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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

St. Luke's McCall, Ltd.

Doing Business AsNumber and street (or P.O. box if mail is not delivered to street address) Room/suite
190 E. BannockCity or town, state or province, country, and ZIP or foreign postal code
Boise, ID 83712**F** Name and address of principal officer: Kathy Moore
same as (c) (See Schedule O for more detail)**D** Employer identification number

27-3311774

E Telephone number

208-381-3790

G Gross receipts \$ 28,889,108.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.stlukesonline.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2010**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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	221
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	149,690.	628,498.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,855,243.	28,154,394.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	135,207.	96,395.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,813.	3,928.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,155,953.	28,883,215.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	17,284.	14,107.
	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)	14,100,915.	15,703,310.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,928,663.	10,866,250.
	19	Revenue less expenses. Subtract line 18 from line 12	25,046,862.	26,583,667.
Net Assets or Fund Balances			109,091.	2,299,548.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	21,199,985.	22,097,278.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,335,677.	2,927,543.
		16,864,308.	19,169,735.	

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	8-10-15
	Peter DiDio, Vice-President, Controller			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	Diana McCutchen	<i>Diana G. McCutchen</i>	8-3-15	P00545657
Firm's EIN	Firm's name	Deloitte Tax LLP	Firm's EIN	86-1065772
	Firm's address	695 Town Center, Suite 1200 Costa Mesa, CA 92626	Phone no.	714-436-7100

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

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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(H)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 18,653,488. including grants of \$ 14,107.) (Revenue \$ 25,432,232.)
Medical and Surgical

Services at St. Luke's McCall include a 24-hour emergency department, outpatient surgery, orthopedic surgery, general surgery, diagnostics, maternity services, inpatient physical therapy, intensive care and medical/surgical units. During fiscal year 2014, St. Luke's McCall provided patient care for 515 admissions covering 1,240 patient days. They also provided patient care associated with 21,462 outpatient visits (includes 4,910 emergency room visits).

4b (Code _____) (Expenses \$ 5,723,032. including grants of \$ _____) (Revenue \$ 2,722,162.)
Physician Services

St. Luke's McCall has three physician clinics:

(1) Payette Lakes Medical Clinic has eight family medicine physicians who collectively completed 18,701 clinic visits in fiscal year 2014.

(2) McCall Medical Clinic has two internal medicine physicians, one internal medicine P.A., one general surgeon, and one orthopedic surgeon who collectively completed 7,080 clinic visits in fiscal year 2014.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses **▶** 24,376,520.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	54	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	0
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)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response or note to any line 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 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.		
1b Enter the number of voting members included in line 1a, above, who are independent		
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	
7b 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 - 208-381-3790**
190 E. Bannock, Boise, ID 83712

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

Check if Schedule O contains a response or note to any line 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. Mike Mooney Chairman	2.50 5.00	X		X				0.	0.	0.
(2) Mr. Ron Sali Planning Committee Chair	2.00 4.00	X						0.	0.	0.
(3) Mr. A.J. Balukoff Finance Committee Chair	2.00 4.00	X						0.	0.	0.
(4) Mr. George Iliff QSSEC Committee Chair	2.00 4.00	X						0.	0.	0.
(5) Mr. Jim Everett Director	2.00 4.00	X						0.	0.	0.
(6) Ms. Carol Feider Director	2.00 4.00	X						0.	0.	0.
(7) Mr. Bill Ringert Director	2.00 4.00	X						0.	0.	0.
(8) Bishop Brian Thom Director	2.00 4.00	X						0.	0.	0.
(9) Mr. Brad Wiskirchen Director	2.00 4.00	X						0.	0.	0.
(10) Mr. John Jackson Director	2.00 4.00	X						0.	0.	0.
(11) Mr. Dean Hovdey Director	2.00 4.00	X						0.	0.	0.
(12) Catherine Reynolds, M.D. Director	2.00 42.00	X						0.	0.	0.
(13) Ms. Joy Kealey Director	2.00 4.00	X						0.	0.	0.
(14) Leslie Nona, M.D. Director	2.00 42.00	X						0.	320,950.	40,193.
(15) Thomas Huntington, M.D. Director	2.00 4.00	X						0.	18,500.	0.
(16) Ms. Kathy Moore Chief Executive Officer-St. Luke's W	2.00 46.00	X		X				0.	375,913.	28,700.
(17) Mr. Mike Fenello Director (Served through 3/31/2014)	40.00 0.00	X						0.	190,187.	14,926.

