009, the FASB issued an accounting standard on not-for-profit entities in regards to mergers and acquisitions. The standard provides guidance that improves the relevance, representational faithfulness, and comparability of the information that a not-for-profit entity provides in its financial

reports about a combination with one or more other not-for-profit entities, businesses, or nonprofit activities. The standard also improves the relevance, representational faithfulness, and comparability of the information a not-for-profit entity provides about goodwill and noncontrolling interests by making certain provisions of for-profit entity guidance regarding goodwill and noncontrolling interests fully applicable to not-for-profit entities. The provisions of this standard are to be applied prospectively for mergers and acquisitions and retrospectively for the treatment of non-controlling interests. The Health System adopted this standard for fiscal year 2011 and the impact of the related guidance is included in the Health System's consolidated financial statements.

Subsequent Events — The Health System has evaluated subsequent events through January 25, 2012. This is the date the financial statements were available to be issued.

2. BUSINESS TRANSACTIONS

Medical Practices — In 2011 and 2010, the Health System acquired various family health and specialty medical practices located throughout its service area. As a result of the transactions, the Health System acquired receivables, inventory, fixed assets, non-compete agreements and goodwill. Non-compete agreements are amortized on a straight-line basis over their expected lives of three to seven years.

In accordance with the purchase method of accounting, the acquired net assets were recorded at fair value as of the dates of the acquisition. The following table summarizes the estimated fair values of the assets acquired and liabilities assumed from the acquisitions during the years ended September 30, 2011 and 2010:

	2011	2010
Accounts receivable	\$ 139	\$ 2,824
Inventory	119	1,127
Property	1,375	3,598
Goodwill and other intangible assets	9,374	37,570
Other assets	374	156
Accrued liabilities	<u>110</u>	<u>466</u>
Purchase price	<u>\$ 11,491</u>	<u>\$ 45,741</u>

Transaction with McCall — On October 1, 2010, the Health System completed a transaction with McCall Memorial Hospital. The transaction expanded the Health System's presence into McCall, Idaho. McCall Memorial Hospital was previously a quasi-governmental organization, owned and operated by the McCall Memorial Hospital District (the "District"). The transaction included the following significant consideration items:

- The District agreed to contribute future tax revenue to the Health System in return for the delivery of healthcare services in McCall, Idaho. The Health System agrees to provide healthcare services and operate the facilities at an equivalent level provided to the community prior to the transaction.
- The District and Health System have jointly developed future financial assumptions that would be met by the McCall operations in order for the Health System to be required to raise funds, develop, construct, expand, improve or otherwise maintain the facilities in McCall.

- The District shall have the right to reacquire the net assets of the Health System related to the McCall operations for a period of fifteen years from the date of the transaction. The District can reacquire the McCall operations only if certain triggering events occur related to the Health System's ownership structure. Determination of the purchase price would be based on the book value of the reacquired net assets at the time of the reacquisition less any community equity that has been contributed.

The determination of the estimated fair market value of the assets acquired required management to make certain estimates and assumptions. The transaction with McCall resulted in the assets acquired and liabilities assumed being recorded based on their estimated fair values on the transaction date. An excess of assets acquired over liabilities assumed in the amount of \$17,288 was recorded representing the excess of the fair value of tangible and identifiable intangible assets acquired over liabilities assumed.

The results of operations are included in the Health System's consolidated financial statements beginning October 1, 2010. The following table presents the allocation of consideration given for the assets obtained and the liabilities assumed:

Cash	\$ 409
Investments	3,332
Accounts receivable	5,212
Inventory	343
Prepays	220
Property	<u>9,843</u>
Total assets obtained	<u>19,359</u>
Accrued liabilities	<u>(2,071)</u>
Total liabilities assumed	<u>(2,071)</u>
Excess of assets acquired over liabilities assumed in acquisition	<u>\$ 17,288</u>

Joint Ventures — The Health System acquired the controlling membership interest in several joint ventures. As a result of these purchases, the Health System has recognized an excess of assets acquired over liabilities assumed in the amount of \$1,310. The results of operations are included in the Health System's consolidated financial statements subsequent to the date the controlling membership interest was acquired. The following table summarizes the estimated fair value of the assets acquired and liabilities assumed from these membership interest purchases.

