SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No. 1545-0047 **Open To Public**

Name of the organization

Inspection Employer identification number

82-0161600 St. Luke's Regional Medical Center Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (c) Description of transaction Yes No (a) Name of disqualified person person and organization Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (i) Written (g) In (d) Loan to or from the (b) Relationship (c) Purpose (e) Original (f) Balance due (a) Name of agreement? default? with principal amount of loan interested person organization? organization Yes No Yes Yes No No To From \$ **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (a) Name of interested person (b) Relationship between assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2012

	(b) Relationship between interested person and the organization	8b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
(a) Name of interested person	person and the organization	61 mi 14 ma 11 m 1		Yes	No
		4 684 720	St. Lukes R	1.00	Х
S-Sixteen Limited Partners	Two Board Members h	144 844	Catherine R		х
Syringa Family Medicine,P.	Board Member is a m		St. Luke's		х
Idaho Power	Board Member is the	294,000,000.			Х
Blue Cross of Idaho	Board member's spou		Colliers Pa		Х
Colliers Paragon dba Colli	Board Member is own	7,0,220		_	
		 			
Part V Supplemental Information		as an Schedule I. (see	instructions).		
Complete this part to provide addit	ional information for responses to question	IS OIT SCHEDULE L (SCE	motraotione).		
	nongara.				
Sch L, Part IV, Business Transaction	is Involving Interested Persons:				
(a) Name of Person: S-Sixteen Limite	ed Partnership				
(b) Relationship Between Interested	Person and Organization:				
		-16			
Two Board Members have a family and	or business relationship with b				
	- to- posterni Modigal Center 1	eases			
(d) Description of Transaction: St.	Lukes Regional Medical Center 1				
	s little district is a member				
property from three real estate LLC	B, OF Which S-Sixteen is a member	•			
a dama Hamilar	Wadicine P A				
(a) Name of Person: Syringa Family	Medicine, P.A.				
(a) Name of Person: Syringa Family (b) Relationship Between Interested					- -
(b) Relationship Between Interested	Person and Organization:				
	Person and Organization:				
(b) Relationship Between Interested	Person and Organization: Family Medicine, P.A.	r of			
(b) Relationship Between Interested	Person and Organization: Family Medicine, P.A.	r of			
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member				
(b) Relationship Between Interested Board Member is a member of Syringa	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid			1	
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid				5
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro-	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement.				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro-	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement.				*5
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power (b) Relationship Between Interested	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement.				
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement.				10
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power (b) Relationship Between Interested Board Member is the CEO of Idaho Po	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement. I Person and Organization:	i to			
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power (b) Relationship Between Interested	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement. I Person and Organization:	i to			
(b) Relationship Between Interested Board Member is a member of Syringa (d) Description of Transaction: Cat Syringa Family Medicine, PA. Compen Syringa Family Medicine under a Pro (a) Name of Person: Idaho Power (b) Relationship Between Interested Board Member is the CEO of Idaho Po	Person and Organization: Family Medicine, P.A. herine Reynolds, M.D., is a member sation for Dr. Reynolds was paid fessional Service Agreement. I Person and Organization:	i to			

Schedule L (Form 990 or 990-EZ) St. Luke's Regional Medical Center	85-0191900	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see i	nstructions).	
Complete this part to provide additional information for respenses to questions		
a a series Table		
(a) Name of Person: Blue Cross of Idaho		
(b) Relationship Between Interested Person and Organization:		
Board member's spouse is on the Board of Directors for Blue Cross of Idaho		//
(d) Description of Transaction: Blue Cross of Idaho is a major third		
(d) Description of Hamsaction, Bld Grove a		
party payer of St. Luke's Regional Medical Center,Ltd.		
(a) Name of Person: Colliers Paragon dba Colliers International		
(b) Relationship Between Interested Person and Organization:		
(b) Relationship between interested region in the		
S dellions Domagon		
Board Member is owner of Colliers Paragon.		
23 0.112		
(d) Description of Transaction: Colliers Paragon dba Colliers		
International provides property management services for St. Luke's		
Regional Medical Center,Ltd.		
Regional Medical Consoling		
gr.		
		