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) Mr. Mark Alexander Robinson III Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(19) Marcia L. Witte, M.D. Director (Served through 3/31/2014)	40.00 0.00	X						0.	125,173.	10,541.
(20) Mr. James T. Bates Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(21) Ms. Jill Calhoun Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(22) Eddie J. Droge M.D. Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(23) Ms. Kathleen Hancock Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(24) Mr. Andrew Laidlaw Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(25) Mr. Dean A. Martens Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(26) Ms. Verna Allen Vanis Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
1b Sub-total								0.	1,030,723.	94,360.
c Total from continuation sheets to Part VII, Section A								0.	2,613,575.	240,305.
d Total (add lines 1b and 1c)								0.	3,644,298.	334,665.

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 **0**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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
Central Idaho Medical Imaging, LLC PO Box 1646, McCall, ID 83638	Imaging Services	547,289.
Integrative Therapies, Inc. PO Box 1512, McCall, ID 83638	Physical Therapy Services	324,475.

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 **2**

See Part VII, Section A Continuation sheets

Form **990** (2013)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	265,468.				
	e Government grants (contributions)	1e	363,030.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			628,498.			
Program Service Revenue	2 a Net Patient Revenue	Business Code	900099	26,684,903.	26,684,903.		
	b Tax District Revenue		900099	1,346,704.	1,346,704.		
	c VHA Coop Cash Distrib.		900099	30,463.	30,463.		
	d						
	e						
	f All other program service revenue		900099	92,324.	92,324.		
	g Total. Add lines 2a-2f			28,154,394.			
	3 Investment income (including dividends, interest, and other similar amounts)			92,395.			92,395.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	9,821.				
	b Less: rental expenses	(ii) Personal	5,893.				
	c Rental income or (loss)		3,928.				
	d Net rental income or (loss)			3,928.		3,928.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	4,000.			
	b Less: cost or other basis and sales expenses		0.				
	c Gain or (loss)		4,000.			4,000.	
	d Net gain or (loss)			4,000.		4,000.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			28,883,215.	28,154,394.	0.	100,323.	

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 or note to any line in this Part IX

☒ X

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	14,107.	14,107.		
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	479,463.		479,463.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	12,885,799.	11,696,734.	1,189,065.	
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	163,311.	143,340.	19,971.	
9 Other employee benefits	1,321,247.	1,159,675.	161,572.	
10 Payroll taxes	853,490.	749,119.	104,371.	
11 Fees for services (non-employees):				
a Management	739,054.	734,501.	4,553.	
b Legal	7,094.		7,094.	
c Accounting	2,400.		2,400.	
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.)	437,036.	435,250.	1,786.	
12 Advertising and promotion	33,162.	33,162.		
13 Office expenses	437,325.	418,675.	18,650.	
14 Information technology	400,265.	400,265.		
15 Royalties				
16 Occupancy	277,518.	277,518.		
17 Travel	165,637.	130,748.	34,889.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,224.	3,224.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,635,543.	1,635,543.		
23 Insurance	85,161.	85,161.		
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	2,509,542.	2,409,346.	100,196.	
b Provision for Bad Debt	2,049,485.	2,049,485.		
c Contract Services	528,107.	504,817.	23,290.	
d Repairs	495,499.	495,499.		
e All other expenses	1,060,198.	1,000,351.	59,847.	
25 Total functional expenses. Add lines 1 through 24e	26,583,667.	24,376,520.	2,207,147.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	852,566.	1	214,347.
	2 Savings and temporary cash investments	44,810.	2	42,341.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,412,509.	4	5,693,495.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	491,102.	8	549,138.
	9 Prepaid expenses and deferred charges	71,026.	9	66,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,843,813.		
	b Less: accumulated depreciation	10b 3,922,271.	10c 10,278,246.	9,921,542.
	11 Investments - publicly traded securities	4,049,726.	11	4,139,872.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	84,457.
	15 Other assets. See Part IV, line 11	0.	15	1,385,823.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,199,985.	16	22,097,278.	
Liabilities	17 Accounts payable and accrued expenses	1,206,517.	17	1,006,199.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	3,129,160.	25	1,921,344.
	26 Total liabilities. Add lines 17 through 25	4,335,677.	26	2,927,543.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		16,864,308.	27	19,169,735.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
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		16,864,308.	33	19,169,735.
34 Total liabilities and net assets/fund balances		21,199,985.	34	22,097,278.

