

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 **and ending** SEP 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Luke's McCall, Ltd.		D Employer identification number 27-3311774
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number 208-381-3790
	190 E. Bannock		
	City or town, state or province, country, and ZIP or foreign postal code Boise, ID 83712		G Gross receipts \$ 36,705,908.
F Name and address of principal officer: Kathy Moore same as (c)		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.stlukesonline.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2010
M State of legal domicile: ID			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Provide healthcare services to the community.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 16
	4	Number of independent voting members of the governing body (Part VI, line 1b) 11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 221
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 628,498. 381,206.
	9	Program service revenue (Part VIII, line 2g) 28,154,394. 34,466,769.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 96,395. 105,719.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,928. 4,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,883,215. 34,958,532.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,703,310. 18,487,594.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,866,250. 10,512,882.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,583,667. 29,013,664.	
19	Revenue less expenses. Subtract line 18 from line 12 2,299,548. 5,944,868.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 22,097,278. 27,776,657.
	21	Total liabilities (Part X, line 26) 2,927,543. 1,965,728.
	22	Net assets or fund balances. Subtract line 21 from line 20 19,169,735. 25,810,929.

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 8-4-16			
	Peter DiDio, Vice-President, Controller Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name John W. Sadoff, Jr.	Preparer's signature <i>John W. Sadoff, Jr.</i>	Date 8-3-16	Check if self-employed <input type="checkbox"/>	PTIN P00540589
	Firm's name ▶ Deloitte Tax LLP	Firm's EIN ▶ 86-1065772	Firm's address ▶ 655 WEST BROADWAY, SUITE 700 SAN DIEGO, CA 92101-8590		
					Phone no. 619-232-6500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 [X] No

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

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

4a (Code:) (Expenses \$ 19,639,367. including grants of \$ 13,188.) (Revenue \$ 28,004,385.) 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 2015, St. Luke's McCall provided patient care for 503 admissions covering 1,279 patient days. They also provided patient care associated with 23,790 outpatient visits (includes 5,384 emergency room visits).

4b (Code:) (Expenses \$ 6,566,920. including grants of \$) (Revenue \$ 6,462,384.) Physician Services

St. Luke's McCall has two physician clinics:

(1) Payette Lakes Medical Clinic has eight family medicine physicians, one integrative medicine physician and six wellness therapists who collectively completed 19,628 clinic visits in fiscal year 2015.

(2) McCall Medical Clinic has two internal medicine physicians, one internal medicine P.A., one general surgeon, and one orthopedic surgeon who collectively completed 8,305 clinic visits in fiscal

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 26,206,287.

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	

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 domestic 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 or for domestic individuals 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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 "Yes," 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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
b 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Peter DiDio Vice-President, Controller - 208-381-1251 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) Ms. Kami Faylor Director	2.00 4.00	X					0.	0.	0.	
(8) Mr. Bill Ringert Director	2.00 4.00	X					0.	0.	0.	
(9) Bishop Brian Thom Director	2.00 4.00	X					0.	0.	0.	
(10) Mr. Brad Wiskirchen 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) Ron Jutzy, M.D. Director	2.00 42.00	X					0.	497,557.	20,883.	
(15) Thomas R. Huntington, M.D. Director	2.00 42.00	X					0.	6,500.	0.	
(16) Ms. Kathy Moore Chief Executive Officer-St	2.00 46.00	X		X			0.	495,624.	26,237.	
(17) Leslie Nona, M.D. Director (Served Through Feb.-2014)	2.00 42.00	X					0.	319,095.	35,090.	

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. John Jackson Director (Served Through Oct., -2014)	2.00 4.00	X						0.	0.	0.
(19) Mr. Jeffrey S. Taylor SR VP/CFO/Treasurer	2.00 50.00			X				0.	1,227,091.	<3,464.>
(20) Ms. Christine Neuhoff VP/Legal Affairs/Secretary	2.00 50.00			X				0.	396,009.	36,674.
(21) Mr. Mike Fenello Site Administrator	40.00				X			0.	202,906.	26,684.
(22) Gregory W. Irvine, M.D. Physician	40.00					X		0.	546,296.	39,692.
(23) John A. Kremer, M.D. Physician	40.00					X		0.	307,796.	25,627.
(24) Todd J. Arndt, M.D. Physician	40.00					X		0.	288,918.	38,459.
(25) Adam Weller, M.D. Physician	40.00					X		0.	228,399.	18,257.
(26) Sarah A. Curtin, M.D. Physician	40.00					X		0.	249,794.	34,686.
1b Sub-total								0.	4,765,985.	298,825.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	4,765,985.	298,825.