	Calcadal (Form)	200 or 000 E

SCHEDULE M (Form 990)

Noncash Contributions

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

St. Luke's Regional Medical Center

Employer identification number 82-0161600

Par	t I Types of Property				(4)		—
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribi	etermining	
1	Art - Works of art				<u> </u>		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					- 15	
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
• • • • • • • • • • • • • • • • • • • •	trust interests		_				_
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
13	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	х		960,000.	FMV less Purchas	se Price	
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy	1					
22	Historical artifacts						
23	Scientific specimens						
	Archeological artifacts						
24 25	Other ()						_
26	Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	ng the tax year for	contributions			
23	for which the organization completed Form 83	283, Part IV,	Donee Acknowled	Igement 29			
						Yes I	No
ง∩∍	During the year, did the organization receive	by contribut	ion any property re	eported in Part I, lines 1-28 th	at it must hold for		
500	at least three years from the date of the initial	contributio	n, and which is no	required to be used for exe	mpt purposes for		
	the entire holding period?	-				30a	X
Ь	If "Ves." describe the arrangement in Part II.						
	Does the organization have a gift acceptance	policy that	requires the review	v of any non-standard contril	outions?	31	Х
31	Does the organization hire or use third parties	or related	organizations to so	licit, process, or sell noncasi	٦		
o∠a	contributions?					32a	X
_	If "Ves " describe in Part II.						
	If the organization did not report an amount is	n column (c)	for a type of prop	erty for which column (a) is o	hecked,		
33	describe in Part II.						Q.E.
LHA		e the Instru	ctions for Form 9	90.	Schedule N	/l (Form 990) (2	012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Internal Revenue Service Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600
Form 990 Part I	
Line 1F; Name and address of principal officer	
DINE IT. Mane and asserts	#
On April 1,2014,Chris Roth was appointed Chief Operating Officer	
of St. Luke's Health System, Ltd. As a result of this change,	
Kathy Moore was appointed Chief Executive Officer for St. Luke's	
Regional Medical Center,Ltd.,Mountain States Tumor Institute,Inc.,	
and St. Luke's Health Foundation, Ltd.	
In addition, effective April 1,2014, the Board of Directors for	
St. Luke's Regional Medical Center, Ltd., became the fiduciary	
board for St. Luke's McCall, Ltd. With this change, Kathy Moore	
also became Chief Executive Officer over St. Luke's McCall, Ltd.	
It should be noted, however, that with this change in governance	
St. Luke's Health System, Ltd. is still the sole member of	
St. Luke's McCall,Ltd.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
FORM 950, FAIC 111, 2110 14, 1115	
During FY'13,St. Luke's Hospital locations in the Treasure Valley	
provided inpatient care for 33,886 admissions, covering 119,501	
patient days. Also the hospitals provided patient care associated with	
507,754 outpatient visits. In addition to hospital patient care,the	*
various physician clinics located in the Treasure Valley provided	
patient care asociated with 907,848 visits.	3 6
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (201
232211 01-04-13	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2 Employer identification number
Name of the organization St. Luke's Regional Medical Center	82-0161600
St. Duke & Regional Medical County	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
Evaluation Services), medical evaluation, treatment, and documentation in	
cases of alleged abuse are provided.	
within the Children's Hospital, experienced the following patient	
volumes during FY'13:	
Pediatrics:	
Admissions 2,320	
Patient Days 7,372	
Pediatric Intensive Care Unit:	
Admissions 153	
Patient Days 1,753	
Aggomnlighments.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
patients.	
Integral to the Heart & Vascular line is St. Luke's Cardiology	
Associates(SLICA),a 16-physician cardiology practice servicing Boise	
	- 0
and the surrounding communities within Idaho, SLICA specializes in	
the treatment of diseases and disorders that affect the heart and its	
associated blood vessels. In-office diagnostic services include	
treadmill stress testing, echocardiography, heart rhythm monitoring, heart	
catheterization and nuclear cardiology. Also included in the practice	N 2
are special clinics designed to manage irregular heart	
beats(arrhythmias)pacemakers and defibrillators,blood thinning	Schedule O (Form 990 or 990-EZ) (20
232212 01-04-13 9 4	
220729 139648 SLRMC 2012.04000 St. Luke's Reg	nonal Medical SLKMC