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,883,215.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,583,667.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,299,548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,864,308.
5	Net unrealized gains (losses) on investments	5	5,879.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,169,735.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

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?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

(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) 2013

332021
09-25-13

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 ► ☐		
b 33 1/3% support test - 2012. 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 ► ☐		
17a 10% -facts-and-circumstances test - 2013. 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 ... ► ☐		
b 10% -facts-and-circumstances test - 2012. 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 ... ► ☐		
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 ☐

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12

Also complete this part for any additional information. (See instructions)

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

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?		☐ Yes ☐ 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?		☐ Yes ☐ No

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

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

☐ 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	

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

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

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

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

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

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

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

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

9 In Part 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.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
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
1c	
1d	
1e	
1f	

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

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

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part 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 ▶ _____ %

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:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	95,251.	877,771.		973,022.
b Buildings	42,975.	7,798,688.	2,174,709.	5,666,954.
c Leasehold improvements				
d Equipment		5,000,799.	1,747,562.	3,253,237.
e Other		28,329.		28,329.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,921,542.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from Related Organizations	1,385,823.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,385,823.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Medicare-Medicaid Prog	1,921,344.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,921,344.

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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.

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:

Explanation:

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, 2014, the Company had approximately \$4,077,000 of

UBTI Net Operating Losses from operating losses incurred from

2000 to 2014 which expire in years 2015 to 2029. 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

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Schedule D (Form 990) 2013

Part XIII	Supplemental Information <i>(continued)</i>
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allowance against these losses."

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **St. Luke's McCall, Ltd.** Employer identification number **27-3311774**

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
☐ 100% ☐ 150% ☐ 200% ☒ Other 185 %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
- c** If the organization 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			458,292.		458,292.	1.87%
b Medicaid (from Worksheet 3, column a)			1,468,691.	1,080,823.	387,868.	1.58%
c Costs of other means-tested government programs (from Worksheet 3, column b)			121,407.	107,669.	13,738.	.06%
d Total Financial Assistance and Means-Tested Government Programs			2,048,390.	1,188,492.	859,898.	3.51%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			237,557.	73,325.	164,232.	.67%
f Health professions education (from Worksheet 5)			15,600.		15,600.	.06%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			28,217.		28,217.	.12%
j Total. Other Benefits			281,374.	73,325.	208,049.	.85%
k Total. Add lines 7d and 7j			2,329,764.	1,261,817.	1,067,947.	4.36%

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 McCallIf reporting on Part V, Section B for a single hospital facility 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	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>http://www.stlukesonline.org/about_us/chn</u>		
b ☐ Other website (list url): _____		
c ☒ Available upon request from the hospital facility		
d ☐ Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☒ Participation in the development of a community-wide plan		
d ☒ Participation in the execution of a community-wide plan		
e ☒ Inclusion of a community benefit section in operational plans		
f ☒ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☒ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☐ Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
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 McCall

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 Section C 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 Section C 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	☒ Income level		
b	☒ Asset level		
c	☒ Medical indigency		
d	☒ Insurance status		
e	☒ Uninsured discount		
f	☒ Medicaid/Medicare		
g	☒ State regulation		
h	☐ Residency		
i	☐ Other (describe in Section C)		
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	☒ The policy was posted on the hospital facility's website		
b	☐ The policy was attached to billing invoices		
c	☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	☒ The policy was posted in the hospital facility's admissions offices		
e	☒ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available on request		
g	☒ Other (describe in Section C)		
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 the individual's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		
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 individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		

Schedule H (Form 990) 2013

Part V Facility Information (continued) St. Luke's McCall

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 individuals regarding the individuals' bills
 d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☐ Other (describe in Section C)

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 Section C)
 d ☐ Other (describe in Section C)

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 Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?

	Yes	No
21		x

If "Yes," explain in Section C.

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

	Yes	No
22		x

If "Yes," explain in Section C.

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

St. Luke's McCall:

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

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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) Senior healthcare executives from the St. Luke's Health System who
have been serving the Valley and Adams County areas for over thirty
years.

(2) Medical directors for St. Luke's McCall Integrative Medicine
Clinic, Center for Health Promotion Promotion, and McCall
Rehabilitation and Care Center.

(3) Family medicine physician affiliated with St. Luke's Call, with
previous assignments with the CDC to study risk factors and
prevention in vulnerable populations. This individual also serves
on the board of directors for McCall's Community Care Clinic for low
income patients, and is a member of the wellness community for the
local school system.

(4) Internal medicine physician at St. Luke's McCall, as well as a City
Council member and past medical director for Hospice and Home Health
in McCall.