Accounts receivable	\$ 8,284
Inventory	34
Prepays	9
Property	9,169
Goodwill & other intangibles assets	2,493
Other assets	882
Accrued liabilities	(882)
Non-controlling interest	<u>(762)</u>
Subtotal	19,227
Previously recorded equity interests	(10,488)
Excess of assets acquired over liabilities assumed in acquisition	<u>(1,310)</u>
Consideration given	7,429
Debt obligation as a result of acquisition	<u>(2,850)</u>
Cash paid on acquisitions	<u>\$ 4,579</u>

3. JOINT VENTURES

Combined financial information of the Health System's joint ventures as of September 30, 2011 and 2010, is as follows:

	2011	2010
Total assets	\$ 9,455	\$31,816
Total liabilities	1,695	3,683
Total equity	7,760	28,133
Total revenues	18,409	37,759
Total income	712	1,976

4. NET PATIENT SERVICE REVENUE

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare — Inpatient acute and certain outpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon the service provided. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services, certain other outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology.

The Health System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare fiscal intermediary. The Health System's classification of patients under the Medicare program and the appropriateness of their admission are subject to a review by a peer review organization under contract with the fiscal intermediary.

Medicaid — Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Health System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicaid fiscal intermediary.

Changes in estimates are included in results of operations in the period when such amounts are determined. The Health System has an opportunity to amend previously settled cost reports. With regard to the amended cost reports, the Health System accrues settlements when amounts are probable and estimable.

Other — The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements includes prospectively determined rates per patient day, per discharge and discounts from established charges.

5. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Health System grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party payor agreements. Accounts receivable, reflected net of any contractual arrangements, at September 30, 2011 and 2010, are as follows:

	2011	2010
Commercial payors, patients, and other	\$ 169,635	\$ 146,206
Medicare program	28,213	24,533
Medicaid program	9,987	30,717
Non-patient	<u>12,960</u>	<u>13,297</u>
	220,795	214,753
Less total allowance	<u>31,358</u>	<u>35,149</u>
	<u>\$ 189,437</u>	<u>\$ 179,604</u>

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

6. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of September 30, 2011 and 2010, consist of the following:

	2011	2010
Land	\$ 43,502	\$ 40,416
Buildings, land improvements, and fixed equipment	726,685	536,193
Major movable equipment	<u>529,679</u>	<u>414,709</u>
	<u>1,299,866</u>	<u>991,318</u>
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	222,627	196,203
Major movable equipment	<u>322,293</u>	<u>278,547</u>
	<u>544,920</u>	<u>474,750</u>
	754,946	516,568
Construction in process	<u>39,730</u>	<u>184,663</u>
	<u>\$ 794,676</u>	<u>\$ 701,231</u>

As of September 30, 2011 and 2010, the Health System had \$4,769 and \$10,389, respectively, of property, plant, and equipment purchases included in accounts payable, construction and accrued liabilities.

Depreciation expense was \$67,290 and \$58,238 for the years ended September 30, 2011 and 2010, respectively.

7. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that will be used for obligations classified as current liabilities and the current portion of pledges receivable are reported in current assets. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices of identical or similar assets. The majority of the Health System's investments are managed by independent investment managers. The following table sets forth the composition of assets whose use is limited at September 30, 2011 and 2010:

	2011	2010
Board designated funds:		
Cash and short-term investments	\$ 26,845	\$ 22,015
Domestic mutual funds	19,499	15,760
Domestic corporate bonds and notes	55,444	43,668
U.S. government and agency securities	212,128	223,589
Interest receivable	1,151	1,273
Due to donor restricted and permanent endowment funds	<u>(14,869)</u>	<u>(12,711)</u>
	300,198	293,594
Less amounts classified as current assets	<u>(31,514)</u>	<u>(30,382)</u>
	<u>\$ 268,684</u>	<u>\$ 263,212</u>
Restricted funds:		
Cash and cash equivalents	\$ 8,653	\$ 48,350
U.S. government and agency securities	<u>13,098</u>	<u>12,862</u>
	<u>\$ 21,751</u>	<u>\$ 61,212</u>
Permanent endowment funds — due from board designated funds	<u>\$ 5,390</u>	<u>\$ 5,027</u>
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from board designated funds	\$ 9,479	\$ 7,684
Pledges receivable	<u>1,837</u>	<u>172</u>
	<u>\$ 11,316</u>	<u>\$ 7,856</u>

Investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30, 2011 and 2010, is comprised of the following:

	2011	2010
Investment income:		
Interest income	\$ 7,594	\$ 8,799
Realized loss on sales of securities	<u>(800)</u>	<u>(931)</u>
	<u>\$ 6,794</u>	<u>\$ 7,868</u>
Change in net unrealized gain on investments	<u>\$ (1,908)</u>	<u>\$ 1,096</u>

In connection with the issuance of the certain bond obligations, the Health System is required to maintain a debt reserve fund. The debt reserve fund is to be used for the payment of principal and interest at maturity. The amount held in the debt reserve fund as of September 30, 2011, related to the Series 2008A Bonds, is \$16,139 (which includes \$3,023 to be paid over the next 12 months). This amount is included in restricted funds.

Proceeds received from the Series 2009AB Bonds are restricted to qualified expenditures related to a facility project of the Health System and are held by the Series 2009AB Bond Trustee in a Construction Fund. Initial deposits into the Construction Fund were \$148,863. As of September 30, 2011, the construction project was complete and all monies held in the construction fund have been drawn down.

8. DEBT

Long-term debt as of September 30, 2011 and 2010, consists of the following:

	2011	2010
Obligations to Idaho Health Facilities Authority — Series 2009AB Variable Rate Demand Revenue Bonds	\$ 150,000	\$ 150,000
Obligations to Idaho Health Facilities Authority — Series 2008A Fixed Rate Bonds	127,695	128,870
Obligations to Idaho Health Facilities Authority — Series 2008A Fixed Rate Bond Discount	(3,375)	(3,448)
Obligations to Idaho Health Facilities Authority — Series 2005 Fixed Rate Bonds	114,550	117,240
Obligations to Idaho Health Facilities Authority — Series 2000 Fixed Rate Bonds	85,000	87,800
Obligations to Idaho Health Facilities Authority — Series 2000 and Series 2005 Fixed Rate Bond Premium	5,153	5,370
Capital leases	4,884	5,116
Notes payable	41,077	38,383
Line of credit	2,568	1,800
Other	<u>18</u>	<u>41</u>
Total debt	527,570	531,172
Less current portion	<u>12,152</u>	<u>10,265</u>
Total long-term debt	<u>\$ 515,418</u>	<u>\$ 520,907</u>

As of September 30, 2011, the maturity schedule of long-term debt is as follows:

Years Ending September 30	Long-Term Debt	Capital Lease	Total
2012	\$ 11,253	\$ 1,044	\$ 12,297
2013	8,943	1,047	9,990
2014	9,244	1,048	10,292
2015	8,501	701	9,202
2016	8,836	505	9,341
Thereafter	<u>475,909</u>	<u>976</u>	<u>476,885</u>
	<u>\$ 522,686</u>	5,321	528,007
Less amount representing interest		<u>(437)</u>	<u>(437)</u>
		<u>\$ 4,884</u>	<u>\$ 527,570</u>

Obligations to Idaho Health Facility Authority

Series 2000 — Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from \$2,800 to \$29,700, beginning July 2011 through July 2030. The Series 2000 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate based on variable and fixed interest rate modes for the Series 2000 Bonds during 2011 was 4.75%.

The Series 2000 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System.

The Series 2000 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2005 — Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from \$2,690 to \$51,710, beginning July 2011 through July 2035. The Series 2005 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) based on variable and fixed interest rate modes for the Series 2005 Bonds during 2011 was 4.38%.

The Series 2005 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System. In addition, Series 2005 bonds maturing on or after July 1, 2025, are subject to redemption prior to maturity at the option of the Health System on or after July 1, 2015.