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Aureus Radiology LLC P.O. Box 3037, Omaha, NE 68103-0037	Imaging services	330,467.
Cameron Evans MD 3365 Willow Way, Twin Falls, ID 83301	Physician services	145,621.
Thomas W. Broderick M.D. P.O. Box 1406, Meridian, ID 83680	Physician services	129,507.

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 **3**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	168,461.				
	e Government grants (contributions)	1e	212,745.				
	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			381,206.			
Program Service Revenue	2 a Net Patient Revenue	Business Code 900099	32,704,859.	32,704,859.			
	b Tax District Revenue	900099	1,630,473.	1,630,473.			
	c						
	d						
	e						
	f All other program service revenue	900099	131,437.	131,437.			
	g Total. Add lines 2a-2f			34,466,769.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		106,919.			106,919.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	4,838.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		4,838.				
	d Net rental income or (loss)			4,838.		4,838.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,743,576.				
		(ii) Other	2,600.				
		Less: cost or other basis and sales expenses	1,747,376.				
		c Gain or (loss)	<3,800.>				
	d Net gain or (loss)			<1,200.>		<1,200.>	
	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.			34,958,532.	34,466,769.	0.	110,557.	

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

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 domestic organizations and domestic governments. See Part IV, line 21	13,188.	13,188.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,192.		234,192.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,930,296.	13,459,863.	1,470,433.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	260,179.	231,340.	28,839.	
9 Other employee benefits	2,112,547.	1,878,383.	234,164.	
10 Payroll taxes	950,380.	845,036.	105,344.	
11 Fees for services (non-employees):				
a Management	547,320.	547,320.		
b Legal	24,296.		24,296.	
c Accounting				
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.)	197,439.	197,439.		
12 Advertising and promotion	39,650.	39,650.		
13 Office expenses	343,973.	334,805.	9,168.	
14 Information technology	621,386.	621,386.		
15 Royalties				
16 Occupancy	325,672.	325,672.		
17 Travel	169,449.	125,380.	44,069.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,346,243.	1,346,243.		
23 Insurance	16,919.	16,919.		
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	3,033,823.	2,891,174.	142,649.	
b Provision for Bad Debt	1,901,764.	1,901,764.		
c Repairs	798,053.	371,299.	426,754.	
d Contract Services	265,268.	265,268.		
e All other expenses	881,627.	794,158.	87,469.	
25 Total functional expenses. Add lines 1 through 24e	29,013,664.	26,206,287.	2,807,377.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	214,347.	1	634,521.
	2 Savings and temporary cash investments	42,341.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,693,495.	4	5,253,487.
	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	549,138.	8	826,152.
	9 Prepaid expenses and deferred charges	66,263.	9	47,361.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,663,192.		
	b Less: accumulated depreciation	10b 5,058,016.		
	11 Investments - publicly traded securities	9,921,542.	10c	9,605,176.
	12 Investments - other securities. See Part IV, line 11	4,139,872.	11	4,152,187.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	84,457.	13	
	15 Other assets. See Part IV, line 11	1,385,823.	14	63,774.
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,097,278.	15	7,193,999.	
		16	27,776,657.	
Liabilities	17 Accounts payable and accrued expenses	1,006,199.	17	1,234,858.
	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	1,921,344.	25	730,870.
	26 Total liabilities. Add lines 17 through 25	2,927,543.	26	1,965,728.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,169,735.	27	25,810,929.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,169,735.	33	25,810,929.	
34 Total liabilities and net assets/fund balances	22,097,278.	34	27,776,657.	

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	34,958,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,013,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,944,868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,169,735.
5	Net unrealized gains (losses) on investments	5	<111,176.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	493,488.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	314,014.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,810,929.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form **990** (2014)

Public Inspection Copy

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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (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
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

St. Luke's McCall, Ltd.

Employer identification number

27-3311774

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 168,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 87,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 78,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 21,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 8,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Inspection Copy

Name of organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Inspection Copy

Name of organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Public Inspection Copy

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

2014

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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?
- 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)?
- 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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.	2,741,569.	5,100,094.
c Leasehold improvements				
d Equipment		5,260,655.	2,316,447.	2,944,208.
e Other		587,852.		587,852.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,605,176.

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	7,193,999.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,193,999.