(5) Idaho Central District Health, District 4

(6) McCall Donnelly School District

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

(7) Adams County Health Center (FQHC)

(8) Psychologist Private practice

(9) Idaho Council of Governments

(10) Southwest District Health, Idaho District 3

(11) Boise VA Medical Center

(12) Idaho Department of Labor-Unemployment Information

(13) Idaho Department of Health & Welfare

(14) Family medicine Residency of Idaho

(15) U.S. Department of Mental Health Services, Region X

Substance Abuse and Mental Health Services Administration

St. Luke's McCall:

Part V, Section B, Line 7:

We organized our significant health needs into five groups:

Program Group 1: Diabetes

-Prevention: Programs addressing lifestyle modification

-Detection: Diabetes screenings

-Management: Access to clinical care, self management via lifestyle
modification

Program Group 2: Mental Health

-Detection and access to treatment for mental illness

-Clinical Disorders

-Youth development and behavior disorders

-Psychosocial and environmental problems

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

--Isolation

--Mild depression

--stress and anxiety disorders

-Suicide prevention

-Availability of mental health service providers

Program Group 3: Behavioral Health

-Substance Abuse (tobacco cessation, alcohol, illicit drugs)

-Skin cancer education and screenings

-Safe sex education

-Accident prevention: law enforcement and education

-Prenatal Care

Program Group 4: Barriers to Access

-Affordable care

-Affordable health insurance

-More providers accept public health insurance

-Children and family services (low income)

-Availability of providers and hours of clinical operations

-Access to affordable cholesterol screening

-Job Training Services

Program Group 5: Weight Measurement, Nutrition and Fitness

-Youth, teen, and adult weight management

-Youth, teen, and adult nutrition

-Adult exercise

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Luke's McCall, as a critical access hospital, to address each 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, St. Luke's McCall tried to

identify a community group or organization better able to serve the need.

Significant community health needs not addressed by St. Luke's McCall are

as follows:

(1) Substance abuse services and programs

St. Luke's McCall will, however, continue to partner with various

organizations (regional schools, City of McCall, law enforcement,

juvenile detention services) to support strategies to reduce

substance abuse; these include education, no-drinking policies,

peer support, and enforcement. We will continue supporting AA,

YAC, and other substance abuse organizations with free space and

other resources.

(2) Accidents

St. Luke's McCall will partner with various organizations

(National Ski Patrol, recreation business law enforcement, senior

center) to support safe recreation and avoidance of home injuries.

Our weekly health messages in the newspapers will periodically

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

highlight safety. Because accidents are correlated with alcohol

abuse, those programs are intended to lower accidents.

(3) Nutrition education for teens

St. Luke's McCall will provide education programs and health

promotion programs in grocery stores, as explained in our

implementation plan.

(4) Safe-sex education programs

Because our strength to effect change is low, and due to

limited resources, we have chosen not to provide public programs

although our physicians do consult sexually active teens on safe

sex and pregnancy prevention.

(5) Obese/Over-weight Teens

St. Luke's McCall will continue to encourage teens to attend

our adult programs, which are appropriate for teens. Limited

resources is one reason we don't plan to offer a program this

year, and another reason is we believe the best way to prevent

teen obesity is to start earlier-to prevent pre-teen obesity.

Our Implementation Plan describes our pre-teen weight management

program.

(6) Suicide

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Due to limited resources, we have chosen not to provide a specific suicide prevention program. However, in the course of routine patient care, physicians refer high risk suicide patients to appropriate services. We also subsidize a mental health clinic to identify and treat high risk suicide patients. As described in our program to build coalitions addressing health needs in the following section of this Implementation Plan, we will work with community partners to improve suicide prevention.

(7) Job Training services

We will continue to provide indirect support, usually educators or meeting space, for other organizations that prepare people for careers.

St. Luke's McCall:

Part V, Section B, Line 14g:

A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information.

Part V	Facility Information <i>(continued)</i>
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Section D. 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? 5

[illegible]

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 3c:

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

meet one or both of the following guidelines based on income

and expenses:

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

400% of the then current Federal Poverty Guideline are eligible

for possible fee elimination or reduction on a sliding scale.

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

her allowable medical expenses have so depleted the family's

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

services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be

greater than 30% of the family income. Allowable medical

expenses are the total of the family medical bills that,

if paid, would qualify as deductible medical expenses for

Federal income tax purposes without regard to whether the

expenses exceed the IRS-required threshold for taking the

Part VI Supplemental Information (Continuation)

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 patient for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program, 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 (Continuation)

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 McCall, Ltd. is not required under Idaho Law to file a community

benefit report, since its total licensed beds are less than the minimum 150

bed requirement threshold. (McCall has 15 licensed beds.) Moreover, the

activity of St. Luke's McCall, Ltd. is not included in the community

benefit report within any of its related organizations within the St.

Luke's Health System.

Part I, Line 7:

Part VI Supplemental Information (Continuation)

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

Worksheet S-10 of the FY'14 Medicare Cost Report was the source of
information for unreimbursed Medicaid costs.

Part I, Ln 7 Col(f):

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

Amount of bad debt expense included in Form 990, Part IX, line 25 is
\$2,049,485

Part III, Line 4:

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

Part III, Line 8:

100% of the shortfall in Medicare reimbursement is considered a community
benefit. St. Luke's McCall, 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
2014. The amount is calculated by comparing the total Medicare apportioned
costs (allowable costs) to interim payments received during FY'14.