The Series 2005 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2008A — Represent Fixed Rate Revenue Bonds, payable in annual payments ranging from \$1,130 to \$21,655 beginning November 2009 through 2037. The Series 2008A bonds bear interest at a fixed rate ranging from 4.00% to 6.75% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on May 1 and November 1 of each year. The average interest rate (which includes amortization of costs of issuance) for the Series 2008A Bonds during 2011 was 6.70%. The Series 2008A bonds maturing on or after November 1, 2019, are subject to redemption prior to maturity at the option of the Health System, on or after November 1, 2018.

Series 2009AB — Represent Variable Rate Demand Revenue Bonds. The Series 2009AB Bonds principal is payable in annual payments ranging from \$22,840 to \$27,265, beginning November 2039 through November 2043. The Series 2009AB Bonds interest is payable annually and, at the option of the Health System, will be in either a Daily, Weekly, one or more adjustable Long Modes, in a Commercial Paper Mode or in a Fixed Mode, all of which are defined by the bond documents and determine the frequency and dates of payment of interest, the calculation of interest and the terms, if any, upon which each bond may or must be tendered for purchase. The average interest rate (which includes amortization of costs of issuance) for the Series 2009AB Bonds during 2011 was 1.61%.

The Series 2009AB Bonds are subject to redemption prior to maturity at the option of the Health System and, while in a Daily Mode or Weekly Mode, to optional tender by the bondholder. In the event of optional tender of the Series 2009AB Bonds, funds for repayment of the purchase price of the bonds are available from irrevocable, direct-pay letters of credit. Subsequent to year end, these direct-pay letters of credit were renegotiated and have been extended through 2014. As of September 30, 2011, the Series 2009AB Bonds were in the Weekly Mode.

The Series 2000, Series 2005, Series 2008A and Series 2009AB bonds provide, among other things, restrictions on annual debt additions that the Health System may incur. The agreements also require that sufficient fees and rates be charged so as to provide net income available for debt service, as defined, in an amount not less than 125% of the annual principal and interest due on the Bonds. For the years ended September 30, 2011 and 2010, net income available for debt service, as defined, exceeded the minimum coverage required.

Notes Payable — These notes are secured by medical office buildings and guaranteed by a third party. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2019. Interest is fixed and ranges from 6.00% to 6.25%.

In July 2011, the Health System entered into an unsecured note payable agreement with an unrelated third party for the purchase of land. The amount of the note is for \$350 payable over three years. Interest is beared at a rate of 5.0% per annum.

In December 2010, the Health System entered into an unsecured note payable for the acquisition of the remaining membership interest in a joint venture. The amount of the principal balance of the note was \$3,563 with annual principal and interest payments payable over three years. The interest rate is variable based on a published prime rate and during 2011 was 3.25%.

Line of Credit — In September 2011, the Health System entered into an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to \$60,000 and has a maturity date of September 15, 2014. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate. The line of credit, among other things, contains an annual commitment fee of \$30 as well as a non-usage fee on the actual daily un-borrowed portion of the principal amount available at the rate of one-fifth of one percent per annum. As of September 30, 2011 there was no outstanding balance on the line of credit.

In January 2010, the Health System entered into an unsecured credit agreement with Wells Fargo Bank, N.A. The agreement allows for borrowings up to \$7,000 and has a maturity date of July 31, 2012. The line of credit is to be utilized for working capital payments related to a cash payment program the Health System operates in connection with payments to vendors. Principal amounts are advanced as vendor payments are made, and are required to be repaid on a monthly basis. As principal is paid in full on a monthly basis, no interest costs have been incurred. In the event that principal is outstanding in excess of 30 days, interest is variable at daily three month LIBOR plus 1.75%. The outstanding balance as of September 30, 2011 and 2010 was \$2,568 and \$1,800, respectively.

Interest Costs — During the years ended September 30, 2011 and 2010, the Health System incurred total interest costs of \$22,914 and \$17,477, respectively. During 2011 and 2010, \$5,696 and \$4,248, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2011 and 2010, the Health System made cash payments for interest of \$20,942 and \$15,968, respectively, and cash payments for bond fees of \$1,293 and \$2,460, respectively.

