## 990 Form

Department of the Treasury Internal Revenue Service

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

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

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

2012

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning OCT 1, 2012 and e	ending Si	EP 30, 2013	
Вс	heck if pplicable			D Employer identifi	cation number
	Addres	St. Luke's Health Foundation, Ltd.			
	Name change	Doing Business As		81-060	0973
	Initial return		Room/suite	E Telephone numbe	r
	Termin- ated			208-38	1-3790
	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	7,180,160.
	Application			H(a) Is this a group re	
	pendin	F Name and address of principal officer:Jeffrey R. Cilek		for affiliates?	Yes X No
		same as (c)		H(b) Are all affiliates inc	cluded? Yes No
1 7	ах-ехе	mpt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. (see instructions)
		www.stlukesonline.org		H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 2002	✓ State of legal domicile: ID
Pa		Summary			
ė		Briefly describe the organization's mission or most significant activities: Cultiva	te phila	inthropy for	
anc		elated organizations within the St. Luke's Health System.			
Activities & Governance	1	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			1
Š		Number of voting members of the governing body (Part VI, line 1a)			23
ಶ	4 1	Number of independent voting members of the governing body (2015) Fig. 15. Fotal number of individuals employed in calendar year 2012 (Part), line 23/	N	4	19
ies	5	otal number of individuals employed in calcular year 2012 (Party, line 2a)	<b>011</b>	5	0
Ε̈́Υİ	6	Total number of volunteers (estimate if necessary)	***************************************	6	24
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		/a	0.
	b I	Net unrelated business taxable income from Form 990-T, line 34			<u> </u>
				Prior Year 6,303,267.	Current Year 6,785,080.
ne		Contributions and grants (Part VIII, line 1h)		16,665.	15,975.
Revenue		Program service revenue (Part VIII, line 2g)		142,853.	177,757.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		75,134.	77,373.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,537,919.	7,056,185.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,663,130.	1,740,714.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		543,945.	667,433.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen		Fotal fundraising expenses (Part IX, column (D), line 25)			
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		508,971.	569,613.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,716,046.	2,977,760.
	1	Revenue less expenses. Subtract line 18 from line 12		2,821,873.	
or				ginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)		20,894,944.	25,928,714.
Net Assets o Fund Balance	21	Fotal liabilities (Part X, line 26)		39,728.	29,274.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		20,855,216.	25,899,440.
Pa	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	'
		$\rho_{\alpha}$		8/	/3//4
Sig	n	Signature of officer		Date //	, .
Her	·e	Peter DiDio, Vice-President, Controller		<del></del>	
_		Type or print name and title		Date La L	I L DTIN
	.	Print/Type preparer's name Preparer's signature	zeh!	Date Check Check I	PTIN
Paid	- +	sharon Zorbach	~	sell-emplo	
	parer	Firm's name Deloitte Tax LLP		Firm's EIN	86-1065772
Use	Only	Firm's address 225 W. Santa Clara St.		D 4	09-704-4000
		San Jose, CA 95113		Phone no. 4	08-704-4000
May	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2012) St. Luke's Health Foundation, Ltd.	81-0600973	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u>L</u>
1	Briefly describe the organization's mission:		
	The St. Luke's Health Foundation cultivates and encourages		
	philanthropy to advance the St. Luke's mission to improve the health		
	of people in our region,		
2	Did the organization undertake any significant program services during the year which were not listed	I on	
_	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
3		Scivices:	163 - 140
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total expens	ses, and
	revenue, if any, for each program service reported.		15 055
4a	(Code: ) (Expenses \$ 2,600,007. including grants of \$ 1,740,714	(Revenue \$	15,975.
	Cultivate and Encourage Philanthropy		
	The Foundation's purpose is to cultivate and encourage philanthropy to		
	support primarily the missions of St. Luke's Regional Medical		
	Center, Ltd., and Mountain States Tumor Institute, Inc., all of which are		
	related organizations within the St. Luke's Health System.		
4b	(Code:) (Expenses \$including grants of \$	) (Revenue \$	)
	1 A A A A A A A A A A A A A A A A A A A	3000-002183-1	
		***	
		0.81	
			*
			-
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
			57 T A2-41 C C
		78.00 m	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 2,600,007.		
		Fo	rm <b>990</b> (2012)
23200			<b>,</b> ,
12-10-	-12		

Form 990 (2012) St. Luke's Health
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)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ļ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1020
"	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		х
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<del></del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	T		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
,-	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2012)

Førm 990 (2012) St. Luke's Health Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ŀ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		in a	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		Α
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		-
32		32		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	x	
35a		35a	<u> </u>	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<del>                                     </del>	
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	/2012\

Form **990** (2012)

Form 990 (2	(012) St. Luke's Health Foundation, Ltd.	81-0600973	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V		
			T

	Crieck if Scriedule O Contains a response to any question in this Fart v				
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			E 7%	H, EL
	(gambling) winnings to prize winners?		1c	E1170-F	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100		
	filed for the calendar year ending with or within the year covered by this return	2a 0	Ol-	0.000	- 140
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Day 19	Pare No.
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		20	1000000	x
	ASSESSMENT OF THE CONTRACT OF		3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over a	30		
40	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
h	If "Yes," enter the name of the foreign country:	account)?	70	500	0,1
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	4.000	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				
-	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	W. H		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 8	Will be
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confi	ract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		1000	1000	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1	
а	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		-
10	Section 501(c)(7) organizations. Enter:	11			9 60
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	140			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
D	,	11b			14
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<del></del>	12a		H-0/28-1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	105-11	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		150	The state of	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				113
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14b		İ.,
			Eorn	990	(2012)

Form 990-(2012) St. Luke's Health Foundation, Ltd. 81-0600973 Page
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.