Part VI Supplemental Information (Continuation)

Part III, Line 9b:

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

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 McCall provides notice of the availability of financial assistance via:

1. Signage

Part VI Supplemental Information (Continuation)

2. Patient brochure

3. Billing Statement

4. Written collection action letter

5. Online at www.stlukesonline.org/billing

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

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

financial assistance to a patient expected to incur charges that may

not be paid in full by third party coverage, along with an estimate

of the patient's liability.

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

eligibility for 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:

Adams and Valley Counties represent the geographic area used to define the

community served by St. Luke's McCall. The area is a 65 mile radius around

the city of McCall, and it includes six small rural communities

(McCall, Cascade, Council, New Meadows, Donnelly, and Riggins) and surrounding

residents. The year-round residents total approx. 14,000. Additionally,

this being a tourist and second home area, on average, there are 6,000

visitors and part-time residents in the service area each day. The service

area had one of the highest unemployment rates in Idaho during most of

fiscal year 2012, and one of the highest uninsured rates in Idaho as

Part VI Supplemental Information (Continuation)

well. (Adams and Valley counties are part of Idaho Health Districts 3 and

4.)

The criteria used in selecting this area as the community served was to include the entire population of counties where greater than 70% of the inpatients reside. The residents of these counties comprise about 82% of inpatients served by St. Luke's McCall, with approximately 60% of our inpatients living in Valley County and 22% in Adams County.

Both Idaho and the service territory for St. Luke's McCall 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 3.5% of our defined service area. Adams County is approximately 2.4% Hispanic, and Valley County is 3.9% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking it as the fourth growing state in the country. Adams and Valley counties have followed that trend experiencing an even more rapid 24% increase within that timeframe. The service area is expected to grow by about 10% again in the year 2020. St. Luke's McCall 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 65 years or older age group is expected to grow by about 50% making it the fastest growing segment. Currently, about 19% of the people in our community are over the age of 65, and by 2020 about 26% of our population

Part VI Supplemental Information (Continuation)

is expected to be over the age of 65.

The official United States poverty rate increased from 13.3% in 2005 to

15.3% in 2010. The service area poverty rate has increased from 11.4% in

2005 to 13.5% in 2010, but it is still below the national average.

However, the poverty rate in the service area for children under the age of

18 is over 22% and is now above the national average.

Median income in the United States has risen by 8% since 2005. However,

growth in income was slower in Idaho and in the service area during that

period. Median income in Idaho and District 4 is about 10% below the

national median, and in District 3 it is about 30% lower than the national

median.

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.

Part VI Supplemental Information (Continuation)

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 McCall, Ltd. (SLM) maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards for SLM.

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

Part VI Supplemental Information (Continuation)

--St. Luke's Childrens Hospital

--St. Luke's Boise/Meridian/Nampa/Caldwell/Fruitland

Physician Clinics

--St. Luke's Nampa Emergency Department/Urgent Care

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital with physician clinic

--St. Luke's Fruitland Emergency Department/Urgent Care

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

a critical access hospital located in Ketchum, Idaho as well

as various physician clinics

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

of the following:

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

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

--Canyon View-(Behavioral Health)

--St. Luke's Jerome Hospital-Jerome, Idaho

--Various Physician clinics in Jerome

(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,

Part VI Supplemental Information (Continuation)

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 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.

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.

Part VI Supplemental Information (Continuation)

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

(1) Challis Area Health Center

(2) North Canyon Medical Center

(3) Salmon River Clinic

(4) Weiser Memorial Hospital

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1.	▲
3	Enter total number of other organizations listed in the line 1 table	0.	▲

Schedule I (Form 990) (2013)

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. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information					