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	701,641.
(3) SERP DC PLAN	29,229.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	730,870.

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 H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

**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

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			690,596.		690,596.	2.55%
b Medicaid (from Worksheet 3, column a)			1,577,398.	614,160.	963,238.	3.55%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,267,994.	614,160.	1,653,834.	6.10%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			296,771.	69,580.	227,191.	.84%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			296,771.	69,580.	227,191.	.84%
k Total. Add lines 7d and 7j			2,564,765.	683,740.	1,881,025.	6.94%

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 letter of facility reporting group St. Luke's McCall

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 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 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.stlukesonline.org/about-st-lukes/supporting-the-community</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, 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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group St. Luke's McCall

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>185</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V</u>		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group St. Luke's McCall

	Yes	No
19 Did the hospital facility or other authorized 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 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?	23		X
If "Yes," explain in Section C.			
24 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?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

St. Luke's McCall:

Part V, Section B, Line 5:

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(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 11:

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

--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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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, line 16a, FAP website:

www.stlukesonline.org/resources/before-your-visit/financial-care

St. Luke's McCall

Part V, line 16b, FAP Application website:

www.stlukesonline.org/resources/before-your-visit/financial-care

St. Luke's McCall:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Part V, Section B, Line 16i: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.

Public Inspection Copy

Part V Facility Information (continued)

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? 7

Name and address	Type of Facility (describe)
1 St. Luke's McCall Medical Clinic 209 Forest Street McCall, ID 83638	Various Specialty Physician Clinics
2 Payette Lakes Family Medicine 211 Forest Street McCall, ID 83638	Family Medicine & Surgery-Physician Clinic
3 St. Luke's Integrative Medicine Clinic 203 Hewitt Street McCall, ID 83638	Integrative Medicine-Physician Clinic
4 Meadow Valley Family Medicine 320 Virginia Street New Meadows, ID 83638	Family Medicine-Physician Clinic
5 Salmon River Family Medicine 214 N. Main Street Riggins, ID 83549	Family Medicine-Physician Clinic
6 St. Luke's Behavioral Health 301 Deinhard LN McCall, ID 83638	Behavioral Health-Physician Clinic
7 St. Luke's Rehabilitation: McCall 1010 State St. McCall, ID 83638	Rehabilitation-Physician Clinic

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

Part VI Supplemental Information (Continuation)

expenses exceed the IRS-required threshold for taking the deduction. Paid and unpaid bills may be included.

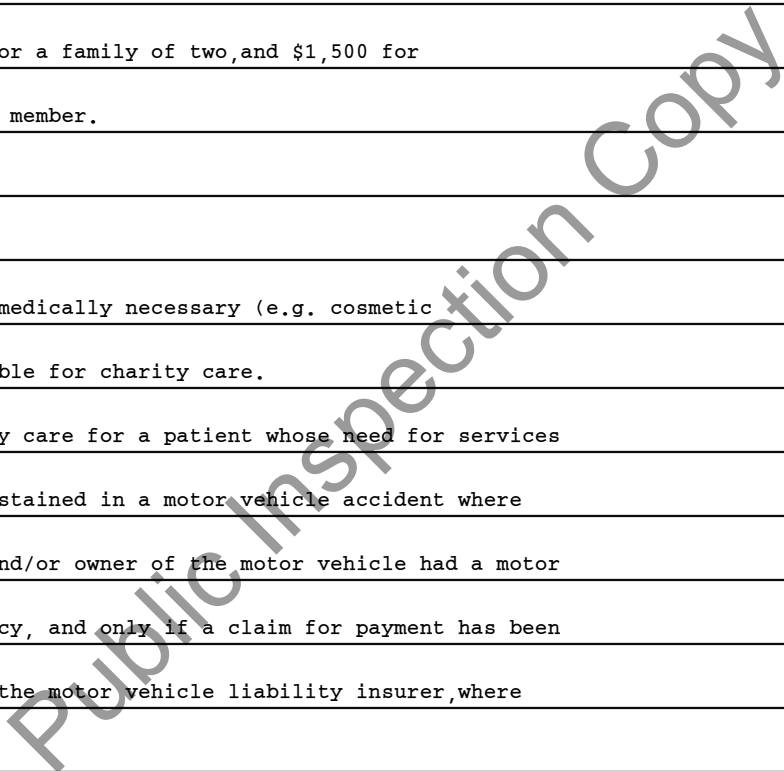
b. Resources-The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence, the first motor vehicle, and a resource exclusion 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



Part VI Supplemental Information (Continuation)

for benefits under such a program.

