

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2012** calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Luke's Magic Valley Regional Medical Center, Ltd. Doing Business As		D Employer identification number 56-2570686
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 Pole Line Road		E Telephone number 208-381-3790
	City, town, or post office, state, and ZIP code Twin Falls, ID 83301		G Gross receipts \$ 297,458,950.
	F Name and address of principal officer: James Angle same as (c)		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.stlukesonline.org/magic_valley			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
		L Year of formation: 2006	M State of legal domicile: ID

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Provide healthcare services to the community.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VII, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VII, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2012 (Part VII, line 2a)	5	2612
	6	Total number of volunteers (estimate if necessary)	6	209
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	107,929.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	<19,769.>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,693,073.	2,511,658.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,930,923.	293,865,344.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	276,293.	611,188.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,613.	<5,895.>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	272,056,902.	296,982,295.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	956,613.	1,084,443.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	96,797,604.	105,219,157.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,091,649.	173,084,167.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,845,866.	279,387,767.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	14,211,036.	17,594,528.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	303,722,031.	313,679,752.
	22	Net assets or fund balances. Subtract line 21 from line 20	222,297,785.	199,884,214.
			81,424,246.	113,795,538.

Part II Signature Block

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

Sign Here	Signature of officer	<i>Peter DiDio</i>	Date	8-13-14
	Peter DiDio, Vice President, Controller Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Sharon Zorbach	<i>Sharon Zorbach</i>	8/7/14	<input type="checkbox"/>	P00125475
Firm's name			Firm's EIN		
Deloitte Tax LLP			86-1065772		
Firm's address			Phone no.		
225 W. Santa Clara St. San Jose, CA 95113			408-704-4000		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated, patient centered, quality care.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 256,492,303. including grants of \$ 1,046,842.) (Revenue \$ 283,676,152.) Medical & Surgical:

St. Luke's Magic Valley is a 186-bed hospital, 700,000 square foot health care facility with acute care and acute rehabilitation as well as St. Luke's Canyon View Behavioral Health Services. With more than 1,900 employees and more than 200 physicians with 28 specialties, St. Luke's Magic Valley provides the most comprehensive health care services in south central Idaho, including: general acute care services, Inpatient Rehabilitation services, Behavioral Health Services, cancer services with St. Luke's Mountain States Tumor Institute (MSTI), Cardiopulmonary and Cardiac Catheterization, CARES (Children At Risk Evaluation Services), Community Connection

4b (Code:) (Expenses \$ 3,649,376. including grants of \$ 26,802.) (Revenue \$ 7,262,839.) Behavioral Health:

St. Luke's Canyon View Behavioral Health Services, a 28-bed inpatient facility, provides treatment for adolescents, adults, and seniors. St. Luke's Canyon View offers intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. Canyon View utilizes individual, family, and group counseling to address personal, family, emotional, psychiatric, behavioral, and addiction-related problems. Our wide variety of services allows Canyon View to carefully match the needs of each person who comes to us for help with the most appropriate, cost-effective level of care. Outpatient services are scheduled at

4c (Code:) (Expenses \$ 1,735,895. including grants of \$ 10,799.) (Revenue \$ 2,926,353.) Comprehensive Rehabilitation and Therapy Services

The Gwen Neilson Anderson Rehabilitation Center at St. Luke's Magic Valley is a licensed, comprehensive, 14-bed acute inpatient rehabilitation center. Our inpatient unit provides state-of-the-art, evidenced-based rehabilitation care for patients requiring:

- Intensive physical, occupational, and/or speech therapy (at least three hours per day).
--Specialized 24-hour rehabilitative nursing in an inpatient setting
--Daily oversight by a medical doctor who specializes in physical

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

4e Total program service expenses 261,877,574.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2012)

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13		
If there are material differences in voting rights among members of the governing body, or if the governing 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	4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 organization:
 Peter DiDio Vice-President, Controller - 208-371-3790
 190 E Bannock, Boise, ID 83712

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mr. Tom Ashenbrenner, Chairman	2.50 2.50	X		X				0.	0.	0.
(2) Mr. Robert Alexander Chair Elect	2.00 2.00	X		X				0.	0.	0.
(3) Jeff Fox, Ph.D. Secr./Treas. Vice-Chair Planning	2.00 2.00	X						0.	0.	0.
(4) Russ Newcomb, M.D. Vice-Chair Finance	2.00 2.00	X						0.	0.	0.
(5) Eric Cassidy, D.O. Vice-Chair Quality	40.00 2.00	X						0.	0.	0.
(6) Rick Yavruian, D.O. Chief of Medical Staff	40.00 2.00	X					227,876.	0.	27,769.	
(7) Mr. Stephen Kaatz Director	2.00 6.00	X						0.	0.	0.
(8) Mr. Terry Kramer Director	2.00 2.00	X						0.	0.	0.
(9) Ronald McGarrigle, M.D. Chief of Medical Staff (Outgoing)	40.00 2.00	X						0.	0.	0.
(10) Ms. Rebecca "Becky" Nelson Director	2.00 2.00	X						0.	0.	0.
(11) Robert Ward, M.D. Director	40.00 2.00	X						0.	0.	0.
(12) Mr. Stephen Westfall Director	2.00 2.00	X						0.	0.	0.
(13) Mr. Gary Babbel Director (thru 1/15/2013)	2.00 2.00	X						0.	0.	0.
(14) Mr. James L. Angle Chief Executive Officer	40.00 5.00	X		X				0.	393,399.	28,024.
(15) Ms. Amy L. Bearden Chief Nursing Officer	40.00 0.00				X			181,175.	0.	18,450.
(16) Ms. Debra G. Kytile Director-Physician Serv.	40.00 0.00				X			0.	170,715.	27,642.
(17) Jason R. Greenhalgh, M.D. Physician	40.00 0.00					X		483,990.	0.	115.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) James H. Rao, M.D. Physician	40.00 0.00					X		452,455.	0.	21,848.
(19) Steven F. Johnson, M.D. Physician	40.00 0.00					X		452,185.	0.	19,382.
(20) Cory S. Bates, M.D. Physician	40.00 0.00					X		444,106.	0.	1,846.
(21) Timothy A Enders, D.O. Physician	40.00 0.00					X		395,097.	0.	25,162.
1b Sub-total								2,636,884.	564,114.	170,238.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,636,884.	564,114.	170,238.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **41**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
Physician Center, 630 Addison Ave W. Ste. 100, Twin Falls, ID 83301	Medical Services	6,427,486.
Magic Valley Anesthesiology Associate PLLC P.O. Box 1293, Twin Falls, ID 83301	Anesthesia Services	6,051,193.
Emergency Physicians of Southern Idaho, 2188 Addison Avenue East, Twin Falls, ID	Emergency Room Services	5,070,857.
RMJ Safari PLLC, 714 N. College Road Ste. A, Twin Falls, ID 83301	Medical Services	4,435,484.
Magic Valley Women's Health, 630 Addison Ave. W. Ste. 210, Twin Falls, ID 83301	Medical Services	3,868,515.