9. NONCONTROLLING INTEREST

The following table shows the allocation of controlling and noncontrolling interest within net assets in accordance with ASC 958-805 — *Not-for-Profit Entities — Business Combinations*. The allocation as of September 30, 2011 and 2010 is as follows:

	Total Net Assets	Controlling Interest	Noncontrolling Interest
Net assets — September 30, 2009	<u>\$584,257</u>	<u>\$577,128</u>	<u>\$ 7,129</u>
Unrestricted net assets.			
Revenue in excess of expenses	61,064	60,427	637
Change in noncontrolling interests from acquisitions	(921)		(921)
Change in net unrealized gains on investments	1,096	1,096	-
Net assets released from restrictions — capital acquisitions	2,776	2,776	-
Change in funded status of pension plan	<u>(10,062)</u>	<u>(10,062)</u>	<u>-</u>
Increase in unrestricted net assets	53,953	54,237	(284)
Temporarily restricted net assets	393	393	-
Permanently restricted net assets	<u>173</u>	<u>173</u>	<u>-</u>
Increase in net assets	<u>54,519</u>	<u>54,803</u>	<u>(284)</u>
Net assets — September 30, 2010	<u>638,776</u>	<u>631,931</u>	<u>6,845</u>
Unrestricted net assets.			
Revenue in excess of expenses	90,538	90,170	368
Change in noncontrolling interests from acquisitions	(1,219)		(1,219)
Change in net unrealized gains on investments	(1,908)	(1,908)	-
Net assets released from restrictions — capital acquisitions	1,213	1,213	-
Change in funded status of pension plan	<u>(19,220)</u>	<u>(19,220)</u>	<u>-</u>
Increase in unrestricted net assets	69,404	70,255	(851)
Temporarily restricted net assets	3,471	3,471	-
Permanently restricted net assets	<u>363</u>	<u>363</u>	<u>-</u>
Increase in net assets	<u>73,238</u>	<u>74,089</u>	<u>(851)</u>
Net assets — September 30, 2011	<u>\$712,014</u>	<u>\$706,020</u>	<u>\$ 5,994</u>

10. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans — The St. Luke's Regional Medical, Ltd. Basic Pension Plan (the "SLRMC Plan") covers substantially all eligible employees employed by the Health System (with the exception of St. Luke's Magic Valley, Ltd. employees) on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from

participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants who qualify and were hired prior to January 1, 1995. Employees eligible for the SLRMC Plan with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 62 with 25 years of service, equal to a percentage of their highest 5-year average annual compensation, not to exceed a certain maximum. The Health System makes annual contributions to the SLRMC Plan as necessary.

The St. Luke's Magic Valley Regional Medical Center, Ltd. Plan (the "SLMVRMC Plan") covers substantially all eligible St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC) employees employed by SLMVRMC on or before April 1, 2005. The SLMVRMC Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMVRMC Plan; however, the SLMVRMC Plan remains in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service. The Health System makes annual contributions to the SLMVRMC Plan as necessary.

The following table sets forth the SLRMC Plan and the SLMVRMC Plan (collectively the "Plans") funded status, amounts recognized in the Health System's consolidated financial statements and other related financial information:

	SLRMC	SLMVRMC	Total 2011	Total 2010
Projected benefit obligation for service rendered to date	\$ 140,008	\$ 45,597	\$ 185,605	\$ 166,878
Plan assets — at fair value	<u>82,482</u>	<u>28,257</u>	<u>110,739</u>	<u>106,493</u>
Funded status	<u>\$ (57,526)</u>	<u>\$ (17,340)</u>	<u>\$ (74,866)</u>	<u>\$ (60,385)</u>
Employer contributions	\$ 10,000	\$ 2,996	\$ 12,996	\$ 8,565
Accrued pension liability (all noncurrent)	57,526	17,340	74,866	60,385
Change in funded status	(11,207)	(3,274)	(14,481)	(9,462)
Amortization of prior service cost	13		13	13
Amortization of net loss	3,940	312	4,252	3,981
Net periodic benefit cost	9,159	585	9,744	9,632
Benefits paid	6,733	2,233	8,966	6,518
Accumulated benefit obligation	124,683	45,597	170,280	143,778