0	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management			
	م م		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			100
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			45.0
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?	2	Х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
U		7b	х	
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		102
8		0-	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	13	200	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		-	TO BY
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	х	
	The organization's CEO, Executive Director, or top management official		X	<del> </del>
D	Other officers or key employees of the organization	15b	PART I	1,772
40	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	45		v
	taxable entity during the year?	16a	15-000-00	Х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			173
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			19
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion:	•	
20	Peter DiDio Vice-President, Controller - 208-381-3790			
	190 E. Bannock, Boise, ID 83712			
23200		Form	990	(20.12

# 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

X

### 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	orga	aniza	ation	COI	npe	nsat	ed any current officer, o	director, or trustee.	···
(A)	(B)				2)			(D)	(E)	<b>(</b> F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson irecto	is bot x/trus	h an tee)	compensation	compensation	amount of
	week (list any	_						from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	20 99	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	Individual trustee or director	Institutional trustee		a)vee	Highest compensated employee		, ,		and related
	below	nd ual	tution	 	Key employee	lest co	je			organizations
	line)	Ē	ıstı	Officer	Æ	돌	Former			
(1) Mr. Darin DeAngeli	2.00									
Chairman	4.00	х		х	_			0.	0.	0.
(2) Mr. Doug Oppenheimer	2.00									_
Vice Chairman	0.00	Х		Х		_	_	0.	0.	0.
(3) Ted Bohlman, M.D.	2.00				ĺ					
Secretary	0.00	Х		Х	L			0.	0.	0.
(4) Mr. William G. Gilbert	2,00									
Finance Committee Chair	0.00	х		Х	_			0.	0.	0,
(5) Ms. Joy Kealey	2.00	1								
Director	0.00	Х				L	<u> </u>	0.	0.	0.
(6) Ms. Marilyn Beck	2,00									
Director	0.00	Х						0.	0.	0.
(7) Mr. Eldon Book	2.00									
Director	0.00	Х						0.	0.	0.
(8) Ms. Kami Faylor	2.00						1			
Director	0.00	Х						0.	0.	0.
(9) Mr. Jefferson Jewell	2.00									
Director	0.00	Х						0,	0.	0.
(10) Bart Hill,M.D.	2.00									
Director	42.00	x	<u>L</u>					0,	393,781.	35,974.
(11) Peter Langhus, M.D.	2.00									
Director	0,00	х						0.	0.	0.
(12) Mr. Paul Lodge	2.00									
Director	0.00	х		L				0.	0,	0.
(13) Mr. Alexandra Manning	2.00									
Director	0.00	х	<u> </u>					0.	0.	0,
(14) Ms. Gail May	2.00									
Director	0.00	х						0.	0.	0,
(15) Mr. Mike Mooney	2.00									
Director	0.00	х						0.	0.	0.
(16) Mr. Herb Patriarche	2,00					1				
Director	0.00	Х						0.	0.	0,
(17) Mr. Mike Shannahan	2.00			1						
Director	0.00	х						0.	0.	0.
										Earm 990 (2012)

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Es	timate	∍d
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	an	nount (	of
	week	-	cer an	nd a d	IIrecto	x/trus	itee)	from	from related		other	
	(list any	l cic						the	organizations		pensa	
	hours for	늉	ļ "			ated		organization	(W-2/1099-MISC)		om the	
	related organizations	age	truste		φ.	pens		(W-2/1099-MISC)			anizati	
	below	lad #	onal		Pal ye	5 B					d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			Olga	ailizati	3115
(18) Ms. Cathy Silak	2.00	<del>                                     </del>	_	<u> </u>								
Director	0.00	x						0.	0.			0.
(19) Ms. Carolyn Terteling-	2,00				П							
Payne Director	0.00	x						0.	0.			0.
(20) John Witte, M.D.	2,00											
Director	0.00	х						0.	0.			0.
(21) Ms. Judy Wright	2.00	1										
Director	0.00	х						0.	0,			0.
(22) Ms. Sally Zive	2.00						ĺ					
Director	0.00	X						0.	0,			0.
(23) Ms. Laura Bettis	2.00											
Director (thru Feb-2013)	0,00	Х	L	L				0.	0.			0,
(24) Mr. Pat McMurray	2.00					1						
Director (thru Nov-2012)	0,00	Х						0.	0.			0.
(25) David Merrick, M.D.	2.00											
Director (thru Nov-2012)	0.00	Х		_	_			0.	0.			0.
(26) Mr. Chris Roth	2.00											
President/CEO	42.00	Х		Х				0.	483,255.			070.
1b Sub-total								0.	877,036.		<u> </u>	044.
c Total from continuation sheets to Part \	/II, Section A							0,	1,141,552.			130.
d Total (add lines 1b and 1c)								0.	2,018,588.		285,	,174.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
									1		Yes	No
3 Did the organization list any former office										NAME OF	No.	
line 1a? If "Yes," complete Schedule J for										3	Х	
4 For any individual listed on line 1a, is the s									-		F	
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or	•							-		Robbie		
rendered to the organization? If "Yes," cor	nplete Schedui	e J f	or s	uch	pers	son .				5		Х

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Healthcare Philanthropy Advisors, 1438		
Manhattan Avenue, Hermosa Beach, CA 90254	Planned Giving Consulting	100,030.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	1	

See Part VII, Section A Continuation sheets

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Form 990 St. Luke's H								<u> </u>	81-060097	3
Part VII Section A. Officers, Directors, Tr		mpic	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average				C) ition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours	(cl			all that apply)		ly)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) Mr. Jeff Cilek excutive Director	20,00	x		x				0.	239,985.	35,04
28) Mr. Gary L. Fletcher	0.00	<del> </del>	$\vdash$	<del>"</del>	-	$\vdash$			200,000.	,
ormer CEO and Director	42.00	L				L	х	0.	901,567.	180,08
	-		-				_			
		1_	ļ.,	_						
	-									
***************************************				-		-				
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		1								
			$\vdash$	$\vdash$						
				$\vdash$	-					
		1	L	_			_			
		-								
		$\vdash$		$\vdash$	-	$\vdash$				
		1	_		_	$\vdash$	_			
otal to Part VII, Section A, line 1c									1,141,552.	215,13