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 **32**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	182,806.				
	e Government grants (contributions)	1e	2,323,723.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,129.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,511,658.				
	Program Service Revenue	2 a Net Patient Revenue	Business Code 900099	290,675,563.	290,675,563.		
b							
c							
d							
e							
f All other program service revenue		900099	3,189,781.	3,189,781.			
g Total. Add lines 2a-2f			293,865,344.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		571,178.			571,178.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	361,178.				
		(ii) Personal	475,002.				
		b Less: rental expenses	<113,824.>				
		c Rental income or (loss)					
	d Net rental income or (loss)		<113,824.>			<113,824.>	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	41,663.				
		b Less: cost or other basis and sales expenses		1,653.			
		c Gain or (loss)		40,010.			40,010.
	d Net gain or (loss)		40,010.			40,010.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Transcription Services		541900	54,341.		54,341.		
	b MSO Admin & Billing Se	561000	32,278.		32,278.		
	c All Other Revenue	812300	14,566.		14,566.		
	d All other revenue	541519	6,744.		6,744.		
	e Total. Add lines 11a-11d		107,929.				
12 Total revenue. See instructions.		296,982,295.	293,865,344.	107,929.	497,364.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,084,443.	1,084,443.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	676,513.		676,513.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	83,787,344.	75,154,921.	8,632,423.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,518,140.	2,263,934.	254,206.	
9 Other employee benefits	12,054,392.	10,751,043.	1,303,349.	
10 Payroll taxes	6,182,768.	5,504,381.	678,387.	
11 Fees for services (non-employees):				
a Management	45,809,219.	45,768,125.	41,094.	
b Legal	194,335.	37.	194,298.	
c Accounting	605.	605.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,916,995.	1,876,493.	40,502.	
12 Advertising and promotion	384,143.		384,143.	
13 Office expenses	2,268,431.	171,708.	2,096,723.	
14 Information technology	10,840,053.	10,792,219.	47,834.	
15 Royalties				
16 Occupancy	1,121,459.	46,039.	1,075,420.	
17 Travel	440,885.	359,200.	81,685.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	97,098.	97,098.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,246,286.	21,246,286.		
23 Insurance	156,343.	156,343.		
24 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.)				
a Supplies	37,434,734.	36,838,031.	596,703.	
b Provision For Bad Debt	18,776,077.	18,776,077.		
c Contract Service Expens	5,913,038.	4,875,458.	1,037,580.	
d Repairs Expense	2,946,534.	2,772,732.	173,802.	
e All other expenses	23,537,932.	23,342,401.	195,531.	
25 Total functional expenses. Add lines 1 through 24e	279,387,767.	261,877,574.	17,510,193.	0.
26 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	9,781,050.	1	5,237,854.
	2	Savings and temporary cash investments	2,046,769.	2	3,349,577.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,948,117.	4	54,218,022.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	86,656.	5	44,040.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,348,651.	8	4,060,844.
	9	Prepaid expenses and deferred charges	485,666.	9	555,165.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 299,125,228.		
	b	Less: accumulated depreciation	10b 54,779,643.	10c	244,345,585.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	61,101.	13	65,603.
	14	Intangible assets	786,162.	14	122,382.
	15	Other assets. See Part IV, line 11	1,636,280.	15	1,680,680.
16	Total assets. Add lines 1 through 15 (must equal line 34)	303,722,031.	16	313,679,752.	
Liabilities	17	Accounts payable and accrued expenses	19,141,744.	17	25,915,624.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,795,135.	21	1,378,637.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	201,360,906.	25	172,589,953.
	26	Total liabilities. Add lines 17 through 25	222,297,785.	26	199,884,214.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	81,354,939.	27	113,795,538.
	28	Temporarily restricted net assets	69,307.	28	0.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	81,424,246.	33	113,795,538.	
34	Total liabilities and net assets/fund balances	303,722,031.	34	313,679,752.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	296,982,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,387,767.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,594,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,424,246.
5	Net unrealized gains (losses) on investments	5	63,146.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,713,618.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	113,795,538.

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.** Employer identification number **56-2570686**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 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" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule 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

Name of the organization

St. Luke's Magic Valley Regional Medical
Center, Ltd.

Employer identification number

56-2570686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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 ▶ \$ _____

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).

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 St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
--	---

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
1		\$ 1,262,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 938,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 182,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 71,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 41,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
--	---

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		\$ 5,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.**

Employer identification number
56-2570686

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

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

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- 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 ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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.

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.

- 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.
- 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	▶	\$ _____
b Assets included in Form 990, Part X	▶	\$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part 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	4,842,353.	9,393,347.		14,235,700.
b Buildings		165,101,966.	14,995,827.	150,106,139.
c Leasehold improvements		10,666,497.	2,801,406.	7,865,091.
d Equipment		105,779,166.	36,982,410.	68,796,756.
e Other		3,341,899.		3,341,899.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				244,345,585.

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Related Organizations	136,318,500.
(3) Third Party settlement	28,074,656.
(4) Capital Lease	198,896.
(5) Pension Liability	7,997,901.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	172,589,953.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

Part XIII Supplemental Information

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

Form 990 Schedule D, Part X, Line 2:

Footnote Disclosure-Uncertain Tax Positions Under FIN #48

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

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

unrelated business taxable income(UBTI). For the period ended

September 30, 2013, the Company had approximately \$3,947,000 of

Part XIII Supplemental Information (continued)

UBTI Net Operating Losses from operating losses incurred from

1999 to 2013 which expire in years 2014 to 2028. The Health System

does not believe it is more likely than not they will utilize these losses

prior to their expiration and as such has provided a full valuation

allowance against these losses."