Amounts recognized in unrestricted net assets related to the Plans at September 30, consist of:

	SLRMC	SLMVRMC	Total 2011	Total 2010
Prior service cost	\$ (55)	\$ -	\$ (55)	\$ (67)
Net actuarial loss	(62,322)	(18,619)	(80,941)	(63,197)

The measurement date used to determine pension benefits is September 30. Expected contributions to the Plans for the fiscal year ending September 30, 2012, are approximately \$12,815.

Investments in the pension trusts are overseen by an Investment Management Subcommittee, which is made up of officers and directors of the Health System and outside experts. The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans are as follows:

	Target SLRMC	Target SLMVRMC
Investments:		
Large	30 %	35 %
Small	10	10
Non-U.S. equities	20	10
Fixed income	30	45
Other	10	

Managers are expected to generate a total return consistent with their philosophy and outperform both their respective peer group medians and an appropriate benchmark, net of expenses, over a one-, three-, and five-year period. The investment guidelines contain categorical restrictions such as no commodities, short-sales and margin purchases; and asset class restrictions that address such things as single security or sector concentration, capitalization limits and minimum quality standards.

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected long-term return is determined. As of September 30, 2011, the amounts and percentages of the fair value of Plans' assets are as follows:

	SLRMC		SLMVRMC	
Domestic equity	\$29,827	36 %	\$11,504	41 %
International equity	15,208	18	2,384	8
Fixed income	22,134	27	12,299	44
Other	15,313	19	2,070	7
Total	<u>\$82,482</u>	<u>100 %</u>	<u>\$28,257</u>	<u>100 %</u>

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the Plans:

	SLRMC	SLMVRMC	Total
2012	\$ 2,943	\$ 1,996	\$ 4,939
2013	3,305	2,150	5,455
2014	3,879	2,257	6,136
2015	4,758	2,317	7,075
2016	5,451	2,341	7,792
2017-2021	<u>40,429</u>	<u>14,486</u>	<u>54,915</u>
	<u>\$60,765</u>	<u>\$25,547</u>	<u>\$86,312</u>

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

	2011	2010
Weighted average discount rate	5.25 %	6.00 %
Rate of increase in future compensation levels	4.00	4.00
Expected long-term rate of return on assets	8.00	8.00

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

	2011	2010
Weighted average discount rate	4.75 %	5.25 %
Rate of increase in future compensation levels	2.5–4.00	4.00

The principal cause of the change in the unfunded pension liability is the change in the discount rate at September 30, 2011 and 2010.

Supplemental Retirement Plan for Executives — The Supplemental Retirement Plan for Executives (SERP) is an unfunded retirement plan for certain executives of the Health System. The following table sets forth the funded status, amounts recognized in the Health System's consolidated financial statements, and other SERP financial information:

	2011	2010
Projected benefit obligation for service rendered to date	\$ 12,225	\$ 10,063
Plan assets — at fair value	<u> </u>	<u> </u>
Funded status	<u>\$ (12,225)</u>	<u>\$ (10,063)</u>
Accrued pension liability (noncurrent)	\$ 11,491	\$ 10,063
Accrued pension liability (current)	734	
Change in funded status	(2,161)	(2,449)
Amortization of prior service cost	8	5
Amortization of net loss	310	268
Net periodic benefit cost	1,193	1,061
Accumulated benefit obligation	11,554	9,629

The Health System did not contribute to the SERP during 2011 and 2010, nor does the Health System expect to make any contributions to the SERP for the fiscal year ending September 30, 2012.