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 VI Supplemental Information (Continuation)

Part I, Line 7:

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

\$1,901,764

Part III, Line 2:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

Part III, Line 3:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

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

Part VI Supplemental Information (Continuation)

is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

Part III, Line 8:

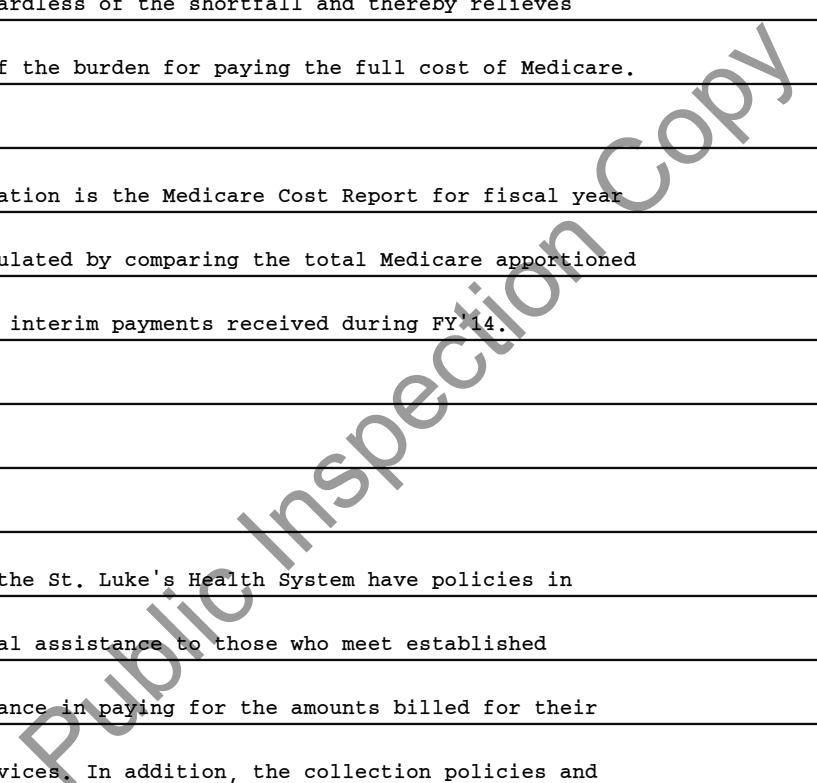
100% of the shortfall in Medicare reimbursement is considered a community benefit. St. Luke's McCall, Ltd. provides medical care to all patients eligible for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for paying the full cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year 2015. The amount is calculated by comparing the total Medicare apportioned costs (allowable costs) to interim payments received during FY'14.

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:



Part VI Supplemental Information (Continuation)

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:

www.stlukesonline.org/about-st-lukes/supporting-the-community

Part VI, Line 3:

(A) St. Luke's McCall provides notice of the

availability of financial assistance via:

1. Signage
2. Patient brochure
3. Billing Statement
4. Written collection action letter
5. Online at www.stlukesonline.org/billing

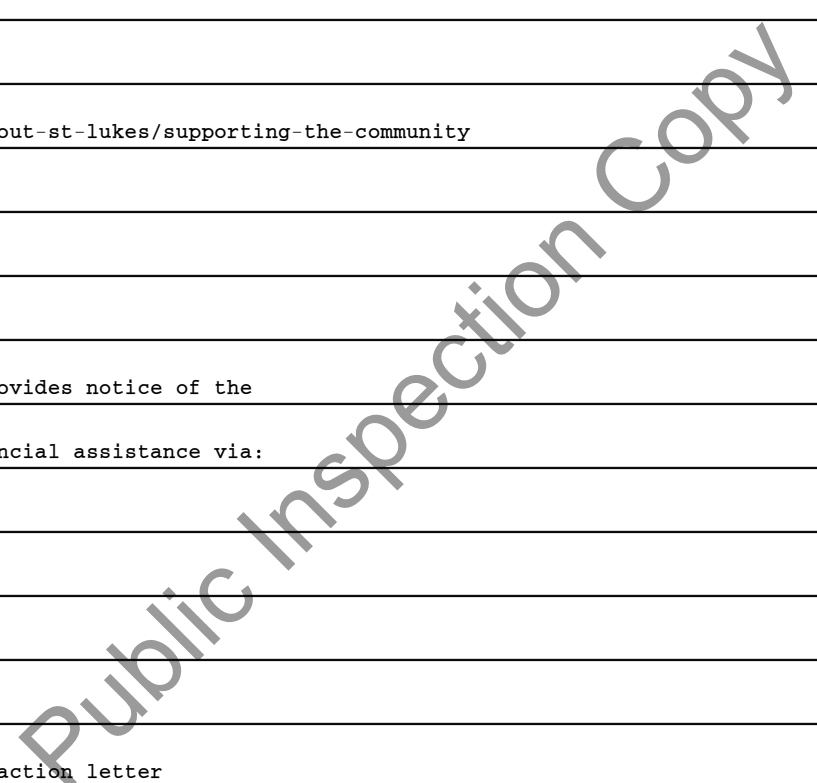
(B) All notices are translated into the following language: Spanish