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.** Employer identification number **56-2570686**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>185</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4,769,219.		4,769,219.	1.83%
b Medicaid (from Worksheet 3, column a)			35,796,385.	27,092,548.	8,703,837.	3.34%
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,843,821.	7,683,441.	4,160,380.	1.60%
d Total Financial Assistance and Means-Tested Government Programs			52,409,425.	34,775,989.	17,633,436.	6.77%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,378,720.	163,952.	1,214,768.	.47%
f Health professions education (from Worksheet 5)			1,495,873.	16,464.	1,479,409.	.57%
g Subsidized health services (from Worksheet 6)			4,641,096.	2,598,845.	2,042,251.	.78%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			860,668.		860,668.	.33%
j Total. Other Benefits			8,376,357.	2,779,261.	5,597,096.	2.15%
k Total. Add lines 7d and 7j			60,785,782.	37,555,250.	23,230,532.	8.92%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St. Luke's Magic Valley Regional Medical

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) St. Luke's Magic Valley Regional Medical

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>185</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) St. Luke's Magic Valley Regional Medical

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

	Yes	No
19	x	

If "No," indicate why:

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

20		
21		x
22		x

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part V Facility Information (continued)

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 St. Luke's Magic Valley MOB 775 Pole Line Rd. W. Twin Falls, ID 83301	Various Family Medicine & Specialty Physician Clinics
2 St. Luke's Canyon View 228 Shoup Avenue W. Twin Falls, ID 83301	Psychiatric and Addiction
3 St. Luke's Clinic-Physician Center 2550 Addison Avenue E. Twin Falls, ID 83301	Family Medicine, Internal Medicine, & Pediatric Physician Clinics
4 St. Luke's Woman's Imaging Center 762 N. College Road Twin Falls, ID 83301	Women's Imaging Services
5 St. Luke's Clinic-Physician Center 746 N. College Road Twin Falls, ID 83301	Family Medicine & Specialty Physician Clinic
6 St. Luke's Clinic-Physician Center 730 N. College Road, Suite A Twin Falls, ID 83301	Family Medicine & ENT Physician Clinics
7 St. Luke's Clinic-Ortho./Plastic Surg 714 N. College Road, Suite A Twin Falls, ID 83301	Orthopedics and Plastic Surgery-Physician Clinic
8 St. Luke's Clinic-Physician Center 550 Polk, Suite A Twin Falls, ID 83301	Family Medicine-Physician Clinic
9 St. Luke's Clinic-Neurology 738 N. College Road, Suite C Twin Falls, ID 83301	Neurology and Physical Med. & Rehab-Physician Clinic
10 Magic Valley Paramedics 121 Aspenwood Twin Falls, ID 83301	Ground Paramedic Services

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c:

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

meet one or both of the following guidelines based on income

and expenses:

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

400% of the then current Federal Poverty Guideline are eligible

for possible fee elimination or reduction on a sliding scale.

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

her allowable medical expenses have so depleted the family's

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

services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be

greater than 30% of the family income. Allowable medical

expenses are the total of the family medical bills that,

if paid, would qualify as deductible medical expenses for

Federal income tax purposes without regard to whether the

expenses exceed the IRS-required threshold for taking the

Part VI Supplemental Information

deduction. Paid and unpaid bills may be included.

b. Resources-The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence, the first motor vehicle, and a resource exclusion of the first \$4,000 of other assets for an individual, or \$6,000 for a family of two, and \$1,500 for each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary (e.g. cosmetic surgery) are not eligible for charity care.
2. Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient, driver, and/or owner of the motor vehicle had a motor vehicle liability policy, and only if a claim for payment has been properly submitted to the motor vehicle liability insurer, where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program, then St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying for benefits under such a program.

Part VI Supplemental Information

2. The patient must complete a Financial Assistance Application and
provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family and compares to the latest
Poverty Guidelines published by the U.S. Department of Health
and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of
eligibility to the patient or the responsible party within
10 business days of receiving a completed application and the
required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all
patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved
for charity care will be effective for six months from the date the
application is submitted, unless during that time the patient's
family income or insurance status changes to such an extent that
the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Magic Valley Regional Medical Center, Ltd. does not include the
activities of any of its other related organizations within its community
benefit report.

Part I, Line 7:

The cost to charge ratio was used for the calculation of charity care at
cost, unreimbursed Medicaid and other means-tested programs.

Part VI Supplemental Information

Part I, Ln 7 Col(f):

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

Amount of bad debt expense included in Part IX, line 25, is \$18,776,077.

Part II:

The community building activities for St. Luke's Magic Valley Regional Medical Center, Ltd. include the following:

Economic Development:

Cash donation to Community Connections to fund needed programs in the community and meetings with Planning and Zoning to discuss future development.

Community Support:

Select members of St. Luke's Magic Valley staff went through intense disaster readiness training in order to be ready for any disaster that occurs in the region. They took this knowledge and implemented disaster readiness policy and procedure throughout the hospital.

Coalition Building:

Activities for Coalition Building include involvement of physician in:

Part VI Supplemental Information

-Chamber of Commerce Leadership

-Tobacco-Free Coalition

-State Board of Medicine

-IMA-President of South Central Idaho

Community Health Improvement Advocacy:

Support for Serenity Garden project. The Serenity garden Project was established on June 6,2009 to provide a dignified burial for fetal remains and give the community a place to visit and grieve their loss.

Physician meetings with Genesis Group and county commissioners to discuss the Mustard Tree Wellness Clinic operations and funding.

Physician meetings with governor and legislators to discuss legalization of marijuana and meetings with Idaho Board of Corrections.

Part III, Line 4:

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

Part III, Line 8:

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

Part VI Supplemental Information

benefit. St. Luke's Magic Valley Regional Medical Center, Ltd. provides

medical care to all patients eligible for Medicare regardless of the

shortfall and thereby relieves the Federal Government of the burden for

paying the full cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year

2013. The amount is calculated by comparing the total Medicare apportioned

costs(allowable costs) to reimbursements received during FY'13.

It should be noted that the unreimbursed costs reported within this

schedule are significantly less than the amount reported in the annual

Community Benefit Report to Twin Falls County("County"). In the report to

the County, unreimbursed costs include program costs allocated to the

Medicare Advantage program, along with costs that offset the provider-based

physician clinic operations; i.e. professional component billing for

physician time and effort. The Medicare Cost Report does not include these

components.

In addition, the report to the County includes all allocated costs to the

Medicare Programs, whereas the Medicare Cost Report reports allowable costs

only.