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including 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.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Leslie Nona, M.D. Director	(i) 0. (ii) 290,265.	0. 5,707.	0. 24,978.	0. 20,952.	0. 19,241.	0. 361,143.	0. 0.
(2) Ms. Kathy Moore Chief Executive Officer-St. Luke's W	(i) 0. (ii) 334,171.	0. 0.	0. 41,742.	0. 9,063.	0. 19,637.	0. 404,613.	0. 0.
(3) Mr. Mike Fenello Director (Served through 3/31/2014)	(i) 0. (ii) 189,249.	0. 0.	0. 938.	0. 2,806.	0. 12,120.	0. 205,113.	0. 0.
(4) Mr. Jeffrey S. Taylor VP/CFO/Treasurer	(i) 0. (ii) 475,073.	0. 0.	0. 165,178.	0. 79,589.	0. 12,611.	0. 732,451.	0. 0.
(5) Ms. Christine Neuhoﬀ VP/Legal Affairs/Secretary	(i) 0. (ii) 351,832.	0. 0.	0. 29,394.	0. 9,063.	0. 17,757.	0. 408,046.	0. 0.
(6) Gregory W. Irvine, M.D. Physician	(i) 0. (ii) 445,758.	0. 0.	0. 42,822.	0. 9,063.	0. 10,371.	0. 508,014.	0. 0.
(7) John A. Kremer, M.D. Physician	(i) 0. (ii) 259,512.	11,557. 0.	47,358. 0.	9,063. 0.	13,609. 0.	341,099. 0.	0. 0.
(8) Todd J. Arndt, M.D. Physician	(i) 0. (ii) 250,228.	0. 12,203.	0. 35,540.	0. 13,026.	0. 13,958.	0. 324,955.	0. 0.
(9) Jennifer Gray, M.D. Physician	(i) 0. (ii) 217,719.	0. 11,240.	0. 17,810.	0. 8,940.	0. 15,012.	0. 270,721.	0. 0.
(10) Sarah A. Curtin, M.D. Physician	(i) 0. (ii) 198,069.	0. 24,296.	0. 17,986.	0. 12,499.	0. 15,744.	0. 268,594.	0. 0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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 McCall, Ltd. (SLM). 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 SLM.

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 I, Line 4b:

During CY'13, the following individuals participated in a supplemental

non-qualified executive retirement plan:

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

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

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

[illegible]

2 Enter the amount of tax 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

▶ \$ _____

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

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.

[illegible]

Total	\$
--------------	-----------

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

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2013

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
HHODD, LLC	Board Member is a P	255,660.	Organizatio		X
Megan Fitzmaurice	Family relationship	47,982.	Interested		X
Blue Cross of Idaho	Board member's spou	7,367,687.	Blue Cross		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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

(a) Name of Person: HHODD, LLC

(b) Relationship Between Interested Person and Organization:

Board Member is a Partner

(c) Amount of Transaction \$ 255,660.

(d) Description of Transaction: Organization makes lease payments to

HHODD, LLC for use of physician office facilities.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Megan Fitzmaurice

(b) Relationship Between Interested Person and Organization:

Family relationship between board member and interested person.

(c) Amount of Transaction \$ 47,982.

(d) Description of Transaction: Interested person is employed by St.

Luke's McCall, Ltd.

(e) Sharing of Organization Revenues? = No

(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

Part V Supplemental Information

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

(c) Amount of Transaction \$ 7,367,687.

(d) Description of Transaction: Blue Cross of Idaho is a major third

party payer of St. Luke's McCall, Ltd.

(e) Sharing of Organization Revenues? = No

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

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number
27-3311774

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

(3) St. Luke's McCall Integrative Medicine Clinic has one integrative
medicine physician and six wellness therapists who collectively
completed 608 clinic visits in fiscal year 2014.

Form 990, Part VI, Section A, line 1:

Explanation:

Effective April 1, 2014, St. Luke's Regional Medical Center, Ltd.

(Corporation) became the fiduciary board over St. Luke's McCall, Ltd.

The Corporation and St. Luke's Health System, Ltd. (Member) 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 4:

Explanation:

Effective April 1, 2014, the overall governance structure for the

St. Luke's Health System was reorganized into two governing regions,

with St. Luke's Health System, Ltd. having overall fiduciary oversight

over these regions. The reorganization is described as follows:

(1) St. Luke's Western Region, consisting of the following legal

entities:

--St. Luke's Regional Medical Center, Ltd. (SLRMC)

--Mountain States Tumor Institute, Inc. (MSTI)

Name of the organization	Employer identification number
St. Luke's McCall, Ltd.	27-3311774

--St. Luke's McCall, Ltd. (SLM)

(2) St. Luke's Eastern Region, consisting of the following legal

entities:

--St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMV)

--St. Luke's Wood River Medical Center, Ltd. (SLWR)

As a result of these changes, the governing boards for SLRMC and SLMV also serve as the fiduciary boards over the other legal entities within their respective regions. The bylaws of all these organizations have been changed accordingly and are described in the explanations for line 7b within Part VI of this return. It should be noted that community boards for SLM and SLWR have been chartered by their fiduciary boards, with each chairperson of these boards also serving as a member on the chartering fiduciary board. Having these additional local boards will insure that the communities have involvement with the operations of their respective hospital organizations, as well as to make sure the overall health needs of their communities are addressed.

It should be noted, however, that the overall legal entity structure and sole member relationships are unchanged, as described in Form 990, Schedule R.