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

financial assistance to a patient expected to incur charges that may

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

of the patient's liability.



Part VI Supplemental Information (Continuation)

(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 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

Part VI Supplemental Information (Continuation)

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

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

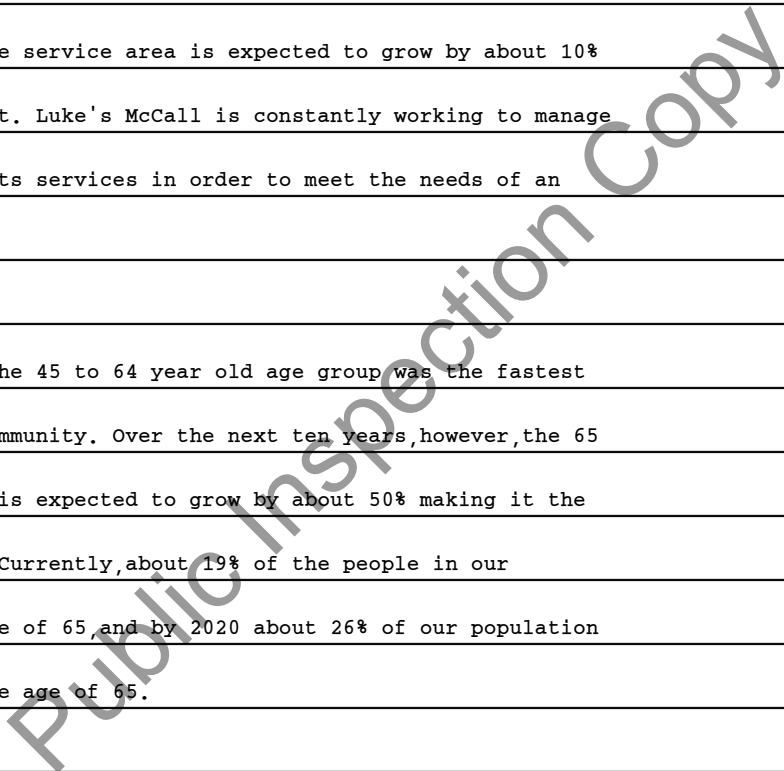
2005 to 13.5% in 2010, but it is still below the national average.

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



Part VI Supplemental Information (Continuation)

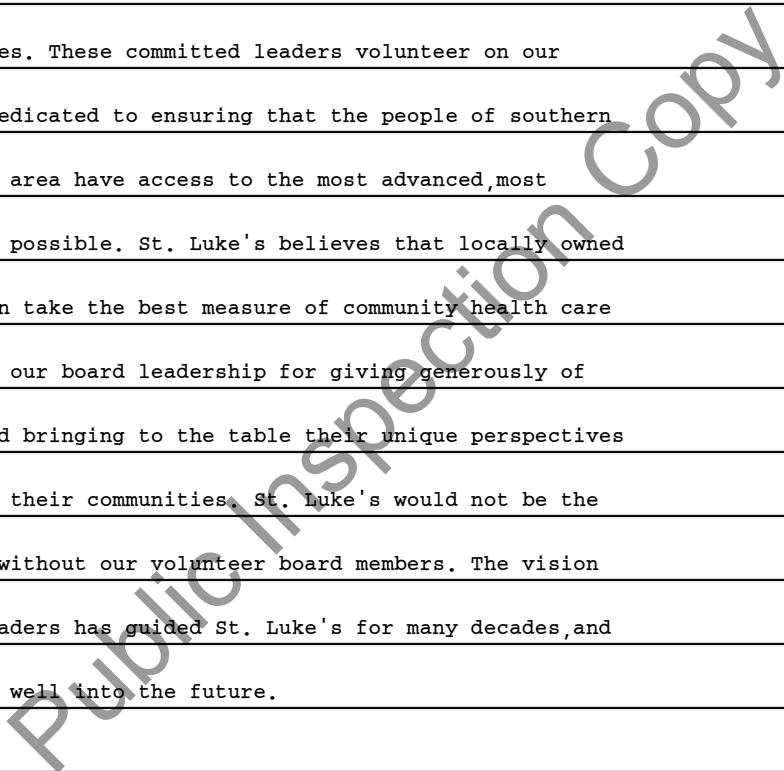
period. Median income in Idaho and District 4 is about 10% below the national median, and in District 3 it is about 30% lower than the national median.