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in

place to provide financial assistance to those who meet established

criteria and need assistance in paying for the amounts billed for their

provided health care services. In addition, the collection policies and

practices in place within the St. Luke's Health system provide guidance to

Part VI Supplemental Information

patients on how to apply for this assistance. Collection of amounts due
may be pursued in cases where the patient is unable to qualify for charity
care or financial assistance and the patient has the financial resources
to pay for the billed amounts.

St. Luke's Magic Valley Regional Medical Center:

Part V, Section B, Line 3:

A series of interviews with and surveys (questionnaires) of community
representatives and leaders representing the broad interests of our
community were conducted in order to assist us in defining, prioritizing
and understanding our most important community needs. Many leaders that
participated in our process are individuals who have devoted decades to
helping others lead healthier and more independent lives. All of the
leaders we interviewed have significant knowledge of our community. To
ensure they came from distinct and varied backgrounds, we included multiple
representatives from each of these categories:

Category I: Persons with special knowledge of or expertise in
public health

Category II: Federal, Regional, State, or Local health or other
departments or agencies (with current data or other
information relevant to the health needs of the community
served by the hospital)

Category III: Leaders, representatives, or members of medically
underserved, low income, and minority populations, and
populations with chronic disease needs

Part VI Supplemental Information

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

- (1) Idaho Department of Health and Welfare
- (2) Boise VA Medical Center
- (3) South Central Public Health
- (4) College of Southern Idaho
- (5) Family Health Services
- (6) St. Luke's Behavioral Health
- (7) Coordinator of the CARES (Children At Risk Evaluation Services)
at St. Luke's Magic Valley Regional Medical Center
- (8) College of Southern Idaho Office on Aging
- (9) St. Luke's Diabetes Management Clinic and Physician's Center
- (10) Mustard Tree Clinic
- (11) Magic Valley Rehabilitation Services
- (12) Community Council of Idaho
- (13) Safe Harbor, Inc.
- (14) College of Southern Idaho Refugee Center

Part VI Supplemental Information

(15) Crisis Center of Magic Valley

(16) Twin Falls School District

(17) United Way of Magic Valley

(18) Twin Falls County

(19) La Posada, Inc.

(20) South Central Community Action Partnership (SCCAP)

(21) Idaho Office for Refugees

(22) Idaho Department of Labor: Provided unemployment related information

for the area.

(23) Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services, Region X.

(24) Family Residency of Idaho

St. Luke's Magic Valley Regional Medical Center:

Part V, Section B, Line 7:

We organized our significant health needs into five groups:

Program Group 1: Weight Management and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2: Diabetes

-Wellness and prevention for diabetes

-Chronic condition for diabetes

-Diabetes screening

Part VI Supplemental Information

Program Group 3: Behavioral Health

- Mental illness
- Substance Abuse
- Suicide prevention
- Availability of mental health service providers

Program Group 4: Barriers to Access

- Affordable care
- Affordable health insurance
- Children and family services (low income)
- More providers accept public health insurance
- Primary Care Providers (adequate numbers)
- Transportation to and from appointments

Program Group 5: Additional Health Screening and Education Programs Ranked

above the Median

- Asthma chronic care and wellness
- High cholesterol chronic care and wellness
- Breast cancer and mammography screening
- High school and college education support and assistance programs
- Lung Cancer
- Respiratory disease
- Safe sex education programs: Sexually transmitted diseases and teen birth rate

Next we examined whether it would be effective and efficient for St.

Luke's Magic Valley Regional Medical Center (SLMV) to address each

Part VI Supplemental Information

significant health need directly. To make this determination, we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths, SLMV tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by SLMV are as follows:

(1) Safe Sex Education

SLMV will not directly provide safe-sex education programs because this need has a low alignment with our mission and strengths and due to resource constraints we will instead focus on higher priority needs. SLMV will rely on South Central District Health and other community resources to help us address this need.

(2) Children and family services

SLMV will not develop its own children and family support services program because this need has a low alignment with our mission and strengths. However, because this need is ranked above the median SLMV will support the community-based children and family services program described in our implementation plan.

(3) Education support and assistance

SLMV will not develop its own education and support assistance programs because this need has a low alignment with our mission

Part VI Supplemental Information

and strengths. However, we do provide training and education to the

College of Southern Idaho as described in our implementation plan.

St. Luke's Magic Valley Regional Medical Center:

Part V, Section B, Line 14g:

A Financial Care application is provided to the patient which contains

Patient Financial Advocate contact information.

Part VI, Line 2:

A Community Health Needs Assessment (CHNA) was conducted for

fiscal year ending 9/30/2013. Information related to the

2013 CHNA is shown in the responses to questions 3 and 7 of

"Part V, Section B, Facility Policies and Practices".

A complete copy of the CHNA assessments for all of the hospitals

operating within the St. Luke's Health System can be found at

the following website:

http://www.stlukesonline.org/about_us/chna.php

Part VI, Line 3:

(A) St. Luke's Magic Valley Regional Medical Center provides notice of

the availability of financial assistance via:

1. Signage

2. Patient brochure

Part VI Supplemental Information

3. Billing Statement

4. Written collection action letter

5. Online at www.stlukesonline.org/billing

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

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

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

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

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

Part VI, Line 4:

St. Luke's Magic Valley Regional Medical Center provides services for eight counties of south central Idaho and Elko County, Nevada. The primary service area consists of Gooding, Jerome, and Twin Falls Counties. The criteria used in selecting this area as the community served was to include the entire population of the counties where greater than 85% of the inpatients reside. The residents of these counties comprise about 90% of the inpatients with approximately 68% of the inpatients living in Twin Falls County, 15% in Jerome County, and 8% in Gooding County. All three counties are part of Idaho Health District 5.

Part VI Supplemental Information

Both Idaho and the primary service area are comprised of about a 95% white

population while the nation as a whole is 72% white. The Hispanic

population in Idaho represents 11% of the overall population and about 19%

of the defined service area. Gooding County is approximately 28%

Hispanic, Jerome County 31%, and Twin Falls County is 14% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking

it as the fourth fastest growing state in the country. The service area

followed that trend experiencing a 19% increase in population within that

timeframe and is expected to grow by an additional 17% by the year 2020.

St. Luke's Magic Valley is constantly working to manage the volume and

scope of its services in order to meet the needs of an increasing

population.