Amounts recognized in unrestricted net assets related to the SERP at September 30, consist of:

	2011	2010
Prior service cost	\$ (17)	\$ (25)
Net actuarial loss	(5,245)	(3,733)

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

	Benefit Payments
2012	\$ 733
2013	730
2014	726
2015	745
2016	748
2017-2021	<u>4,514</u>
	<u>\$ 8,196</u>

As of September 30, 2011 and 2010, the accrued pension liability is included in benefit plan liabilities.

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

	2011	2010
Weighted average discount rate	5.25 %	6.00 %
Rate of increase in future compensation levels	4.00	4.00
Expected long-term rate of return on assets	8.00	8.00

Assumptions used in determining the actuarial present value of projected benefit obligation were as follows:

	2011	2010
Weighted average discount rate	4.75 %	5.25 %
Rate of increase in future compensation levels	4.00	4.00

Defined Contribution Plan — The Health System sponsors two defined contribution plans (the “contribution plans”) that cover substantially all of its employees. The Health System’s contributions to these contribution plans are at the discretion of the Health System’s Board of Directors. Amounts contributed are allocated to participants based on individual compensation amounts, years of service, and the participant’s level of participation in tax deferred annuity programs. During 2011 and 2010, contributions to these plans were \$18,729 and \$16,004, respectively.

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, *Financial Instruments*. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is necessarily required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

Cash, Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs — The carrying amounts reported in the balance sheet for cash, receivables, accounts payable, accrued liabilities, and estimated payable to Medicare and Medicaid programs are a reasonable estimate of their fair value.

Assets Whose Use is Limited — These assets consist primarily of cash and short-term investments, debt and equity securities, and pledges receivable. For cash and short-term investments, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value. Fair values of debt and equity securities are based on quoted market prices.

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Health System has the ability to access at the measurement date. The level 2 inputs of the Health System are based on quoted market prices of similar assets. Level 3 inputs are unobservable inputs for the asset or liability. There were no transfers of assets between any levels during the fiscal year. The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis as of September 30, 2011 and 2010:

Fair Value Measurements as of September 30, 2011, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and short-term investments	\$ 35,647	\$ -	\$ -	\$ 35,647
Mutual funds	19,499			19,499
U.S. Government and agency securities	132,530	92,692		225,222
Corporate bonds and notes		43,752		43,752
Foreign government bonds		11,547		11,547
Total	<u>\$ 187,676</u>	<u>\$ 147,991</u>	<u>\$ -</u>	<u>\$ 335,667</u>

Fair Value Measurements as of September 30, 2010, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and short-term investments	\$ 70,363	\$ -	\$ -	\$ 70,363
Domestic mutual funds	16,793			16,793
U.S. government and agency securities	112,132	119,225		231,357
Domestic corporate bonds and notes		47,731		47,731
Total	<u>\$ 199,288</u>	<u>\$ 166,956</u>	<u>\$ -</u>	<u>\$ 366,244</u>

Long-Term Debt — The interest rate on the Health System's Variable Rate Demand Revenue Bonds is reset daily to reflect current market rates. Consequently, the carrying value of the bank debt approximates fair value. The carrying amount reported in the balance sheet for capital leased assets approximates its fair value.

The estimated fair value of the Fixed Rate Revenue Bonds as of September 30, 2011 and 2010 was \$350,350 and \$355,826. The fair value of debt was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The estimated fair value of the notes payable as of September 30, 2011 and 2010 was \$42,587 and \$40,785. The fair value was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

Fair Value of Pension Plan Assets — The following table sets forth by level, based on the hierarchy requirements for fair value guidance outlined previously, a summary of the assets of the Health System's Plans measured at fair value on a recurring basis as of September 30, 2011 and 2010:

Fair Value Measurements as of September 30, 2011, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and equivalents	\$ 9,522	\$ -	\$ -	\$ 9,522
Domestic mutual funds	74,803			74,803
International mutual funds	11,865			11,865
Collective investment funds		14,549		14,549
Total	<u>\$ 96,190</u>	<u>\$ 14,549</u>	<u>\$ -</u>	<u>\$ 110,739</u>

Fair Value Measurements as of September 30, 2010, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and equivalents	\$ 2,981	\$ -	\$ -	\$ 2,981
Domestic mutual funds	69,160			69,160
International mutual funds	15,511			15,511
Collective investment funds		18,841		18,841
Total	<u>\$ 87,652</u>	<u>\$ 18,841</u>	<u>\$ -</u>	<u>\$ 106,493</u>

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2011. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

12. COMMITMENTS AND CONTINGENCIES

The Health System leases office space under operating leases, some of which contain renewal options. Rental expense on these during 2011 and 2010 were \$8,632 and \$10,823, respectively. The Health System also leases out space in medical office buildings under non-cancelable operating leases. Rental income on these leases during 2011 and 2010 were \$3,479 and \$4,427, respectively.