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600
nedications,congestive heart failure,and lipids.	
During FY'13 the St. Luke's Cardiology Clinics had 57,867 visits.	
buring FY 13 the St. Luke & Cardiblogy Climics and 57,007 Violett	
orm 990, Part III, Line 4d, Other Program Services:	E .
Emergency and Transport	
Expenses \$ 40,764,099. including grants of \$ 0. Revenue \$ 59,312,383.	
	_
Management Services	
Expenses \$ 1,992,433. including grants of \$ 0. Revenue \$ 1,676,308.	
Joint Ventures	
Restated FY'12 amounts for Joint Ventures:	
Expenses: \$ 7,227,331	
Revenue: \$ 2,614,669	
FY'13 Amounts:	
Expenses \$ 6,914,619. including grants of \$ 0. Revenue \$ 2,726,409.	
all Other	
All Other	
Restated FY'12 amounts for All Other:	
Expenses: \$ 226,676	8
Revenue: \$ 2,924,210	ê.
FY'13 Amounts:	
	Schedule O (Form 990 or 990-EZ) (201
95 220729 139648 SLRMC 2012.04000 St. Luke's Regio	onal Medical SLRMC

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St. Luke's Regional Medical Center	Employer identification number 82-0161600
St. Duke a Regional Roules	
orm 990 Part III-Statement of Program Accomplishments	
rogram Expense:	
lease note that the program expense amounts reported in Statement	
II-Statement of Program Accomplishments,do not include an allocation	
of certain administrative and functional support costs. These costs are	
classified as Management and General within Part IX-Statement of	
Functional Expenses.	
Form 990, Part VI, Section A, line 6:	
St. Luke's Health System,Ltd. is the sole member of St. Luke's Regional	
Medical Center, Ltd.	
Form 990, Part VI, Section A, line 7a:	
St. Luke's Health System, Ltd. (Member) and St. Luke's Regional Medical	
Center,Ltd.(Corporation)cooperatively select and employ the CEO of the	
Corporation. St. Luke's Health System, Ltd., is the sole member of the	
Corporation.	
Form 990, Part VI, Section A, line 7b:	E)
St. Luke's Health System, Ltd. (Member) maintains approval and implementation	
authority over St. Luke's Regional Medical Center, Ltd. (Corporation).	
Actions requiring approval authority may be initiated by either the	8 8
Corporation or its Member, but must be approved by both the Corporation	2 2
	Schedule O (Form 990 or 990-EZ) (201
96 220729 139648 SLRMC 2012.04000 St. Luke's Regio	onal Medical SLRMC

Schedule O (Form 990 or 990-EZ) (2012)	Page
Name of the organization St. Luke's Regional Medical Center	Employer identification numbe 82-0161600
approval authority of the Member include:	2
	Щ
(a) Amendment to the Articles of Incorporation;	
(b) Amendment to the Bylaws of the Corporation;	
107 Imericanos -	
Government of Directors other	
(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	
only and objectives of	
(f) Approval of the strategic/tactical plans and goals and objectives of	
the Corporation.	- 1
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 Mamber and the Corporation's Board of Directors and its Chief Executive	в
232212 01-04-13 97	chedule O (Form 990 or 990-EZ) (20
220729 139648 SLRMC 2012.04000 St. Luke's Region	nal Medical SLRMC_

Schedule O (Form 990 or 990-EZ) (2012)	Employer identification number
Name of the organization St. Luke's Regional Medical Center	82-0161600
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	
interest in or other disposition of real property of the Corporation	
if such property has a fair market value in excess of a limit set	. 1
from time to time by the Member 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	Schedule O (Form 990 or 990-EZ) (2012
232212 01-04-13 98	Guirdune O (1 Orini 550 of 550-LE) (2012

0-11-1- 0 /F 000 or 000 E7\ (2012)	Page 2
Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
St. Luke's Regional Medical Center	
any facility operated by the Corporation;	
(g) The dissolution of the Corporation;	
(h) Incurrence of debt by or for the Corporation in accordance with	Ø
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.	
the Member Berves do the corporation	
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	
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	93
covered person other than himself/herself. Where a conflict exists, the	
232212 01-04-13 9 9	chedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990·EZ) (2012)	Page 2
Name of the organization	Employer identification number 82-0161600
St. Luke's Regional Medical Center	
affected parties must excuse themselves from participating in the	
situation.	
Form 990, Part VI, Section B, Line 15:	
Executive compensation is set by St. Luke's boards of directors and is	,
reviewed annually. Compensation levels are based on an independent analysis	N
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.	
most recent compensation server to a serve	
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.	
1 St. Villa a met offer	
For those physicians who choose to be employed, St. Luke's must offer	
competitive pay and benefits.	
Physician compensation is based on a range of criteria and can be	
influenced by a number of variables including:	
-Community need for medical specialty	
-Experience	*
-Productivity	
-Geography	0.1.1.1.0/5
232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
St. Luke's Regional Medical Center	02 0101000
-National surveys adjusted for local conditions	0.2
-Willingness to serve regardless of patients' ability to pay	
-Duration of relationship and contractual terms	
-Performance on quality metrics	
-Periormance on quartry meerics	9
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:	V.
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.	
Form 990 Part VII Section A	
Allocation of Compensation and Hours:	
Allocation of Compensation and notion	
The total hours worked and compensation reported for Chris Roth, Jeff	
Taylor, and Gary Fletcher, represent services rendered to the following	
organizations within the St. Luke's Health System:	2-1
101	Schedule O (Form 990 or 990-EZ) (201
220729 139648 SLRMC 2012.04000 St. Luke's Regio	nal Medical SLRMC