Over the past ten years the 45 to 64 year old age group was the fastest

growing segment of our community. Over the next ten years, however, the 0 to

19 year old age group is expected to grow by about 25% making it the

fastest growing segment. Currently, about 14% of the people in the

community are over the age of 65 and by 2020 about the same percentage of

our population is expected to be over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to

15.3% in 2010. The poverty rate for the primary service area has increased

more than the national average since 2003. In 2003 it was at the national

average and by 2010 it was above the national average at over 16%. The

poverty rate in the community for children under the age of 18 is

20.9%, which is about the same as the national average.

Part VI Supplemental Information

Median income in the United States has risen by 8% since 2005. Growth in income was slower in Idaho but a little faster in our service area during that period. However, median income in the primary service area is well below the national median and lower than the median income for Idaho as well.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Lukes Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St. Luke's for many decades, and will continue to guide us well into the future.

As a not-for-profit organization, 100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff, buildings, or new technology.

Also, St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMV) maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the criteria for SLMV.

Part VI Supplemental Information

Part VI, Line 6:

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

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

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

- St. Luke's Boise Hospital
- St. Luke's Meridian Hospital
- St. Luke's Childrens Hospital
- St. Luke's Boise/Meridian Physician Clinics
- St. Luke's Nampa Emergency Department
- St. Luke's Eagle Urgent Care
- St. Luke's Elmore Hospital

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

a critical access hospital located in Ketchum, Idaho as well

Part VI Supplemental Information

as various physician clinics

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

of the following:

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

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

--Canyon View-(Behavioral Health)

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

hospital located in McCall, Idaho as well as various physician

clinics.

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

provider of cancer services and a nationally recognized leader in

cancer research. MSTI provides advanced care to thousands of cancer

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

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

center for children, only federally sponsored center for

hemophilia, and only blood and marrow transplant program.

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

marrow transplant, chemotherapy, genetic counseling, hematology,

hemophilia treatment, hospice, integrative medicine, marrow donor

center, mobile mammography, mole mapping, nutritional counseling,

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

radiation therapy, rehabilitation, research and clinical trials,

Schwartz Center Rounds for Caregivers, spiritual care, support

groups/classes, tumor boards, and Wound Ostomy, and Continence

Part VI Supplemental Information

Nursing.

MSTI is expanding as rapidly as today's cancer treatment. Patients can now visit a MSTI clinic or Breast Cancer detection center at 12 different locations in southwest Idaho and Eastern Oregon. Locations include Boise, Meridian, Nampa, Twin Falls, and Fruitland.

(6) St. Luke's Jerome, Ltd, which consists of a critical access hospital located in Jerome, Idaho as well as one physician clinic.

St. Luke's physician clinics and services are provided in partnership with area physicians and other health care professionals. These include: Cardiovascular; Child Abuse and Neglect Evaluation; Endocrinology; Ear, Nose, and Throat; Family Medicine; Gastroenterology; General Surgery; Hypertensive Disease; Internal Medicine; Maternal/Fetal Medicine; Medical Imaging; Metabolic and Bariatric Surgery; Nephrology; Neurology; Neurosurgery; Obstetrics/Gynecology; Occupational Medicine; Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

In addition, St. Luke's partners with other regional facilities through management service contracts. These partners include:

- (1) Challis Area Health Center
- (2) North Canyon Medical Center
- (3) Salmon River Clinic
- (4) Weiser Memorial Hospital

Part VI, Line 7, List of States Receiving Community Benefit Report:

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.

Employer identification number
56-2570686

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Luke's Magic Valley Health Foundation, Inc. - 650 Addison Ave. West, Suite 270 - Twin Falls, ID 83303-2231	82-0342863	501(c)(3)	657,383.	0.			Provide support for the overall operation needs of St. Luke's Magic
College of Southern Idaho 315 Falls Avenue Twin Falls, ID 83303	82-0388193	501(c)(3)	179,791.	0.			Provide funding to support the Health Occupations, Head
Hospice Visions 209 Shoup Avenue West Twin Falls, ID 83301	82-0483284	501(c)(3)	25,000.	0.			Funds will be used to defray the costs for access to end-of-life
South Central District Health 513 North Main Street Hailey, ID 83333	82-0335043	115	21,900.	0.			Funds to be used to purchase child safety seats for WIC clients.
Mustard Tree Community Wellness Clinic - 173 Martin Street - Twin Falls, ID 83301	26-1249939	501(c)(3)	20,000.	0.			Provide funding to support the Women's Health Program for the
Volunteers Against Violence, Inc. (dba Crisis Center of Magic Valley) - P.O. Box 2444 - Twin Falls, ID 83303	82-0372006	501(c)(3)	19,000.	0.			Provide funding to support victims of domestic violence and

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 0.

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jubilee House, Inc. 315 Grandview Drive Twin Falls, ID 83303	20-8750670	501(c)(3)	14,000.	0.			Provide funds for the full Life Recovery Program that helps women
Interfaith Volunteer Caregivers of Magic Valley - 459 Locust Street N., Suite 106 No A - Twin Falls, ID 83301	84-1417706	501(c)(3)	12,919.	0.			Provide funding to support rendering of non-medical services to
Easter Seals Good Will 4400 Central Avenue Great Falls, MT 59405	81-0232125	501(c)(3)	12,000.	0.			Aid Crime victims to take steps towards healing from the physical and
Salvation Army-Twin Falls 348 4th Avenue North Twin Falls, ID 83301	13-2923701	501(c)(3)	11,000.	0.			Provide funds to purchase youth specific weight equipment, miscellaneous
South Central Community Action Partnership - P.O. Box 531 - Twin Falls, ID 83303	82-0277836	501(c)(3)	10,000.	0.			Provide funding to support programs that strive to improve the
Twin Falls County 425 Shoshone Street North Twin Falls, ID 83303	82-6000318	115	10,000.	0.			Provide funding to improve care for sexual assault
Victory Home Idaho, Inc. 450 3rd Avenue West Twin Falls, ID 83301	37-1620945	501(c)(3)	10,000.	0.			Funds will be used to provide safe housing, education, skills
YMCA Twin Falls 1751 Elizabeth Blvd Twin Falls, ID 83301	82-0255460	501(c)(3)	9,000.	0.			Funds will be used to help lower income children fight childhood
Community Council of Idaho, Inc. 317 Happy Day Blvd, Suite 280 Caldwell, ID 83607	82-0299736	501(c)(3)	7,500.	0.			Provide funds for purchase of an AuDX Otocoustic Emissions

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Magic Valley Rehabilitation Services, Inc. - 484 Eastland Drive South - Twin Falls, ID 83301	82-0306179	501(c)(3)	7,500.	0.			Provide funds to support the operating costs for the Adult Daycare
Pregnancy Crisis Center 718 ShoShone Street East Twin Falls, ID 83301	84-1387194	501(c)(3)	7,500.	0.			Provide funding to support Abstinence Education and to purchase
Family Health Services Corp 794 Eastland Drive Twin Falls, ID 83301	82-0371093	501(c)(3)	7,400.	0.			Funds to be used to purchase equipment for 6 new examination rooms at
Twin Falls Mental Health Advocates, Inc. - 420 Main Avenue South - Twin Falls, ID 83301	56-2456562	501(c)(3)	5,000.	0.			Funds to be used for Group sessions teaching basic living skills,

Schedule I (Form 990) (2012)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2:

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

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government:

St. Luke's Magic Valley Health Foundation, Inc.