Form 990 (2012) St. Luke's

Part VIII Statement of Revenue

			Check if Schedule O cont.	ains a respo	nse to any questic	on in this Part VIII	*******		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts its	1	а	Federated campaigns	1a					
irar			Membership dues		<del> </del>				
E'S			Fundraising events			1.			
ar A			Related organizations						
S, E			Government grants (contribut						
Sign			All other contributions, gifts, grani						
her		•	similar amounts not included above		5,042,75	3.			
草草		_	Noncash contributions included in lines	,	960,00				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f		•				
<del></del>		-	Total: Add iiilos Ta Ti	***************************************	Business Cod				
as I	2	_	Planned Giving Seminar		611430	15,975.	15,975.		
Ş						25,5,5,	20,570		<del></del>
Se e		b			i			·	+
E è		C							
Program Service Revenue		d			_				<del>-</del>
5		e			611430				
-		f	All other program service reve			45.075			
-		g				15,975.			
	3		Investment income (including			100 000			100 050
			other similar amounts)						177,757.
	4		Income from investment of tax	•	•				
	5		Royalties						
- [				(i) Real	(ii) Personal				
	6		Gross rents						
- 1			Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)		<b>)</b>	•			
	7	а	Gross amount from sales of	(i) Securiti	es (ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)			•			
			Gross income from fundraising			A PART OF T			ATTAILER OF THE
enne			including \$ 397	,321. of		Sell-selling			
e e			contributions reported on line		,				
<u> </u>			Part IV, line 18		a 201,34	8.			
Other Rev		b	Less: direct expenses			5.			
0			Net income or (loss) from fund			77,373.			77,373
			Gross income from gaming ac	_			Kirk Strong to cores	NUMBER OF	V= CV
	-		Part IV, line 19		a				
		ь	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less	-					imalian partiti
		_	and allowances		a				
		h	Less: cost of goods sold						
- 1			Net income or (loss) from sale						
- 1					Business Cod	de la la la la la la la la la la la la la			I the residence of the latest
}		_	Miscellaneous Revenu	A		20			
-			Miscellaneous Revenu						
-	11	а	Miscellaneous Revenu						
	11	a b							
	11	a b c							
	11	a b c	All other revenue						
	11	a b c				7,056,185.	15,975.	C	255,130

### 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). Check if Schedule O contains a response to any question in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1,740,714 organizations in the United States. See Part IV, line 21 1,740,714 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 118,048 29,512 59,024 29,512. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 151,701. 505,670, 252,835 101,134, Other salaries and wages 7 Pension plan accruals and contributions (include 6,341. 3,171 1,268 1,902. section 401(k) and 403(b) employer contributions) Other employee benefits 9 37,374. 18,687 7,475 11,212. Payroll taxes 10 Fees for services (non-employees): Management b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 28,150, 28,150. Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,911 2,911. Advertising and promotion 12 6,399, 6,399. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 14,648 14,648 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ..... Contract Services 392,503, 392,503. 60,736. Supplies 60,736, 29,586. 29,586 Food Service C Acknowledgements 11,614. 11,614. 23,066. 23,066 All other expenses e 2,977,760. 2,600,007 168,901. 208,852. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year <1.> 1 Cash - non-interest-bearing 253 2 2 Savings and temporary cash investments 3,027,793. 2,069,270. Pledges and grants receivable, net 3 93,605. 1,290. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L **Assets** Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ....... 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 6,327,597. 7,658,964. 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 16,199,191. 11,445,696. Other assets. See Part IV, line 11 15 15 20,894,944. 25,928,714. Total assets. Add lines 1 through 15 (must equal line 34) ....... 16 16 39,728. 29,274. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 ...... 29,274. 39,728. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 15,364,408. 19,369,662. Temporarily restricted net assets 28 5,490,808, 6,529,778. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 25,899,440. 20,855,216. 33 Total net assets or fund balances 33

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25,928,714.

20,894,944,

34

Total liabilities and net assets/fund balances

review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

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### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of t	he organizati	on						Er	nployer	identificati	on nui	mber
			Health Foundation	<u>.                                      </u>					81	-0600973		
Part I	Reason	for Public Char	<b>rity Status</b> (All organiz	ations mus	st complete	this part	.) See inst	ructions.				
Part   The organ	ization is not a A church, coi A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and to See section An organizati more publicly describes the a Type By checking foundation m If the organiz supporting o	for Public Char a private foundation avention of churche cribed in section 17 a cooperative hosp search organization e: on operated for the (b)(1)(A)(iv). (Complet to, or local governm on that normally rec b)(1)(A)(vi). (Complet trust described in s on that normally rec ted to its exempt fu unrelated business t 509(a)(2). (Complet on organized and o on organized and o or supported organiz etype of supporting b T this box, I certify the anagers and other ation received a wri rganization, check t	because it is: (For lines is, or association of chur (70(b)(1)(A)(ii). (Attach Scital service organization operated in conjunction benefit of a college or unete Part II.)  ment or governmental uniceives a substantial part at Part II.)  section 170(b)(1)(A)(vi).  ceives: (1) more than 33 more income (less section and complete Part III.)  perated exclusively to te perated exclusively for the ations described in section organization and complete income (less section organization and complete income or more publication one or more publication determination from this box	ations must attack the late of	in section pital described in section pital described in section pital described in section and in section and (2 x) from busing safety. Sof, to perform a section and (2 through anctionally in a directly on a directly on a set it is a Ty	only one betton 170(b)(1)(ibed in see erated by n 170(b)(1)(ibed in see erated by n 170(b)(1)(ibed in see section the furn 509(a)(2)(11h. Integrated rindirectly tions described, Type	ox.) (b)(1)(A)(i)  A)(iii). ction 170( a governormal)(A)(v). ental unit of than 33 1 acquired bein 509(a)(4) ental unit of the control of the	nental unit r from the nembership /3% of its y the orga i). or to carry ction 509(a)	general genera	ed in  public desc  nd gross re  from gross after June 3  purposes 6 eck the box  n-functional persons ot	ceipts invest 30, 197 of one that	from tment 75. or grated
g			organization accepted a								Yes	No
			directly controls, either a supported organization?								163	INO
	•	• .	n described in (i) above?						11g(ii)			<del>                                     </del>
			a person described in (i)									
h			about the supported or							-		
٠,,	me of supported (ii) EIN (iii) Type of organization (described on lines 1-9			(iv) Is the organization (v) Did you notify the			(vi) Is organizatio (i) organiz U.S	on in col. ed in the .?	(vii) Amoun sup	t of mo	netary	
	· <del>-</del> -		(see instructions))	Yes	No	Yes	No	Yes	No			
			-				1					
				1					_			
				ļ	_		-					
										12		
				1								
	<u> </u>											
Tatal												
Total LHA For I	Paperwork Re	duction Act Notice	e, see the Instructions t	for	L		J.	Schedul	e A (For	L m 990 or 9	90-EZ	2012

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Form 990 or 990-EZ.