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600
Chris Roth:	
St. Luke's Regional Medical Center,Ltd.	
Mountain States Tumor Institute, Inc.	ji ji
St. Luke's Health Foundation,Ltd.	10
Jeff Taylor:	
St. Luke's Health System, Ltd.	
St. Luke's Regional Medical Center, Ltd.	
Mountain States Tumor Institute, Inc.	·
St. Luke's Clinic Coordinated Care,Ltd.	
Gary Fletcher:	
St. Luke's Health System, Ltd.	1
St. Luke's Clinic Coordinated Care, Ltd.	
In addition, Catherine Reynolds, M.D. is a member of Syringa Family	
Medicine, P.A., (Syringa)a physician practice that has a professional	
service agreement with St. Luke's Regional Medical Center, Ltd. (SLRMC).	
Dr. Reynolds works at least 40 hours per week on behalf of this	
practice for SLRMC. During CY'12, SLRMC paid Syringa \$150,000	
for services rendered to St. Luke's patients.	
Tot Betvices Islanded by S. F.	
and the directors	
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.	Schedule O (Form 990 or 990-EZ) (2012)
232212 01-04-13 102	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number 82-0161600
St. Luke's Regional Medical Center	52-010100
Form 990, Part XI, line 9, Changes in Net Assets:	
Minimum Liability AdjDefined Benefit Plan 39,8	99,181.
	45,923.
	14,496.
50 A	59,600.
Potal to Form 990, Part XI, Line 9	35,000.
St. Luke's Elmore	
Definitive Agreement-Change in Ownership-Elmore Medical Center	
Effective April 1,2013,St. Luke's Regional Medical Center,	
Ltd.(SLRMC) took over the ownership and control of the operations of	
Elmore Medical Center(EMC),a Critical Access Hospital(CAH)located in	
Mountain Home, Idaho. Prior to April 1, EMC was owned and operated by	the
Elmore County Hospital District. The medical center was renamed St.	
Luke's Elmore(SLE) and continues to operate as a separately licensed	1
CAH. The SLRMC board of directors has fiduciary responsibility over	
operations of SLE.	
, a said a s	

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

Name of the organization

Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No. 1545-0047

➤ See separate instructions. ▶ Attach to Form 990.

Employer identification number

82-0161600

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

Luke's Regional Medical Center

(a)	(q)	(0)	(b)	(e)	()
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
OTT 101 CONTRACTOR 11-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			98	- J2	St. Luke's Regional
55. Luke S Clinic-Ileasule valley, and 45-2716222 190 E. Bannock, Boise, ID 83712 Physician Clinic Services	Physician Clinic Services	Idaho	131,463,903.	0.	0.Medical Center, Ltd.
			ı	71	
	T				
	T				
				ne.	
					+ common of - + -

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.) Part II

Ogailization of gailization							
(a)	(p)	(0)	(p)	(e)	£	(g) Section 5 (2(b)(13)	2(b)(13)
(a)			700	Dublic charity	Direct controlling		10 V V V V
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public criainty	Build College	controlled entity?	118G
of related organization		foreign country)	Rection	פומוחף (זו פברווטוו	CHILLY		
				501(c)(3))		Yes	No No
ot 1 10 21th Gratam 1.td - 56-2570681							
St. Dane s meeting Street, act.	_						
190 E. Bannock							;
Boise ID 83712	Healthcare Services	Idaho	501(c)(3)	11-3	N/A		4
9					St. Luke's		
					Regional Medical		
Mountain States Tumor Institute, Inc						>	
82-0295026 100 E, Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	2	Center, LTG.	4	
					at Linke's Health		
St. Luke's Wood River Medical Center, Ltd					100		>
84-1421665 190 E Bannock Boise ID 83712	83712 Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		4
					St. Luke's		
		11		-	Regional Medical		
St. Luke s Health Foundation, Ltd					F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	
81-0600973 190 E Bannock Boise ID 83712	83712 Fundraising	Idaho	501(c)(3)	,	cencer, mid.		
	At a factor of the Course Ooo				Schedule R (Form 990) 2012	(Form 99	0) 2012