(h) Purpose of Grant or Assistance:

Provide support for the overall operation needs of St. Luke's Magic
Valley Health Foundation, Inc.

Name of Organization or Government: College of Southern Idaho

(h) Purpose of Grant or Assistance:

Provide funding to support the Health Occupations, Head Start/Early Head
Start, Foster Grantparent, and Dental programs that are working to improve
the health of people in the community.

Name of Organization or Government: Hospice Visions

(h) Purpose of Grant or Assistance:

Funds will be used to defray the costs for access to end-of-life indigent
and uninsured patients.

Name of Organization or Government:

Mustard Tree Community Wellness Clinic

(h) Purpose of Grant or Assistance:

Provide funding to support the Women's Health Program for the
underinsured and uninsured working women of the community.

Name of Organization or Government:

Volunteers Against Violence, Inc. (dba Crisis Center of Magic Valley)

(h) Purpose of Grant or Assistance:

Provide funding to support victims of domestic violence and sexual

Part IV Supplemental Information

assault.

Name of Organization or Government: Jubilee House, Inc.

(h) Purpose of Grant or Assistance:

Provide funds for the full Life Recovery Program that helps women heal
from addiction.

Name of Organization or Government:

Interfaith Volunteer Caregivers of Magic Valley

(h) Purpose of Grant or Assistance:

Provide funding to support rendering of non-medical services to the
elderly, disabled, chronically ill.

Name of Organization or Government: Easter Seals Good Will

(h) Purpose of Grant or Assistance:

Aid Crime victims to take steps towards healing from the physical and
psychological effects of their victimization.

Name of Organization or Government: Salvation Army-Twin Falls

(h) Purpose of Grant or Assistance:

Provide funds to purchase youth specific weight equipment, miscellaneous
fitness equipment, and instructor costs.

Name of Organization or Government:

South Central Community Action Partnership

(h) Purpose of Grant or Assistance:

Provide funding to support programs that strive to improve the quality of
life, health and safety to low-income elderly, disabled and families with

Part IV Supplemental Information

young children by providing minor home improvements and weatherization
program.

Name of Organization or Government: Twin Falls County

(h) Purpose of Grant or Assistance:

Provide funding to improve care for sexual assault victims, collections of
forensic evidence and to set up a Sexual Assault Nurse Examiner program
at CSI.

Name of Organization or Government: Victory Home Idaho, Inc.

(h) Purpose of Grant or Assistance:

Funds will be used to provide safe housing, education, skills training, and
job placement for individuals struggling with addiction.

Name of Organization or Government: YMCA Twin Falls

(h) Purpose of Grant or Assistance:

Funds will be used to help lower income children fight childhood obesity
through access to superior facilities, equipment and coaching.

Name of Organization or Government: Community Council of Idaho, Inc.

(h) Purpose of Grant or Assistance:

Provide funds for purchase of an AuDX Otocoustic Emissions (OAE) screener
and a Pedia Vision SPOT screener.

Name of Organization or Government:

Magic Valley Rehabilitation Services, Inc.

(h) Purpose of Grant or Assistance:

Provide funds to support the operating costs for the Adult Daycare

Part IV Supplemental Information

Program.

Name of Organization or Government: Pregnancy Crisis Center

(h) Purpose of Grant or Assistance:

Provide funding to support Abstinence Education and to purchase items for
the parenting store.

Name of Organization or Government: Family Health Services Corp

(h) Purpose of Grant or Assistance:

Funds to be used to purchase equipment for 6 new examination rooms at the
Kimberly Clinic.

Name of Organization or Government:

Twin Falls Mental Health Advocates, Inc.

(h) Purpose of Grant or Assistance:

Funds to be used for Group sessions teaching basic living skills,
communication and socialization, symptom management, exercise, health &
wellness, alcohol and substance abuse, teach vocational skills, provide
health meals and food options.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **St. Luke's Magic Valley Regional Medical Center, Ltd.**

Employer identification number
56-2570686

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- 4a** Receive a severance payment or change-of-control payment? **X**
- 4b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **X**
- 4c** Participate in, or receive payment from, an equity-based compensation arrangement? **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- 5a** The organization? **X**
- 5b** Any related organization? **X**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- 6a** The organization? **X**
- 6b** Any related organization? **X**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **X**

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 **X**

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

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

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

Schedule J (Form 990) 2012

Part III Supplemental Information

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 I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health System, Ltd. (System), sole member of St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC). The System board approves the compensation amount per the recommendation of its compensation committee, and the decision is then reviewed and ratified by the board of directors for SLMVRMC.

In determining compensation for the CEO, the System board utilizes the following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
First Federal Savings	Common Board Member	3,947,053.	Purchases p		X
Magic Valley Anesthesiolog	Board Member is a m	7,328,121.	Provides an		X
Emergency Physicians of So	Board Member has ow	4,463,353.	Provides em		X
Blue Lakes Gastroenterolog	Board member has ow	3,738,133.	Provides ph		X
Regence Blue Shield	Board Member serves	51,506,131.	Regence Blu		X

Part V Supplemental Information

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

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

(a) Name of Person: Timothy A. Enders, D.O.

(c) Purpose of Loan: Residency, Housing, and Tuition Assistance

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: First Federal Savings

(b) Relationship Between Interested Person and Organization:

Common Board Members

(c) Amount of Transaction \$ 3,947,053.