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.

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 Supplemental Information (Continuation)

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 people in our region." Working together, we share resources, skills, and knowledge to provide the best possible care, no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care, with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

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

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

- St. Luke's Boise Hospital
- St. Luke's Meridian Hospital
- St. Luke's Childrens Hospital
- St. Luke's Boise/Meridian/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

Part VI Supplemental Information (Continuation)

(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

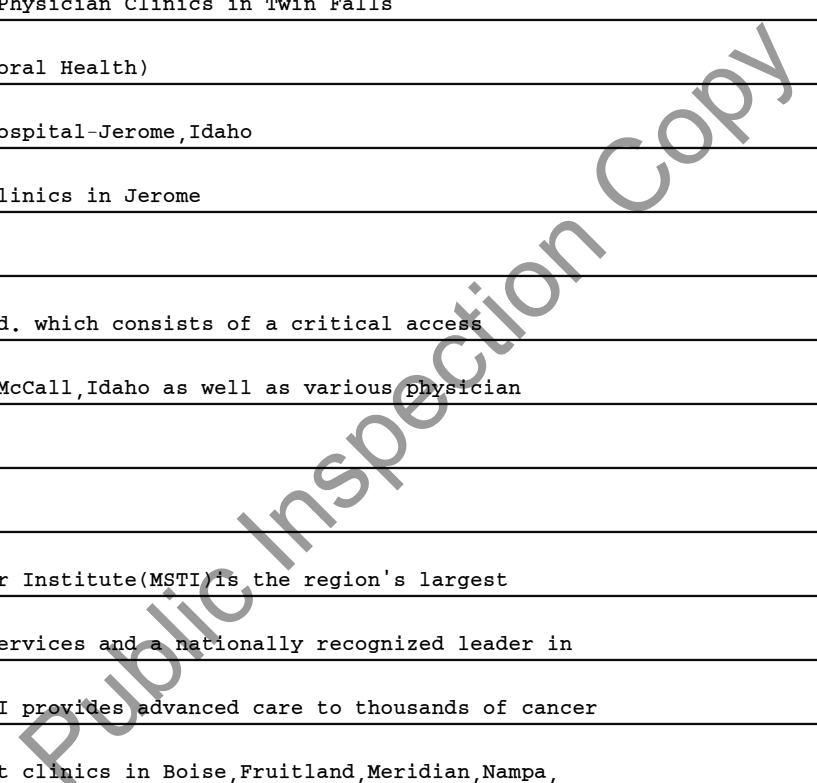
(4) St. Luke's McCall, Ltd. which consists of a critical access

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, 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,



Part VI Supplemental Information (Continuation)

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.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Luke's McCall Foundation, Inc. 100 State Street McCall, ID 83638	82-0384205	501(c)(3)	7,515.	0.			Provide funds to cover operational needs of the Foundation.

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.

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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)**

Compensation Information

OMB No. 1545-0047

2014

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.