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

See Part VII for Continuations

232161 12-10-12 LHA

104

82-0161600

St. Luke's Regional Medical Center

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(p)	(c)	(q)	(e)	€	(g) Section 512(b)(13)	2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes No	No
St. Luke's Magic Valley Regional Medical							
Center, Ltd 56-2570686, 801 Pole Line					St. Luke's Health		;
Road, Twin Falls, ID 83301	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		×
St. Luke's McCall, Ltd 27-3311774							
190 E. Bannock					St. Luke's Health	,	;
Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	System, Ltd.		×
St. Luke's Jerome, Ltd 82-0227163					St. Luke's Magic		
190 E. Bannock.					Valley Regional		
12	Healthcare Services	Idaho	501(c)(3)	3	Medical		×
St. Luke's Magic Valley Health					St. Luke's Magic		
Foundation, Inc 82-0342863, 775 Pole Line			9		Valley Regional		
Road, Twin Falls, ID 83301	Fundraising	Idaho	501(c)(3)	7	Medical		×
			Sel.		1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:		
-	Accountable Care				St. Duke s nearth		>
45-5195864, 190 E. Bannock, Boise, ID 83712	Organization	Idaho	501(c)(3)	8	System, Ltd.		۱
St. Luke's Regional Medical Center Auxiliary							
- 82-0255667, 190 E. Bannock, Boise, ID							;
83702	Supporting Organization	Idaho	501(c)(3)	11-1	N/A		4
					-		
	·						
				,			
					-		
					2.5	_	
23222 05-01-12		105					

Page 2

82-0161600

Schedule R (Form 990) 2012 St. Luke's Regional Medical Center

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

Primary activity Colours Colou								,		5	11-11
Primary activity Legal Direct controlling Predominant income Share of total Share of total Share of total Code VJUB Arabical Code vJUB Co	(6)	(9)	(2)	(p)	(e)	£	(B)	E	=	⇒	(K)
Feat Estate	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
			foreign country)		sections 512-514)		assets	⊢+	K-1 (Form 1065)	Yes No	
Real Estate											
Bannock, Real Estate ID N/A Related 776,947. 1,352,860. X N/A N/A	SL Phys Realty-Louise, LLC -									_	
ID 83712 Lease ID N/A Related 776,947. 1,552,800. A N/A N/A	Bannock,	Real Estate				1	6		5 5	>	87 00%
1501, 190 E. Bannock, Real Estate ID N/A Related 303,726. 1,010,462. X N/A S S S S S S S S S	Ωï	Lease	ΩI	N/A	Related	776,947.	1,352,860.		W/W	4	
Horeline, LLC - Horeline, Lease ID N/A Related S02,117. 1,408,082. X N/A N/A											
1501, 190 E. Bannock, Real Estate ID N/A Related 303,726. 1,010,462. X N/A N/A											
ID 83712 Lease ID N/A Related 303,726, 1,010,402, A N/A N/A Related 303,726, 1,010,402, A N/A N/A Related 502,117, 1,408,082 X N/A	27-0681501, 190 E. Bannock,	Real Estate							6/20	Þ	55 00%
### State Mob.LLC - ### Related S117. 1,408,082. X N/A N/A Related S12,117. 1,408,082. X N/A N/A Related S12,117. 1,408,082. X N/A N/A Related S12,117. 1,408,082. X N/A N/A Related S1712. 2,565,099. X N/A N/A Related S1712. 2,565,099. X N/A	£	Lease	ΩI	N/A	Related	303,726.	1,010,462.		W/W	+	
### Real Estate ID N/A Related 502,117. 1,408,082. X N/A N/A											
198, 190 E. Bannock, Real Estate ID N/A Related 502,117. 1,408,082. X N/A N/	East Louise MOB, LLC										
ID 83712 Lease ID N/A Related 502,117, 1,408,082, A N/A N/A	190 E.	Real Estate				1			6/14	>	800 29
Mgmt. Consulting ID N/A Related 878,451. 2,565,099. X N/A	A	Lease	fi	N/A	Related	502,117.		\downarrow	W/W	4	
Mgmt. Consulting ID N/A Related 878,451. 2,565,099. X N/A											
Mgmt. Consulting ID N/A Related 878,451. 2,565,099. X N/A	Ortho-Neuro Management, LLC -			-							
ID 83712 Consulting ID N/A Related 8/8,451. 2,505,055. A A/A	26-4483076, 190 E. Bannock,	Mgmt.					000		M/A	*	58 00%
	Boise ID 83712	Consulting	E	N/A	Related	8/8,451.	660,000,2		4/4		