(d) Description of Transaction:

Purchases patient accounts receivable from St. Luke's Magic Valley

Regional Medical Center, Ltd.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Magic Valley Anesthesiology Associates

(b) Relationship Between Interested Person and Organization:

Board Member is a member of Magic Valley Anesthesiolgy Association

(c) Amount of Transaction \$ 7,328,121.

(d) Description of Transaction:

Provides anesthesia services for the hospital.

Part V Supplemental Information

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

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Emergency Physicians of Southern Idaho

(b) Relationship Between Interested Person and Organization:

Board Member has ownership interest

(c) Amount of Transaction \$ 4,463,353.

(d) Description of Transaction:

Provides emergency medical services for the hospital.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Blue Lakes Gastroenterology

(b) Relationship Between Interested Person and Organization:

Board member has ownership interest in Blue Lakes Gastroenterology

(c) Amount of Transaction \$ 3,738,133.

(d) Description of Transaction:

Provides physician services under Professional Service Agreement with the
organization.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Regence Blue Shield

(b) Relationship Between Interested Person and Organization:

Board Member serves on board of directors for Regence Blue Shield

(c) Amount of Transaction \$ 51,506,131.

(d) Description of Transaction:

Regence Blue Shield is a major third-party payer of medical services.

(e) Sharing of Organization Revenues? = No

Part V Supplemental Information

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

Physician Loan Policy:

As part of its overall physician recruiting program, St. Luke's will
offer various incentives for employment, including:

- (1) Net Income Guarantee
- (2) Housing Assistance
- (3) Relocation Assistance
- (4) Tail Coverage for Malpractice Claims, and
- (5) Sign-on Bonus

These incentives are structured as a physician loan to the prospective
employee, bearing a reasonable rate of interest reflecting market
conditions. As the physician fulfills the terms of the employment
agreement, the amount advanced is forgiven over the term of the loan. If
the physician does not fulfill the terms of the agreement, the physician
must repay a liquidated damages amount specified in the loan agreement.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number	56-2570686
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Form 990, Part III, Line 4a, Program Service Accomplishments:

information and referral database, Diabetes and Nutrition

Services, Diagnostic Imaging, Radiology and Women's Imaging

Services, Emergency Services, Home Health and Hospice Care, Intensive

Care and Newborn Intensive Care Units, Laboratory Services, Medical

Library (open to the public), Maternal-Child Services OB, Pediatrics

and Women's Services), Pharmacy, Occupational Health, Adult and Pediatric

Rehabilitation (Speech, Occupational, Physical Therapy), Comprehensive

Surgical Services, Magic Valley SAFE KIDS Coalition, Social Services

and Pastoral Care, Volunteer Services and Auxiliary, and St. Luke's Magic

Valley Foundation for gift-giving. St. Luke's Magic Valley is fully

accredited by the Joint Commission and is a participant in the

Institute for Healthcare Improvement's 5 Million Lives Campaign.

At St. Luke's Magic Valley Medical Center, we take great pride in the

high quality, skilled, and compassionate care we provide to our patients.

This focus on excellence has resulted in honors from national

entities, such as Qualis Health and Solucient. These awards recognize

that our commitment to safety and performance improvement means

enhanced and safer care, and an overall better experience for you, your

family, and everyone we serve.

During FY'13, St. Luke's Magic Valley Regional Medical Center provided

qualified inpatient care for 11,886 admissions covering 40,561 patient

days. The hospital also provided care associated with 266,056

outpatient visits.

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

Schedule O (Form 990 or 990-EZ) (2012)

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Form 990, Part III, Line 4b, Program Service Accomplishments:

convenient hours. The common goal of our programs is to help people find positive solutions to resolve the challenges and crises in their lives. The hospital is staffed with a diverse group of dedicated, caring professionals. Psychiatrists and other physicians, psychologists, social workers, nurses, therapists, nutritionists, and alcohol/drug counselors work as a team to provide comprehensive, personalized care to each person who comes to us for help.

During FY'13, Canyon View had 677 admissions covering 4,600 patient days.

Form 990, Part III, Line 4c, Program Service Accomplishments:

medicine and rehabilitation(a physiatrist).

--Individualized case management provided by a licensed social worker

Our rehabilitation services are highly coordinated to optimize clinical outcomes and maximize a patient's independence. All members of the rehabilitation team (physicians, therapists, nurses, case workers, etc.) meet daily to ensure that treatments are tailored to each patient's specific diagnosis and unique needs. Our inpatient programs include:

--Spinal cord injury

--Stroke

--Brain injury

--Neuromuscular diseases, such as multiple sclerosis, Guillain-Barre

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--	--

syndrome, and cerebral palsy

--Orthopedics

--Major multiple trauma

--Amputation

--Arthritis

--Medically complex conditions

All 14 inpatient rehabilitation rooms at St. Luke's are private, and designed specifically to enhance the safety, comfort, and independence of patients recovering from and adapting to a variety of injuries and illnesses. Room features include ADA design, bed-side environmental controls (lights, nurse call light, window shades, etc.), free wireless, broadband internet access, pull-out couch and reclining chair for visiting family members, and video surveillance capability for patients with confusion due to brain injury, stroke, or other illness.

The rehabilitation gymnasium in the Gwen Neilson Anderson Rehabilitation Center contains state-of-the-art equipment and design features. The spacious gym includes private treatment rooms for one-on-one therapy sessions and a large, open space for wheelchair training, advanced mobility training, and group interaction.

The rehabilitation gym includes the latest in equipment:

--LiteGait gait trainer

--Bioness Neuroprostheses: H200, L300, and L300 Plus

--Saeboflex Inpatient kit

--Dynavision D2

--Dynavox Vmax Plus

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--Empi Vitai Stim

--60-inch LCD television with Blu-Ray player and Wii game console

The transitional apartment is a fully functional apartment in which patients can practice basic activities of daily living under the supervision of a trained therapist.

The activity area offers a place for patients and their visitors to gather and engage in therapeutic recreation.

During FY'13, the inpatient rehabilitation unit provided qualified inpatient care for 189 admissions covering 2,364 patient days.

Form 990, Part VI, Section A, line 2:

Board members Tom Ashenbrener, Steve Westfall, and Becky Nelson are in a business relationship.

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

St. Luke's Health System, Ltd. is the sole member of St. Luke's Magic Valley Regional Medical Center, Ltd.

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

The President and CEO of St. Luke's Magic Valley Regional Medical Center, Ltd., (Corporation) is cooperatively selected by the Corporation and St. Luke's Health System, Ltd. St. Luke's Health System is the sole member of the Corporation.