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4,034,848.	4,273,766.	6,985,554.	7,140,914.	6,785,080.	29,220,162.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to					1			
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge					İ			
4	Total. Add lines 1 through 3	4,034,848.	4,273,766.	6,985,554.	7,140,914.	6,785,080.	29,220,162.		
	The portion of total contributions	District Value USIN							
	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)						2,345,385.		
6	Public support. Subtract line 5 from line 4.						26,874,777.		
_	ction B. Total Support					L			
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	4,034,848.	4,273,766.	6,985,554.	7,140,914.	6,785,080.	29,220,162.		
8	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	32,869.	114,207.	124,892.	142,853.	177,757.	592,578.		
•	2020	32,003.	222,2071	,					
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.)						29,812,740.		
	Total support. Add lines 7 through 10	1 ( )				12	881,456.		
12						<del></del>			
13	First five years. If the Form 990 is for		i tirst, secona, tniro	i, fourth, or fifth ta	x year as a secuo	n 50 r(c)(3)			
Sa	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2012 (			olumn (fl)		14	90.15 %		
						15	87.70 %		
	Public support percentage from 2011 a 33 1/3% support test - 2012. If the control is a support test - 2012 and the control is a support test - 2012.					nore shock this he			
108							b   17		
	stop here. The organization qualifies								
t	33 1/3% support test - 2011. If the								
	and stop here. The organization qual								
178	a 10% -facts-and-circumstances test - 2012. 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"	-							
t	10% -facts-and-circumstances tes								
	more, and if the organization meets the								
	organization meets the "facts-and-cire								
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	i, 16b, 17a, or 17b		and see instruction			

# Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed b	elow, please comp	olete Part II.)							
Section A. Public Support									
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
<ol> <li>Gifts, grants, contributions, and</li> </ol>									
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3 Gross receipts from activities that									
are not an unrelated trade or bus-			i i						
iness under section 513									
4 Tax revenues levied for the organ-									
ization's benefit and either paid to or expended on its behalf									
5 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
6 Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and									
3 received from disqualified persons									
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
<b>b</b> Unrelated business taxable income									
(less section 511 taxes) from businesses									
acquired after June 30, 1975									
c Add lines 10a and 10b									
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	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,			
check this box and stop here						<b>&gt;</b>			
Section C. Computation of Publ	ic Support Pe	rcentage							
15 Public support percentage for 2012 (			column (f))		15	%			
16 Public support percentage from 2011	Schedule A, Part	III, line 15			16	%			
Section D. Computation of Inve	stment Incom	e Percentage							
17 Investment income percentage for 20	)12 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%			
	8 Investment income percentage from 2011 Schedule A, Part III, line 17 8								
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not			
more than 33 1/3%, check this box a	•	•							
b 33 1/3% support tests - 2011. If the									
line 18 is not more than 33 1/3%, che									
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	<b>P</b>			

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number Name of the organization 81-0600973 St. Luke's Health Foundation, Ltd. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** EX For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

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

religious, charitable, etc., contributions of \$5,000 or more during the year

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Name of organization Employer identification number

<b></b>		
Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
	(b) Name, address, and ZIP + 4  (b)	\$ 350,000.  (b) (c) Total contributions  (b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  Total contributions

Employer identification number Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payrol! Noncash (Complete Part II if there is a noncash contribution

Name of organization | Employer identification number

St. Luke's Health Foundation, Ltd.

81-0600973

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
2	Property purchase from donor was less than FMV. Difference in FMV considered a donation.	\$960,000.	10/19/12			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
223453 12-2	112	\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (2012)			

Name of orga	nization			Employer rocation author				
St. Luke's Part III	Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to sect e following line entry. For o , contributions of \$1,000 o	ion 501(c)(7), (8), rganizations comp or less for the year	81-0600973 or (10) organizations that total more than \$1,000 for the eleting Part III, enter (Enter this information once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift is held				
2								
-	<u></u>	(e) Trans	er of gift					
- - -	Transferee's name, address, an	d ZIP + 4	St. Luk Center,	elationship of transferor to transferee e's Regional Medical Ltd. is the sole member of e's Health Foundation, Ltd.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
-								
	(e) Transfer of gift							
-	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
		(e) Trans	fer of gift	<u> </u>				
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee				
-								
				Cabodula B /Form 000, 000 E7, as 000 DE) /001				