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

Organizations treated as desired as (b)
Primary activity

Schedule R (Form 990) 2012

232162 12-10-12

82-0161600

St. Luke's Regional Medical Center

Schedule R (Form 990)

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	tions? Code V-UB1 amount in box 20 of Schedule No K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
Idaho Gyn/Oncology Services,LLC - 20-2975807, 1055 N. Curtis Rd., Boise, ID 83706	Health Care		N/A	Related	<6,045.>	44,620.	×	N/A	 ×	50.00%
Idaho Cytogenetics Laboratory, LLC - 33-1012210, 190 E. Bannock, Boise, ID 83712	Health Care	ΩI	N/A	Related	73,719.	61,514.	×	N/A	×	50.00%
St. Luke's-Elk's Rehabilitation Service, LLC - 82-0503100, 204 Fort Place PO BOX 1100, Boise, ID 83701	Health Care	Ð	N/A	Related	<976,538.	1,983,067.	×	N/A	×	50.00%
	Realth Care	ΩI	N/A	Related	<366,239.	× 4,573,560.	×	N/A	×	90.00%
Southwest Idaho Health Community Network, LLC - 82-0506533, P.O. Box 607, Boise, ID 83701-0607	Group Purchasing-Drug	ΩI	N/A	Related	69,734.	.066,97	×	N/A	×	63.34%
Medical Building Investment Group, LLC - 26-3667995, PO Box 1271 Ketchum, ID 83340	Real Estate Lease	gr	N/A	Related	<125,618.	<142,518	^	N/A	×	64.88\$
.								×		h