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

Explanation:

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

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Name of the organization	Employer identification number
St. Luke's McCall, Ltd.	27-3311774

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

Explanation:

St. Luke's McCall (Corporation) and St. Luke's Health System, Ltd. (Member) 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:

Explanation:

St. Luke's Health System, Ltd. (Member) maintains approval and implementation authority over St. Luke's Regional Medical Center, Ltd. (Corporation), which in turn is the governing board for St. Luke's McCall, Ltd. (SLM). Effective April 1, 2014, the Corporation became the fiduciary board over SLM. In addition, the Corporation granted SLM a charter to organize and maintain a community board to insure that local members of the community have involvement in the operations of the hospital and to make sure the overall health needs of the community are addressed. The chairperson of this community board also serves on the SLRMC governing board.

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

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

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Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

(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 SLRMC 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

(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;

Name of the organization	Employer identification number
St. Luke's McCall, Ltd.	27-3311774

(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 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

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Name of the organization	Employer identification number
St. Luke's McCall, Ltd.	27-3311774

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:

Explanation:

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:

Explanation:

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

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

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

Explanation:

Executive compensation is set by St. Luke's boards of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. These surveys are usually done every two years, with the most recent compensation survey completed during calendar year 2014.

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

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

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

Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

-Community need for medical specialty

-Experience

-Productivity

-Geography

-National surveys adjusted for local conditions

-Willingness to serve regardless of patients' ability to pay

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Name of the organization

St. Luke's McCall, Ltd.

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-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:

Explanation:

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:

The total hours worked and compensation reported for Kathy Moore, Jeff

Taylor, Leslie Nona M.D., and Christine Neuhoff represent services

rendered to the following organizations within the St. Luke's Health

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Name of the organization	Employer identification number
St. Luke's McCall, Ltd.	27-3311774

System:

Kathy Moore

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's Health Foundation, Ltd.

St. Luke's McCall, Ltd.

St. Luke's Clinic Coordinate Care, Ltd.

Jeff Taylor:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

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

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

St. Luke's Clinic Coordinate Care, Ltd.

Leslie Nona, M.D.:

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

Christine Neuhoff:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

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Name of the organization	St. Luke's McCall, Ltd.	Employer identification number	27-3311774
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St. Luke's Magic Valley Regional Medical Center, Ltd.

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

St. Luke's Clinic Coordinate 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'13, SLRMC paid Syringa \$180,919

for services rendered to St. Luke's patients.

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.

Form 990, Part IX, Line 11g, Other Fees:

Temporary Services::

Program service expenses 435,250.

Management and general expenses 1,786.

Fundraising expenses 0.

Total expenses 437,036.

Total Other Fees on Form 990, Part IX, line 11g, Col A 437,036.

Form 990 Part III-Statement of Program Accomplishments

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Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

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Program Expense:

Please note that the program expense amounts reported in

Statement III-Statement of Program Accomplishments, do not include an

allocation of certain administrative and functional support costs.

These costs are classified as Management and General within

Part IX-Statement of Functional Expenses.

Form 990 Part I, Line 1F

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Inspection

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number
27-3311774

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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
St. Luke's Clinic-McCall, LLC - 45-2715717 190 E. Bannock Boise, ID 83712	Physician Clinic Operations	Idaho	3,328,945.		0. St. Luke's McCall, Ltd.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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 Regional Medical Center, Ltd. - 82-0161600, 190 E. Bannock St., Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System, Ltd.		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 St., 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 St., 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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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?

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

Part VII Supplemental Information

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 Magic Valley Health Foundation, Inc.

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

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Robert J. Vosskuhler, M.D. Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(28) Ms. Linda L. Youde Director (Served through 3/31/2014)	2.00 0.00	X						0.	0.	0.
(29) Mr. Jeffrey S. Taylor VP/CFO/Treasurer	2.00 50.00			X				0.	640,251.	92,200.
(30) Ms. Christine Neuhoﬀ VP/Legal Affairs/Secretary	2.00 50.00			X				0.	381,226.	26,820.
(31) Gregory W. Irvine, M.D. Physician	40.00 0.00					X		0.	488,580.	19,434.
(32) John A. Kremer, M.D. Physician	40.00 0.00					X		0.	318,427.	22,672.
(33) Todd J. Arndt, M.D. Physician	40.00 0.00					X		0.	297,971.	26,984.
(34) Jennifer Gray, M.D. Physician	40.00 0.00					X		0.	246,769.	23,952.
(35) Sarah A. Curtin, M.D. Physician	40.00 0.00					X		0.	240,351.	28,243.
Total to Part VII, Section A, line 1c									2,613,575.	240,305.