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

St. Luke's Health Foundation Ltd

Employer identification number 81-0600973

Part II Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yea" to Form 990, Part IV, line 8.  1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate contributions to (during year) 4 Aggregate yearsts from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 of donor advisor, or for any other purpose conferring interpretation of the preservation of the donor of donor advisor, or for any other purpose conferring interpretation of land for public use (e.g., recreation or education)  Preservation of asserments. Complete if the organization (check all that apoply).  Preservation of a form of the preservation of the preservation of pen space 2 Complete ince 2 thin the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements and activities through the preservation of a certified historic structure included in (e) 4 Number of conservation easements included in (e) clasquired after 8r.17/56, and not on a historic structure included in (e) 5 Total accessor preservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year?  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year?  Number of states where property subject to conservation easements louded in (e) 5 Staff and ovultures house developed to conservation easements and eafforcing conservation easements during the year > 5 Number of conservation easements modified,	Do	St. Luke a Health Foundation		Similar Funds or	Accounts Complete if the
(a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year	Pai			Sillillar Fullus of	Accounts. Complete if the
Total number at end of year  2 Aggregate contributions to (during year)  3 Aggregate value at and of year  4 Aggregate value at and of year  5 Did the organization inform all dionors 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?  9 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 interpretable private benefit?  1 Purpose(s) of 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 of check all that apply).  1 Preservation of an often public use (e.g., recreation or education) Preservation of an oritifical historic structure Preservation of a conservation easement on the last day of the tax year.  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Did to conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year?  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year?  9 No extension of the conservation easements in modified, transferred, released, extinguished, or terminated by the organization during the tax year?  9 No extension easement members modified, transferred, released, extinguished, or terminated by the organization during the tax year?  1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the ta		organization answered "Yes" to Form 990, Part IV, line		at & construction	/h \ F
2 Aggregate contributions to (during year)  3 Aggregate area 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 report, subject to the organization's exclusive legal control?  9 Companization 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 impormisable private benefit?  Part iii 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 apoly).  1 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of pens space  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements an eartified historic structure included in (a)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year S  No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year S  No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year S  No ses the organization have a written place year in the presence of the conservation easement reported on line 2			(a) Donor advise	a tunas	(b) Funds and other accounts
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 in property, subject to the organization's exclusive legal control?  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 impermissable private benefit?  7 Purpose(s) of conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  7 Purpose(s) of conservation easements held by the organization (check all that apply).  7 Preservation of land for public use (e.g., recreation or education).  8 Preservation of an advisor answered "Yes" to Form 990, Part IV, line 7.  9 Preservation of an advisor answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  9 Preservation of an advisor answered "Yes" to Form 990, Part IV, line 7.  1 Preservation of an advisor answered "Yes" to Form 990, Part IV, line 7.  1 Preservation of a conservation easement on the last day of the tax year.  2 Complete lines 2 at brough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  8 Total number of conservation easements by the organization easements in Conservation easements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	1				
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S Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  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?  Part II Conservation EasementS. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Preservation of natural habitat □ Preservation of natural habitat □ Preservation of natural habitat □ Preservation of natural habitat □ Preservation of natural habitat □ Preservation of natural habitat □ Preservation of conservation easements with the preservation of a certified historic structure □ Preservation of conservation easements and of the tax year.  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.  2 Total number of conservation easements 1 2 2 2 2 3 3 Number of conservation easements included in (a) adquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of states where property subject to conservation easements is located ▶ 2 2 3 3 Number of states where property subject to conservation easements to holds?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, and and organization have a written policy regarding the periodic monitoring, inspection, and and organization easements during the year ▶ \$ 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3	Aggregate grants from (during year)	··		
are the organization's property, subject to the organization's exclusive legal control?	4				
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?  Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of parts page 2.  2 Complete lines 2 at through 2 dl if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements □ a certified historic structure included in (a) □ 2 c □ 2 c □ 2 c □ 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register □ 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register □ 2 d □ 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ □ 3 Number of states where property subject to conservation easements is located ▶ □ 4 Number of states where property subject to conservation easements is located ▶ □ 4 Number of states where property subject to conservation easements is located ▶ □ 4 Number of states where property subject to conservation easements is located ▶ □ 4 Number of states where property subject to conservation easements is located ▶ □ 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, and enforcing conservation easements during the year ▶ 5 □ 5 Does each conservation easement reported to monitoring, inspecting, a	5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advised fu	ınds
For charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).		are the organization's property, subject to the organization's	exclusive legal control?		Yes  No
For charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used	i only
Purposelly of conservation easements held by the organization check all that apply.   Preservation of land for public use (e.g., recreation or education)   Preservation of a instorically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   2a   2b   Preservation easements   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation   Preservation easement   Preservation   Preservatio					
Part					
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  I Total number of conservation easements  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements it holds?  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements under the very subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property subject to expensive the property	Pai				
Preservation of land for public use (e.g., recreation or education)  Protection of natural habitat  Protection of natural habitat  Preservation of a certified historic structure  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  Total arcraege restricted by conservation easements  Number of conservation easements on certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l))  and section 170(h)(4)(B)(l))  Yes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If if the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibitio					
Protection of natural habitat	•				ally important land area
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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 XIII, 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					
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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 XIII, 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  S S		include, if applicable, the text of the footnote to the organization	tion's financial statemen	ts that describes the c	organization's accounting for
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 XIII, 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		conservation easements.			
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  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  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	Pai	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Other	r Similar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  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  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		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  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  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	1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in	its revenue statement	and balance sheet works of art,
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  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					
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relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  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	_				
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(ii) Assets included in Form 990, Part X  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>▶</b> \$
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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	_				
a Revenues included in Form 990, Part VIII, line 1	2				i, provide
					•
b Assets included in Form 990, Part X	a				
	b	Assets included in Form 990, Part X			> 5

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

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

(i) unrelated organizations

(ii) related organizations

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

3b

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings				· · · · · · · · · · · · · · · · · · ·					
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colur	mn (B), line 10(c).)							

Schedule D (Form 990) 2012

Part VII   Investments - Other Securities. See   (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-y	ear market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related. See	Form 990, Part X, line			
(a) Description of investment type	(b) Book value	(c) Method of valuation	n: Cost or end-of-y	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				<u>.</u>
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1				
(a) D	escription			(b) Book value
(1) Due From Related Organizations				16,199,191.
(2)				
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<b>&gt;</b>	16,199,191.
Part X Other Liabilities. See Form 990, Part X, lir	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)		988		
(7)				
(8)				
(9)				
(10)				
(11)		7.31		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ▶	To		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the o	organization's financial state	ments that reports	
liability for uncertain tax positions under FIN 48 (ASC 74	0). Check here if the te	xt of the footnote has been	provided in Part XII	ıx

232053 12-10-12

Schedule D (Form 990) 2012

CARES

Indigent care

Various programs administered by Mountain States Tumor Institute

Schedule D (Form 990) 2012 St. Luke's Health Foundation, Ltd.	81-0600973	Page 5
Part XIII   Supplemental Information (continued)		
Hospice		
Pastoral care		
Biomedical research		
Nursing scholarships/education opportunities		
	· · · · · · · · · · · · · · · · · · ·	
Lecture series for various medical specialties		
Employee/volunteer service recognition programs		
Form 990 Schedule D, Part X, Line 2:		
Footnote Disclosure-Uncertain Tax Positions Under FIN #48		
(Company)		
(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		
ametical parties taxable income (obit), for the period character		
September 30,2013,the Company had approximately \$3,947,000 of		
UBTI Net Operating Losses from operating losses incurred from		
1999 to 2013 which expire in years 2014 to 2028. 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."		
		1272
	1000	
**************************************	I Annua	
	# 800 - 800 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u></u>

#### -SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**Open To Public** Inspection

**Employer identification number** Name of the organization 81-0600973 St. Luke's Health Foundation, Ltd. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Solicitation of government grants Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b | f "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012