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

the organization engage in any of the following transactions with one or more related organizations lis annutities (iii) royalties or (iv) rent from a controlled entity tribution to related organization(s) tribution to related organization(s) s to or for related organization(s) s to or for related organization(s) s or membership or fundralsing solicitations for related organization(s) s or membership or fundralsing solicitations for related organization(s) s or membership or fundralsing solicitations for related organization(s) related organization(s) for expenses related organization(s) for expenses related organization(s) for expenses related organization(s) for expenses related organization(s) reporty to related organization(s) reproperty from related organization(s) related organizations related organization(s) rel	s II-IV?		
a Recept of (i) Inforest (ii) annuities (iii) ropalities or (iv) rent from a controlled entity b Ciff, grant, or capital contribution to instance organization(s) c Ciff, grant, or capital contribution to instance organization(s) d Loans or loan guarantees to orf or related organization(s) e Loans or loan guarantees by related organization(s) g Sale of easets to related organization(s) f Dividends from related organization(s) g Sale of easets to relate organization(s) g Sale of easets with related organization(s) g Sale org		+	+
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution to related organization(s) e Loans or loan guarantees to related organization(s) e Loans or loan guarantees to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets with related organization(s) g Reinformance of assets with related organization(s) g Reinformance of services or membership or fundrasing solicitations for related organization(s) g Reinformance of services or membership or fundrasing solicitations for related organization(s) g Reinformance of services or property for expenses g Reinformance or or property fo		+	4
d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees to or for related organization(s) f Loans or loan guarantees to or for related organization(s) g Sale of resets to relate organization(s) l Exchange of assets from related organization(s) l Exchange of assets from related organization(s) l Exchange of assets with related organization(s) l Exchange of assets with related organization(s) l Exchange of assets with related organization(s) l Exchange of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) l Performance of services or membership or fundrasing solicitations for related organization(s) lo Sharing of paid employees with related organization(s) for expenses. 1 Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Othe	4	-	1
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sele of assels to related organization(s) h Purchase of acitilities, equipment, or other assels from related organization(s) l Exchange of assels with related organization(s) l Lease of facilities, equipment, or other assels from related organization(s) l Lease of facilities, equipment, or other assels from related organization(s) l Performance of services or membership or fundralsing solicitations for related organization(s) l Performance of services or membership or fundralsing solicitations for related organization(s) l Performance of services or membership or fundralsing solicitations of related organization(s) for expenses p Reimbursement paid by related organization(s) for expenses g Reimbursement paid by related organization(s) for expenses of Reimbursement paid by related organization(s) for expenses g Reimbursement paid by related organization(s) for expenses c Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) c Other transfer of cash or property from related organization(s) c Other transfer of cash or property from related organization(s) c Other transfer of cash or property from related organization(s) c Other transfer of cash or property from related organization c (1) St. Luke 's Health Foundation_ittd. c C 1,339,617, ponation c C 1,339,617, ponation c C 1,339,617, ponation c C 1,339,610, per Name c C 1,339,610	2	×	1
Dividency from guarantees by related organization(s)	10	9	×
Dividends from related organization(s)	1e	o	×
Purchase of assets from related organization(s)	Ť	#	
9 Sea or seasors to related organization(s) 1 Exchange of assets from related organization(s) 2 Lease of facilities, equipment, or other assets to related organization(s) 3 Lease of facilities, equipment, or other assets from related organization(s) 4 Lease of facilities, equipment, or other assets from related organization(s) 5 Lease of facilities, equipment, or other assets with related organization(s) 6 Performance of services or membership or fundralsing solicitations by related organization(s) 7 Performance of services or membership or fundralsing solicitations by related organization(s) 8 Performance of services or membership or fundralsing solicitations by related organization(s) 9 Performance of services or membership or fundralsing solicitations for information on who must complete this line, including covered relationship or the above is Yes, see the instructions for information on who must complete this line, including covered relationship or the above is Yes, see the instructions for information on who must complete this line, including covered relationship or the above is Yes, see the instructions for information on who must complete this line, including covered relationship or the above is Yes, see the instructions for information on who must complete this line, including covered relationship or the above is Yes, see the instructions for information or the organization organization and the above is Yes, see the instructions for information or the above is Yes, see the instructions for information and the above is Yes, see the instructions for information and the above is Yes, see the instructions for information or the above is Yes, see the instructionship or above is Yes, se		19	×
h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) Performance of services with related organization(s) Performance of services with related organization(s) Performance of services with related organization(s) St. Luke's Realth Foundation, Ltd.	-	4	×
Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets for mated organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) for expenses Performance of services or membership or fundraising solicitations solicitations for related organization(s) for expenses Performance of services or membership or fundraising solicitations for related organization(s) for expenses Performance of services or membership or fundraising solicitations for related organization(s) for expenses Performance of services organization(s) for expenses Performance organization(s) for expenses Performance organization(s) for expenses Performance organization(s) for expenses orga	The state of the s	1 :	*