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

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Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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St. Luke's Health System, Ltd. (Member) maintains approval and implementation authority over St. Luke's Magic Valley Regional Medical Center, Ltd. (Corporation).

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

- (a) Amendment to the Articles of Incorporation;
- (b) Amendment to the Bylaws of the Corporation;
- (c) Appointment of members of the Corporation's Board of Directors, other than ex officio directors;
- (d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member then serves as the sole corporate member.
- (e) Approval of operating and capital budgets of the Corporation, and deviations to an approved budget over the amounts established from time to time by the Member; and

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.

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

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

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

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

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

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

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

Name of the organization St. Luke's Magic Valley Regional Medical
Center, Ltd.

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

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

(g) The dissolution of the Corporation;

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

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

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

The Form 990 (Form) is reviewed by an independent public accounting firm
based on audited financial statements and with the assistance of the
organization's finance and accounting staff. The final draft of the Form is
made available to the Finance Committee of the Board of Directors. The
Board receives the final version of the Form prior to filing.

Form 990, Part VI, Section B, Line 12c:

The organization annually reviews the conflict of interest policy with each

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Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any conflicts of interest that have been disclosed by a covered person, or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists, the affected parties must excuse themselves from participating in the situation.

Form 990, Part VI, Section B, Line 15:

Executive compensation is set by St. Luke's board of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. These surveys are usually done every two years, with the most recent compensation survey completed during calendar year 2012.

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

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

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

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

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

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

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

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

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

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

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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Form 990 Part VII Section A

Allocation of Compensation and Hours:

The total hours worked and compensation reported for James Angle and

Debra Kytile represents services rendered to the following organizations

within the St. Luke's Health System:

James Angle:

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Jerome, Ltd.

St. Luke's Magic Valley Health Foundation, Inc.

Debra Kytile:

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Jerome, Ltd.

Also, it should be noted that the hours reported for the directors (employed by St. Luke's), 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.

Part VII: Section A

Compensation of Physician Board Members

The following physician board members are members of various

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Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.	Employer identification number 56-2570686
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physician practices that contract with St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMV) for the purpose of providing physician services to SLMV patients:

- Robert Ward, M.D. Blue Lakes Gastroenterology, PLLC
- Eric Cassidy, D.O. Emergency Physicians of Southern Idaho, PLLC
- Ronald McGarrigle, M.D. Magic Valley Anesthesiology Associates, PLLC

These physicians work at least 40 hours per week on behalf of these practices for physician services provided to St. Luke's patients.

During CY'12, SLMV made payments to these practices for the following amounts:

Physician Practice	Amount Paid
Blue Lakes Gastroenterology	\$3,593,043
Emergency Physicians of Southern Idaho	\$5,070,857
Magic Valley Anesthesiology Associates	\$6,051,193

Form 990, Part XI, line 9, Changes in Net Assets:

Defined Benefit Plan Adjustment	9,027,752.
Distribution of Net Assets from St. Luke's Jerome, Ltd.	6,293,372.
Contributed Capital	109,524.
Reclassification Adjustments	-717,030.
Total to Form 990, Part XI, Line 9	14,713,618.

Name of the organization St. Luke's Magic Valley Regional Medical Center, Ltd.

Employer identification number 56 2570686

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.

Multiple horizontal lines for program expense details.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

St. Luke's Magic Valley Regional Medical Center, Ltd.

Employer identification number
56-2570686

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Magic Valley Paramedics Services, LLC - 20-5461983, P.O. Box 409, Twin Falls, ID 83301	Paramedic Services	Idaho	3,070,365.	0.	St. Luke's Magic Valley Regional Medical Center, Ltd.
St. Luke's Clinic, LLC - 82-0527710 P.O. Box 409 Twin Falls, ID 83301	Physician Services Admin. Services for Non-Provider Based Physician Groups	Idaho	56,162,261.	22,406,983.	St. Luke's Magic Valley Regional Medical Center, Ltd.
Magic Health Partners, LLC - 82-0507483 P.O. Box 409 Twin Falls, ID 83301		Idaho	102,357.	1,177,807.	St. Luke's Magic Valley Regional Medical Center, Ltd.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
St. Luke's Health System, Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	11-3	N/A		X
Mountain States Tumor Institute, Inc. - 82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center, Ltd.		X
St. Luke's Wood River Medical Center, Ltd. - 84-1421665, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		X
St. Luke's Health Foundation, Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	St. Luke's Regional Medical Center, Ltd.		X

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

See Part VII for Continuations

Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

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)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	St. Luke's Jerome, Ltd.	O	11,144,439	Payroll		X
(2)	St. Luke's Magic Valley Health Foundation, Inc.	O	353,497	Payroll		X
(3)	St. Luke's Magic Valley Health Foundation, Inc.	C	182,806	Contribution	X	
(4)	St. Luke's Magic Valley Health Foundation, Inc.	P	657,383	Subsidiary		X
(5)						
(6)						

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

St. Luke's Jerome, Ltd.

Direct Controlling Entity: St. Luke's Magic Valley Regional Medical

Center, Ltd.

Name of Related Organization:

St. Luke's Magic Valley Health Foundation, Inc.

Direct Controlling Entity: St. Luke's Magic Valley Regional Medical

Center, Ltd.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Divine Medical Services, Inc.

Direct Controlling Entity: St. Luke's Magic Valley Regional Medical

Center, Ltd.

Schedule R-Part II: Related Tax-Exempt Organizations

St. Luke's Jerome, Ltd.

During FY'13, St. Luke's Jerome, Ltd. (SLJ) operated as an independent

501(c)(3) entity. Effective 9/30/2013, the board of directors of SLJ

approved its formal dissolution. As a result of the dissolution, the

assets and liabilities were transferred to its sole member, St. Luke's

Magic Valley Regional Medical Center, Ltd.

Part VII Supplemental Information

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

Schedule R-Part IV: Related Organizations Taxable as a Corporation

Divine Medical Services, Inc.

On 9/30/2013, St. Luke's Magic Valley Regional Medical Center, Ltd.

("SLMV") replaced St. Luke's Jerome, Ltd. ("SLJ") as sole member of

Divine Medical Services, Inc. ("DMS"). Because this event occurred at

the end of FY'13, only the total for end-of-year assets for DMS

is being reported in Schedule R-Part IV. The total revenues for DMS

are being reported within Schedule R-Part IV of the Form 990 return for

SLJ.