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

Page 2

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			KID FOR A NIGHT	SCRAMBLE		col. (c))
e			(event type)	(event type)	(total number)	
Revenue			450 150	100 510		E00 660
Вè	1	Gross receipts	478,159.	120,510.		598,669.
			303,956.	93,365.		397,321.
	2	Less: Contributions	303,930,	55,305.	W 5	357,321.
	3	Gross income (line 1 minus line 2)	174,203.	27,145.		201,348.
	3	Closs income (inte i minus inte 2)	, , , , , , , , , , , , , , , , , , , ,		Barrer Comment	
	4	Cash prizes				
	5	Noncash prizes				
Ses		•			E155	
ens	6	Rent/facility costs	11,750.	7,004.		18,754.
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses		13,001.		105,221.
	10					( 123,975)
De	11	Net income summary. Combine line 3, column Gaming. Complete if the organization	n (d), and line 10	000 Port IV line 10 orr	reported more than	77,373.
Pa	ar C		answered "Yes" to Form	1 990, Part IV, line 19, or r	eported more than	
_	Г	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
ЭŬ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
	ΙĖ					
w	2	Cash prizes				
Direct Expenses						
φ	3	Noncash prizes				
H H						
irec	4	Rent/facility costs				
	5	Other direct expenses	<u> </u>			
			Yes %		Yes%	
	6	Volunteer labor	No No	L No	└── No	
	_					
	7	Direct expense summary. Add lines 2 throug	n 5 in column (a)			
		Net coming income summany Combine line	1 column d and line 7			
_	8	Net gaming income summary. Combine line	r, column u, and line r			
a	En	ter the state(s) in which the organization opera	ites gaming activities:			
ĭ		the organization licensed to operate gaming a	_			Yes No
		No," explain:				
_			······································			
	_					
10a	a W	ere any of the organization's gaming licenses r	evoked, suspended or to	erminated during the tax	year?	Yes No
k	lf '	'Yes," explain:				n=
2220	02.0	1-07-13			Schedule G (Fo	orm 990 or 990-EZ) 2012

Sch	edule'G (Form 990 or 990-EZ) 2012 St. Luke's Health Foundation, Ltd. 81-06	500973		Page 3
	Does the organization operate gaming activities with nonmembers?	Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	v	'es	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1411		
1-4	Enter the name and address of the person time propared the organization organization of gamming, openial or only			
	Name			
	Name			
	Address			
	Address -			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ү	es/	□ No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			-
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
W a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\	res (	No.
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (	iii) and (v)	, and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati			
	illies 3, 55, 155, 155, 156, 15, and 175, as applicable. The complete time part to provide any additional international	<u> </u>		
_				
-				
-				
_			-	
-				
_				

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

	1		<u>ة</u> ا
OMB No. 1545-0047	2012	Open to Public Inspection	er identification number
			≿

Name	Name of the organization	Employer identification number
	St. Luke's Health Foundation, Ltd.	81-0600973
Part	Part I General Information on Grants and Assistance	
-	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	<u>'</u>
	criteria used to award the grants or assistance?	X Yes No
N	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

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

Part II

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	\$5,000. Part II car	n be duplicated if addit.	ional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					Appraisal of	Difference	Provide support for the
St. Luke's Regional Medical					purchased	between FMV of	overall operation and
Center, Ltd 190 E. Bannock -					property to	purchased	capital needs of St.
Boise, ID 83702	82-0161600	501(c)(3)	439,617.	.000,096	960,000. determine FMV.	property and	Luke's Regional Medical
							Provide support for the
Mountain States Tumor							overall operation needs
Institute, Inc 100 E. Idaho -							of Mountain States Tumor
Boise, ID 83702	82-0295026	501(c)(3)	263,869.	0.			Institute.
							Provide support for the
St. Luke's Health System, Ltd.							overall operation needs
190 E. Bannock							of St. Luke's Health
Boise, ID 83702	56-2570681	501(c)(3)	46,149.	0			System.
							Provide support for the
St. Luke's Wood River Medical							overall operation needs
Center, Ltd 190 E. Bannock -							of St. Luke's Wood River
Boise, ID 83702	84-1421665	501(c)(3)	20,673.	0			Medical Center.
							Provide support for the
St. Luke's McCall, Ltd.							overall operation needs
190 E. Bannock							of St. Luke's McCall
Boise, ID 83712	27-3311774	501(c)(3)	10,406.	0.			Medical Center.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th					<b>A</b>
							100000000000000000000000000000000000000

3 Enter total number of other organizations listed in the line 1 table

See Part IV for Columns (g) and (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 12-18-12

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 81-0600973 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant available. In order to ensure that the use of the funds are consistent with its related organizations within the St. Luke's Health System, which include The Foundation's purpose is to support the operational and capital needs of Institute, Inc., St. Luke's Humphreys Diabetes Center, Inc., St. Luke's Wood River Medical Center, Ltd., St. Luke's McCall, Ltd. and St. Luke's Magic Valley Regional Medical Center, Ltd. The Foundation will notify the department heads within these organizations of the funds that are (b) Number of St. Luke's Health Foundation, Ltd. St. Luke's Regional Medical Center, Ltd., Mountain States Tumor recipients (a) Type of grant or assistance Schedule I, Part I, Line 2: Schedule I (Form 990) (2012) 232102 12-18-12 Part III

St. Luke's Health Foundation, Ltd.	81-0600973	Page 2
Part IV Supplemental Information		
the intent of the original donor, the Foundation will communicate to the		
departments the procedures that must be followed to obtain the funds.		
		_
Part II, line 1, Columns (g) and (h):		
Name of Organization or Government:		
St. Luke's Regional Medical Center, Ltd.		
(g) Description of Non-cash Assistance: Difference between FMV of		
purchased property and actual purchase price.		
(h) Purpose of Grant or Assistance: Provide support for the overall		
operation and capital needs of St. Luke's Regional Medical Center,Ltd.		
		77 247
		20
		(1954 - F.E 195)

### SCHEDULE J (Form 990)

## **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2012

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

St. Luke's Health Foundation, Ltd.