Lease of facilities, equipment, or other assets for related organization(s) Recommended organization Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundralsing solicitations by related organization(s) Performance of services or membership or fundralsing solicitations by related organization(s) Performance of services or membership or fundralsing solicitations by related organization(s) Performance of services or membership or fundralsing solicitations by related organization(s) Performance of services or membership or fundralsing solicitations Performance of services with related organization(s) Performance of services in the services in the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information on who must complete this line, including covered relationship or the above is "Yes," see the instructions for information or who must complete this line, including covered relationship or the above is "Yes," see the instructions for information or who must complete this including covered relationship or the above is "Y		= ;	t
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundralising solicitations for related organization(s) n Sharing of services or membership or fundralising solicitations by related organization(s) n Sharing of services or membership or fundralising solicitations by related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid by related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) (a) Name of other organization (b) Name of other organization (c) 1,345,046, Operation p C 1,399,617, Donation p C 1,399,617, Donation p C 2,339,610, Per Mgmit organization p C 1,399,617, Donation p C 1,399,617, Per Mgmit C 1,399,610, Per Mgmit C 1,399,		7	
Performance of services or membership or fundralsing solicitations for related organization(s) In Performance of services or membership or fundralsing solicitations by related organization(s) In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) In Performance of services or membership or fundralsing solicitations with related organization(s) In Sharing of paid employees with related organization(s) In Sharing of December 1		*	×
m Performance of services or membership or fundraising solicitations by related organization(s) o Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) for expenses q Reimbursement paid to 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) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) 1) St. Luke 's Health Foundation, Ltd', B 1,345,046. Operation g) Ortho Neuro Management Services, LLC c 1,399,617. Donation d) St. Phys Realty-Louise, LLC R 1,858,342. Per Management R 1,858,34		=	
P Reimbursement paid to related organization(s) P Reimbursement paid to related organization(s) for expenses Q Reimbursement paid to related organization(s) for expenses. T Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship (b) Name of other organization St. Luke's Health Foundation, Ltd. B 1,345,046. Operation of the above is "Ltd. B 1,345,046. Operation of the above is "Ltd. B 1,389,510. Per Manial or the above is "Ltd. C 1,399,510. Per Manial or the above is "Ltd. A SI Phys Realty-Louise, LLC R 1,858,342. Per Masia	-	Ę	1
p Reimbursement paid to related organization(s) for expenses q 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) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshing the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship (c) Name of other organization 1,345,046. Operation is the information of the invention of the including covered relationship involved that it is a set in the including covered relationship involved that it is a set in the including covered relationship involved that it is a set in the including covered relationship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instructionship involved the answer to any of the above is "Yes," see the instruction involved the answer to any of the above is "Yes," see the instruction involved the answer to any of the answer to any of the above is "Yes," see the instruction involved the any of the answer to any of the answer to any of the any of		ŧ	
p Reimbursement paid to 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 relationshing the above is "Yes," see the instructions for information on who must complete this line, including covered relationshing the above is "Yes," see the instructions for information on who must complete this line, including covered relationship (a) St. Luke's Health Foundation, Ltd. St. Luke's Health Foundation, Ltd. B		10	×
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) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshing the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshing the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship (c) St. Luke's Health Foundation, Ltd. St. St. Luk		10	>
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 relationship (a) Name of other organization St. Luuke's Health Foundation, Ltd. B 1,345,046. Operatize St. Luuke's Health Foundation, Ltd. C 1,339,610. Per Mgmt Amount involved 1,339,610. Per Mgmt Amount involved 1,3858,342. Per Masi		2 5	×
s 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 relationship (c) Name of other organization St. Luuke 's Health Foundation, Ltd. St. St. Luuke 's		+	1
s Other transfer of cash or property from related organization(s) (a) Name of other organization (b) (b) (c) Transaction (d) Name of other organization (a) Name of other organization (b) (c) Transaction (d) Amount involved type (a·s) (e) Transaction (f) Amount involved type (a·s) (g) Transaction (h) Amount involved type (a·s) (g) Transaction (h) Amount involved (g) Amount involved (g) Transaction (h) Amount involved (g) Amount involved (g) Transaction (h) Amount involved (g) Transaction (h) Amount involved (h) Amount invo		+	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship (a) Name of other organization St. Luke's Health Foundation, Ltd. C 1,399,617, Donation Transaction Amount involved 1,345,046, Operatize C 1,399,617, Donation P 2,339,610, Per Mgml St. Phys Realty-Louise, LLC Transaction Transaction Transaction Amount involved 1,345,046, Operatize 1,399,617, Donation R 1,858,342, Per Masi		18	T
(a) Name of other organization type (a-s) St. Luke's Health Foundation, Ltd. St. Luke's Health Foundation, Ltd. St. Luke's Health Foundation, Ltd. C 1,345,046. Operation of the Companion o	nships and transaction thresholds.		
B 1,345,	(d) Method of determining amount involved	p	
C 1,399,	Operating Loss Subsidy		
LC 2,339,	lons specified for SLRMC	3	
,858,	Mgmt. Agreement		
	342. Per Master Lease Agreement		
(5) 1500 Shoreline, LLC	Master Lease Agreement		
I,677,334 per Master	Master Lease Agreement		

82-0161600

St. Luke's Regional Medical Center

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(9)	(0)	
(a) Name of other organization	Transaction type (a-r)	Amount involved	(u) Method of determining amount involved
(7)Mountain States Tumor Institute, Inc.	0	50,804,738.	50,804,738. Salaries & Wages Paid by SLRMC
(8)St. Luke's Health Foundation, Ltd.	0	667,433.	667,433.Salaries & Wages Paid by SLRMC
(6)		# #2	
(10)			
(11)			
(12)			X.
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2012 St. Luke's Regional Medical Center

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

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

	, .		ı	 ı	1 ~
(k) Percentage ownership					Schedule R (Form 990) 2012
General or managing partner?					 For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule
Disproportional allocations?					
Disp Disp X				 	
(g) Share of end-of-year assets					
(f) Share of total income				:	
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					
(c) gal domicile ate or foreign country)					
a) (b) (css, and EIN Primary activity (state)					
(a) Name, address, and EIN of entity					

232164 12-10-12