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

Consolidated Financial Statements as of and for the
Years Ended September 30, 2014 and 2013 and
Independent Auditors' Report

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

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated financial statements of St. Luke's Health System, Ltd. and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2014 AND 2013 (In thousands)

	2014	2013
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 266,047	\$ 153,303
Receivables—net	262,227	254,138
Inventories	27,310	28,709
Prepaid expenses	12,389	12,703
Current portion of assets whose use is limited	<u>44,114</u>	<u>37,510</u>
Total current assets	<u>612,087</u>	<u>486,363</u>
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	263,360	263,145
Restricted funds	197,700	61,223
Permanent endowment funds	11,168	10,151
Donor restricted plant replacement and expansion funds and other specific purpose funds	<u>24,098</u>	<u>22,159</u>
Total assets whose use is limited	<u>496,326</u>	<u>356,678</u>
PROPERTY, PLANT, AND EQUIPMENT—Net	<u>913,121</u>	<u>901,363</u>
GOODWILL	<u>37,693</u>	<u>37,693</u>
OTHER ASSETS:		
Land and buildings held for investment or future expansion—at cost	45,970	45,642
Equity interest in joint ventures	3,749	5,494
Deferred financing cost—net	9,171	7,967
Other	<u>19,919</u>	<u>28,293</u>
Total other assets	<u>78,809</u>	<u>87,396</u>
TOTAL	<u>\$2,138,036</u>	<u>\$1,869,493</u>

See notes to consolidated financial statements.

	2014	2013
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	\$ 103,894	\$ 93,667
Accrued salaries and related liabilities	63,029	56,326
Employee benefit liabilities	55,606	43,123
Estimated payable to Medicare and Medicaid programs	106,554	100,670
Current portion of long-term debt and capital leases	<u>17,827</u>	<u>18,260</u>
Total current liabilities	<u>346,910</u>	<u>312,046</u>
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	811,485	641,677
Liability for pension benefits	45,935	54,210
Other liabilities	<u>2,935</u>	<u>3,555</u>
Total noncurrent liabilities	<u>860,355</u>	<u>699,442</u>
NET ASSETS:		
Unrestricted:		
The Health System	893,428	822,320
Noncontrolling interests	<u>2,358</u>	<u>3,347</u>
Total unrestricted net assets	895,786	825,667
Temporarily restricted	23,817	22,187
Permanently restricted	<u>11,168</u>	<u>10,151</u>
Total net assets	930,771	858,005
TOTAL	<u>\$2,138,036</u>	<u>\$1,869,493</u>

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

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (In thousands)

	2014	2013
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue (net of contractual allowances and discounts)	\$ 1,683,044	\$ 1,516,406
Less provision for bad debts	<u>(88,232)</u>	<u>(83,472)</u>
Net patient service revenue (net of bad debts)	1,594,812	1,432,934
Other revenue (including rental income)	41,063	38,209
Excess of assets obtained over liabilities assumed in acquisitions	-	20,646
Net assets released from restrictions—operating	(1,022)	914
(Loss) income on equity interest in joint ventures	<u>(1,185)</u>	<u>308</u>
Total unrestricted revenues, gains, and other support	<u>1,633,668</u>	<u>1,493,011</u>
EXPENSES:		
Salaries and benefits	863,578	802,054
Supplies and drugs	260,103	240,487
Depreciation and amortization	106,636	101,955
Contract services	70,409	74,810
Purchased services	130,563	116,943
Interest expense	24,973	24,954
Other expenses	<u>120,406</u>	<u>116,618</u>
Total expenses	<u>1,576,668</u>	<u>1,477,821</u>
INCOME FROM OPERATIONS	57,000	15,190
INVESTMENT INCOME	<u>4,082</u>	<u>4,204</u>
REVENUE IN EXCESS OF EXPENSES	61,082	19,394
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	<u>(291)</u>	<u>168</u>
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	<u>\$ 60,791</u>	<u>\$ 19,562</u>

See notes to consolidated financial statements.

	2014	2013
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	\$ 61,082	\$ 19,394
Change in noncontrolling interests	(1,280)	(1,234)
Change in net unrealized gains on investments	489	(2,029)
Net assets released from restrictions—capital acquisitions	3,428	3,624
Change in funded status of pension plan	<u>6,400</u>	<u>49,540</u>
Increase in unrestricted net assets	<u>70,119</u>	<u>69,295</u>
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	5,161	5,537
Investment income	514	572
Change in net unrealized gains on investments	405	816
Net assets released from restrictions	<u>(4,450)</u>	<u>(2,710)</u>
Increase in temporarily restricted net assets	<u>1,630</u>	<u>4,215</u>
PERMANENTLY RESTRICTED NET ASSETS—Contributions for endowment funds	<u>1,017</u>	<u>1,485</u>
INCREASE IN NET ASSETS	72,766	74,995
NET ASSETS—Beginning of year	858,005	783,010
NET ASSETS—End of year	<u>\$ 930,771</u>	<u>\$ 858,005</u>