Employer identification number 81-0600973

Pa	rt I Questions Regarding Compensation			
		1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			EV
	Travel for companions Payments for business use of personal residence		100	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	11.50		8,31
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	The state of the s		10.1	Times
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			300
9	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1	TE W	
	establish compensation of the CEO/Executive Director, but explain in Part III.	-335		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	March.		
	- Tom 550 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		2.16	
7	organization or a related organization:		1000	
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		х	
c	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	111111111111111111111111111111111111111	3	
	The state of the state production and production and approximation	145.5		
	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:	100		4.46
а	The organization?	5a		х
	Any related organization?			Х
_	If "Yes" to line 5a or 5b, describe in Part III.	F-11-1-1-1		-
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:			
а	The organization?	6a		х
	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			NA.
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1	x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Do not list any individuals that are not listed on Form 990, Part VII.

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

81-0600973

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(i)·(B)	reported as deferred in prior Form 990
(1) Bart Hill, M.D.	Ξ	0.	0	0	0	0	0	0
Director	: 3	337,553.	0	56,228.	20,596.	15,378.	429,755.	14,104.
(2) Mr. Chris Roth	Ξ	0	0	0	0	0	0	0
President/CEO		434,568.	0	48,687.	20,596.	13,474.	517,325.	29,460.
(3) Mr. Jeff Cilek	Ξ	0	.0	0	.0	0	• 0	0
Executive Director	€	198,907.	0	41,078.	19,069.	15,974.	275,028.	11,877.
(4) Mr. Gary L. Fletcher	€	0	.0	0	0	0	0	0
Former CEO and Director		641,987.	0	259,580.	169,029.	11,058.	1,081,654.	115,884.
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232112				78			Sched	Schedule J (Form 990) 2012

Schooling (Form 990) 2012 St. Luke's Health Foundation Ltd.	81-0600973 Pao	Page 3
ymation		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part II. Also complete this part for any	*
Part I, Line 3:		
Compensation for the organization's employed Officers and Executive		
Director is determined by St. Luke's Health System, Ltd. (System), sole member		
of St. Luke's Regional Medical Center, Ltd. (SLRMC), which in turn is the sole		
member of St. Luke's Health Foundation, Ltd. (SLHF). The System board approves		
the compensation amount per the recommendation of its compensation		
In determining compensation, the System board utilizes the following		
criteria:		
Compensation Committee		
Independent compensation consultant		
Compensation survey or study		
Approval by the board or compensation committee		1
Part I, Line 4b:	10.00	
During CY'12, the following individual participated in a supplemental		
	Schedule J (Form 990) 2012	) 2012

Schedule J (Form 990) 2012 St. Luke's Health Foundation, Ltd.	81-0600973	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	irt II. Also complete this part for any	
non-qualified executive retirement plan:		
SERP SERP-Gross Up Total		
Gary L. Fletcher \$ 61,142 \$ 43,553 \$104,695		
EXPLANATION OF FILOF COMPENSATION:		
Reportable compensation is based on the total amount paid during calendar		
year 2012, 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 when paid.		
Compensation for CEO/Executive Director:		
The compensation set for Jeffrey R. Cilek, Executive Director of the St.		
Luke's Health Foundation, is established per guidleines established by St.		
	Schedule J (Form 990) 2012	990) 2012
232113 3.6		

## SCHEDULE M (Form 990)

# **Noncash Contributions**

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

Schedule M (Form 990) (2012)

81-0600973 St. Luke's Health Foundation, Ltd. Types of Property Part I (a) (b) (c) (d) Check if Noncash contribution Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 10 Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests Books and publications ..... Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial Х 960,000. FMV less Purchase Price 16 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other -26 Other 27 Other Other -28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

### SCHEDULE O

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

St. Luke's Health Foundation Ltd.

Employer identification number

Form 990, Part VI, Section A, line 2:  William Gilbert and Jefferson Jewell, board members of St. Luke's Health  Foundation, Ltd., have a business relationship.  Form 990, Part VI, Section A, line 6:  St. Luke's Regional Medical Center, Ltd. is the sole member of St. Luke's  Health Foundation, Ltd. (Foundation).  Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is  appointed by the President and CEO of St. Luke's Regional Medical Center,	
Foundation, Ltd., have a business relationship.  Form 990, Part VI, Section A, line 6:  St. Luke's Regional Medical Center, Ltd. is the sole member of St. Luke's  Health Foundation, Ltd. (Foundation).  Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is  appointed by the President and CEO of St. Luke's Regional Medical Center,	
Form 990, Part VI, Section A, line 6:  St. Luke's Regional Medical Center, Ltd. is the sole member of St. Luke's  Health Foundation, Ltd. (Foundation).  Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is  appointed by the President and CEO of St. Luke's Regional Medical Center,	
St. Luke's Regional Medical Center, Ltd. is the sole member of St. Luke's  Health Foundation, Ltd. (Foundation).  Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is  appointed by the President and CEO of St. Luke's Regional Medical Center,	
Health Foundation, Ltd. (Foundation).  Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is appointed by the President and CEO of St. Luke's Regional Medical Center,	
Form 990, Part VI, Section A, line 7a:  The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is  appointed by the President and CEO of St. Luke's Regional Medical Center,	
The Executive Director of St. Luke's Health Foundation, Ltd. (Corporation) is appointed by the President and CEO of St. Luke's Regional Medical Center,	
appointed by the President and CEO of St. Luke's Regional Medical Center,	
Ltd.(Member). St. Luke's Regional Medical Center, Ltd. is the sole member	
of the Corporation.	
Form 990, Part VI, Section A, line 7b:	
The following actions by St. Luke's Health Foundation, Ltd. (Foundation)	
must be approved by its sole member, St. Luke's Regional Medical	
Center, Ltd.:	
(1) Amendment or restatement of the Articles of Incorporation or the Bylaws	
of the Foundation.	
(2) Purchase, sale, lease, disposition, hypothecation, exchange, gift, pledge or	
encumbrance of any interest in real or personal property, provided,	
however, that in accordance with prudent business practices and	
guidelines as necessary to conduct its regular business activities, the	