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

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

- 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), 501(c)(4), and 501(c)(29) 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		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ron Jutzy, M.D. Director	(i)	0.	0.	0.	0.	0.	0.
	(ii)	490,826.	0.	6,731.	8,060.	12,823.	518,440.
(2) Ms. Kathy Moore Chief Executive Officer-St	(i)	0.	0.	0.	0.	0.	0.
	(ii)	453,882.	0.	41,742.	13,260.	12,977.	521,861.
(3) Leslie Nona, M.D. Director (Served Through Feb.-2014)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	253,870.	40,983.	24,242.	25,350.	9,740.	354,185.
(4) Mr. Jeffrey S. Taylor SR VP/CFO/Treasurer	(i)	0.	0.	0.	0.	0.	0.
	(ii)	502,191.	0.	724,900.	<16,575.>	13,111.	1,223,627.
(5) Ms. Christine Neuhoff VP/Legal Affairs/Secretary	(i)	0.	0.	0.	0.	0.	0.
	(ii)	395,505.	0.	504.	17,290.	19,384.	432,683.
(6) Mr. Mike Fenello Site Administrator	(i)	0.	0.	0.	0.	0.	0.
	(ii)	201,955.	0.	951.	6,059.	20,625.	229,590.
(7) Gregory W. Irvine, M.D. Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	472,280.	30,000.	44,016.	13,260.	26,432.	585,988.
(8) John A. Kremer, M.D. Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	246,442.	13,996.	47,358.	13,260.	12,367.	333,423.
(9) Todd J. Arndt, M.D. Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	245,581.	7,797.	35,540.	17,290.	21,169.	327,377.
(10) Adam Weller, M.D. Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	228,348.	0.	51.	0.	18,257.	246,656.
(11) Sarah A. Curtin, M.D. Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	208,207.	23,601.	17,986.	16,834.	17,852.	284,480.
	(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:

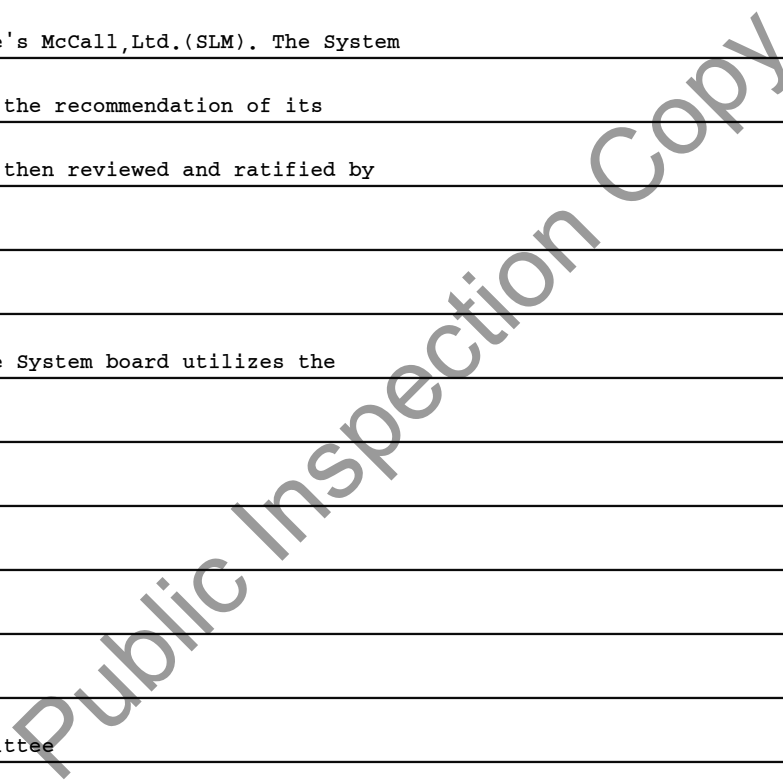
Compensation for the organization's CEO is determined by St. Luke's Health System, Ltd. (System), sole member of St. Luke's McCall, Ltd. (SLM). The System board approves the compensation amount per the recommendation of its compensation committee, and the decision is then reviewed and ratified by the 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'14, the following individuals participated in a supplemental non-qualified executive retirement plan:



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.

	SERP	SERP-Gross Up	Total
Jeffrey S. Taylor	\$377,721	\$ 305,937	\$683,658

Part II-Column (c)

During CY'14 the following individual participated in the basic pension plan. Due to changes in actuarial assumptions this individual experienced a decrease in their vested balance in the plan.

Jeffrey Taylor (\$41,925)

Public Inspection Copy

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization St. Luke's McCall,Ltd.	Employer identification number 27-3311774
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Form 990, Part III, Line 4b, Program Service Accomplishments:

year 2015.

Form 990 Part III-Statement of Program Accomplishments

Program Expense:

Please note that the program expense amounts reported in

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

allocation of certain administrative and functional support costs.

These costs are classified as Management and General within

Part IX-Statement of Functional Expenses.