As of September 30, 2011, future minimum rental income and payments on these operating leases are as follows:

Years Ending September 30	Minimum Rental Revenue	Minimum Rental Payments
2012	\$ 1,361	\$ 8,155
2013	578	3,660
2014	468	3,338
2015	343	2,924
2016	280	1,935
Thereafter	358	1,834
	<u>\$ 3,388</u>	<u>\$ 21,846</u>

As of September 30, 2011 and 2010, the Health System had commitments on construction contracts and equipment purchases totaling \$12,803 and \$37,798, respectively.

The Health System maintains professional liability coverage through a "claims made" insurance policy. The policy provides coverage for claims filed within the period of the policy term. The current policy period ends December 31, 2011, and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based on actuarial estimates provided by

an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 4.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the reserves are included in results of operations in the periods when such amounts are determined.

The Health System is routinely involved in litigation matters and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Health System's future financial position, results of operations, or cash flows.

13. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2011 and 2010, are approximately as follows:

	2011	2010
Professional, nursing, and other patient care services	\$ 984,279	\$ 851,715
Fiscal and administrative support services	<u>228,915</u>	<u>177,283</u>
	<u>\$1,213,194</u>	<u>\$1,028,998</u>

14. GOODWILL, LONG-LIVED ASSETS AND OTHER INTANGIBLES

The Health System considered various events and circumstances when it evaluated whether it was more likely than not that the fair value of its reporting unit is less than its carrying value including macroeconomic conditions, industry and market considerations, certain cost factors, overall financial performance, and other relevant specific events to the reporting unit or other operational units. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that there was no impairment of goodwill for the fiscal year ended September 30, 2011.

As of September 30, 2011 and 2010, the Health System had \$30,232 and \$27,703, respectively, of goodwill recorded on the consolidated balance sheet.

Other intangible assets of the Health System include covenants not to compete related to the acquisition of medical practices and are amortized over their useful lives, which typically range from three to seven years. Other intangible assets as of September 30, 2011 and 2010 consist of:

	2011	2010
Covenants not to compete	\$ 35,840	\$26,608
Less accumulated amortization	<u>(11,375)</u>	<u>(5,172)</u>
Total other intangible assets	<u>\$ 24,465</u>	<u>\$21,436</u>

We recorded amortization expense of \$6,203 and \$3,857 for the years ending September 30, 2011 and 2010. Expected future amortization expense related to intangible assets as of September 30, 2011 is as follows:

Years Ending September 30	Amount
2012	\$ 6,723
2013	6,554
2014	5,727
2015	4,562
2016	885
Thereafter	<u>14</u>
	<u>\$24,465</u>

15. SUBSEQUENT EVENTS

In October 2011, St. Benedicts Family Medical Center, Inc. (the "Hospital"), located in Jerome, Idaho, signed an agreement to join the Health System. The Hospital is a 25-bed critical access hospital and a rural health clinic that expands the Health System's presence in South Central Idaho. The transaction involved no cash payments other than pre-closing and post-closing legal, accounting and other costs associated with the transaction. The Health System agreed to assume certain assets and obligations of the Hospital as of October 1, 2011. In addition, the Health System will maintain health care services in the Jerome, Idaho community at or above the level provided by the Hospital at the time of the transaction for a certain period of time. Purchase accounting information related to particular assets, liabilities and other items of consideration is not available as of the date of issuance of this report. In accordance with the purchase method of accounting, the acquired net assets will be recorded at fair value as of the date of the acquisition.

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