2012.04000 St. Luke's Health Foundatio SLHF\_\_\_1

232211 01-04-13

Name of the organization St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
Foundation may take action for such such matters approved from time to	10
time by the member.	
(3) Election and removal of the directors of the Foundation.	
(4) Enter into any lease agreements for the purpose of borrowing money.	
(5) Any change in the formal or informal expressions of philosophy or	
purpose of the Foundation.	
(6) Merger, consolidation, reorganization or dissolution of the Foundation.	
(7) Sale, lease, mortgage, pledge or other disposition of all or	
substantially all of the assets of the Foundation.	
(8) Creation of a subsidiary of the Foundation or its participation in any	
business entity, including, without limitation, any corporation,	
unincorporated association,partnership,joint venture,consortium or	
cooperative.	
(9) Expend funds in excess of its approved annual aggregate operating	
and capital budgets.	
(10)Appointment of the independent auditor or corporate counsel that is	
different from the auditor or counsel of the member.	
(11)Any transaction of the Foundation in which a director or officer of the	
Foundation has a material financial interest.	Schedule O (Form 990 or 990-F7) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Health Foundation, Ltd.	Employer identification number 81-0600973
St. Luke's Health Foundation,Ltd.	
St. Luke's Clinic Coordinated Care, Ltd.	
Jeff Cilek:	
St. Luke's Health Foundation,Ltd.	
St. Luke's Health System, Ltd.	
Also, it should be noted that the hours reported for the officers, key	
employees, and highest paid employees are based on a minimum 40 hour	
work week. However, due to the demands of their roles within the St.	
Luke's Health System, the hours worked by these individuals often exceed	
the minimum required 40 hours.	
Form 990 Part III-Statement of Program Accomplishments	
Program Expense:	
Please note that the program expense amounts reported in Statement	
III-Statement of Program Accomplishments, do not include an allocation	
of certain administrative and functional support costs. These costs are	
classified as Management and General within Part IX-Statement of	
Functional Expenses.	
Form 990 Part VII Section A	
Jeff Cilek:	
In addition to his role as Executive Director of the St. Luke's Health	
Foundation, Mr. Cilek also served in the capacity as Vice-President of 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012

Government Relations for the St. Luke's Health System, and dedicates	
approximately 50% of his time to each role.	
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	, Aliah as an Representative
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

# Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No. 1545-0047

➤ See separate instructions.

Employer identification number

81-0600973

► Attach to Form 990. St. Luke's Health Foundation, Ltd.

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

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income Ð Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(c)	(p)	(e)	(4)	(g)	2/hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led (SV S)
of related organization		foreign country)	section	status (if section	entity	entity?	رع
				501(c)(3))		Yes	No
St. Luke's Health System, Ltd 56-2570681							
190 E. Bannock							
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	11-3	N/A		×
	×						
St. Luke's Regional Medical Center, Ltd					St. Luke's Health		
82-0161600, 190 E. Bannock, Boise, ID 83712 Healthcare	Services	Idaho	501(c)(3)	3	System, Ltd		×
					St. Luke's		
Mountain States Tumor Institute, Inc					Regional Medical		
82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	Center, Ltd.		×
St. Luke's Wood River Medical Center, Ltd.					St. Luke's Health		
84-1421665, 190 E. Bannock, Boise, ID 83712 Healthcare	Services	Idaho	501(c)(3)	3	System, Ltd		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2012	orm 990-	) 2012

See Part VII for Continuations

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St. Luke's Health Foundation, Ltd.

81-0600973

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name address and EIN	(b) Primary activity	(c)	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	tion?
St. Luke's Magic Valley Regional Medical Center, Ltd 56-2570686, 801 Pole Line Road, Twin Falls, ID 83301	Healthcare Services	Idaho	501(c)(3)	, n	St. Luke's Health System, Ltd.		×
St. Luke's McCall, Ltd 27-3311774  190 E. Bannock  Boise ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health		×
ke's tion,		Idaho	501(c)(3)	L	St. Luke's Magic Valley Regional Medical		×
Luke's Clinic Coordinated Care,Ltd.	- Accountable Care 83712 Organization	Idaho	501(c)(3)	<b>5</b>	St. Luke's Health System, Ltd		×
St. Luke's Jerome, Ltd 82-0227163 190 E. Bannock Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Magic Valley Regional Medical		×
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St. Luke's Health Foundation, Ltd. Schedule R (Form 990) 2012

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

		( (				-					4
(a)	(q)	၁	( <del>p</del> )			E)	(6)	E	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing partner?  Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable arporation or trust durin	as a Corporting the tax	pration or Trust (Coyear.)	omplete if the o	rganization a	nswered "Yes"	to Form 990, P	art IV, line 34	because it had c	one or mor	e related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(C) Legal domicile Dir (state or foreign country)	(d) Direct controlling entity	ig Type of entity (C corp, S corp, or trust)		rtal	(g) Share of Pe end-of-year ov assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
											ļ
							15	:			
232162 12-10-12				4.7					Schedul	e R (Form	Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	9N
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?	s with one or more re	lated organizations listed	in Parts II-IV?	100		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
				<b>P</b>		×
				<b>1</b> e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
				ï		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
						,
k Lease of facilities, equipment, or other assets from related organization(s)			***************************************	¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ᄩ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t,	x	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	X	
Beimburcement neid to related organization(e) for evner				ŧ		×
				2	T	,
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		8   8	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	paylon		
(1)						
(2)						
						Î
(4)						
(5)						Î
(9)						Ì
232163 12-10-12	48		Schedule R (Form 990) 2012	R (Form 9	990) 2	210

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

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

ا ۵ ۵	1	]	]   	]	I	<b>I</b>	]	ا ام
(k) rrcentag wnership								Schedule R (Form 990) 2012
2 2 0					-			- Š
(j) General or managing partner? Yes No					l			<u> </u>
8 8								= =
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No								Schedu
No sign								
Dispropertionale allocations?								
31.5								
(g) Share of end-of-year assets								
					19			
(f) Share of total income								
8 c 0								
Are all partners sec. 501(c)(3) orgs?								
8 (4 <u>s</u> 2 ×								
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					·			2
(c) Legal domicile (state or foreign country)								
		5.00						
ity		2.50						
(b) Primary activity								
(b)								
Prim								
	$ \  \  \  $							
Z III	$ \  \  \  $							
and								
sss, s								
(a) ddress of enti								
(a) Name, address, and EIN of entity								
Nan								

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