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

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 6:

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

Name of the organization St. Luke's McCall,Ltd.	Employer identification number 27-3311774
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Form 990, Part VI, Section A, line 7a:

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:

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;

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

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

Name of the organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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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 requirements established from time to time by the Member and that

Name of the organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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is not otherwise contained in an Approved Budget; and

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

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

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

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

The organization annually reviews the conflict of interest policy with each
 board member and also with new board members. Persons covered under the
 policy include officers, directors, senior executives, non-director members of
 Board committees and others as identified by a senior executive. At all
 levels the board is responsible for assessing, reviewing, and resolving any
 conflicts of interest that have been disclosed by a covered person, or a
 conflict of interest disclosed by a covered person with respect to a
 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.

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

432212
08-27-14

Name of the organization St. Luke's McCall, Ltd.	Employer identification number 27-3311774
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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
- Duration of relationship and contractual terms

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

To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St. Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements.

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

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

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

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

System:
432212
08-27-14

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

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

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

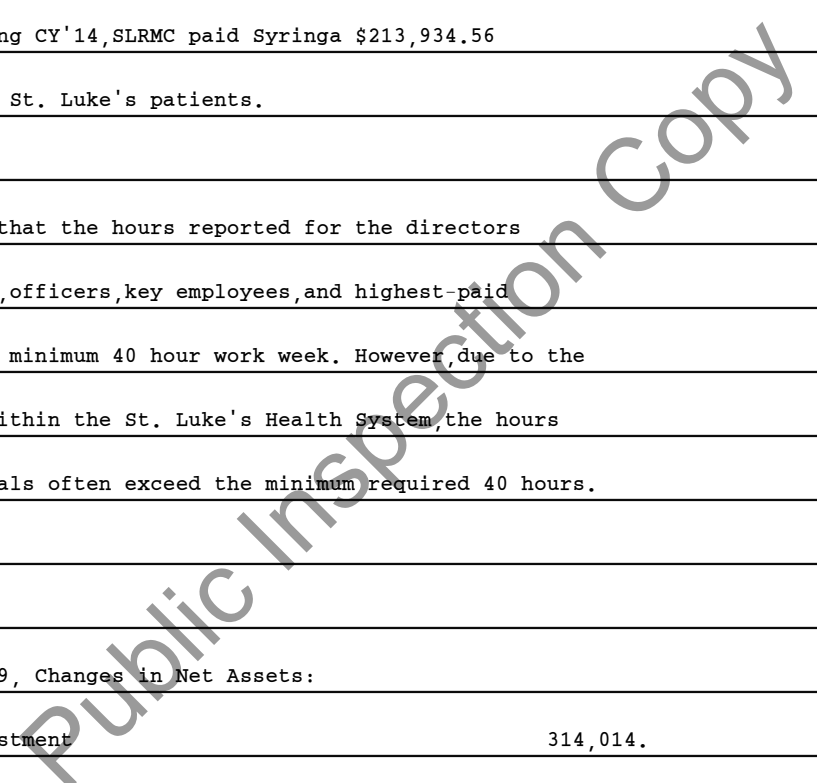
St. Luke's Clinic Coordinate Care, Ltd.

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'14, SLRMC paid Syringa \$213,934.56 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 XI, line 9, Changes in Net Assets:

Contributed Capital Adjustment	314,014.
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**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.

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

OMB No. 1545-0047

2014

Open to Public
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	3,912,732.	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 Health System, Ltd.		X

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

Schedule R (Form 990) 2014

See Part VII for Continuations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

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

Consolidated Financial Statements as of and for the
Years Ended September 30, 2015 and 2014, and
Independent Auditors' Report

Public Inspection Copy

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, 2015 and 2014, 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.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Luke's Health System, Ltd. and its subsidiaries as of September 30, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on Charity Care Schedule

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

Deloitte & Touche LLP

January 19, 2016

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

CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2015 AND 2014 (In thousands)

	2015	2014
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 236,717	\$ 266,047
Receivables—net	274,350	262,227
Inventories	30,839	27,310
Prepaid expenses	15,622	12,389
Current portion of assets whose use is limited	47,908	44,114
Total current assets	<u>605,436</u>	<u>612,087</u>
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	336,586	263,360
Restricted funds	179,256	197,700
Permanent endowment funds	12,129	11,168
Donor restricted plant replacement and expansion funds and other specific purpose funds	<u>27,705</u>	<u>24,098</u>
Total assets whose use is limited	<u>555,676</u>	<u>496,326</u>
PROPERTY, PLANT, AND EQUIPMENT—Net	<u>998,557</u>	<u>913,121</u>
GOODWILL	<u>37,393</u>	<u>37,693</u>
OTHER ASSETS:		
Land and buildings held for investment or future expansion—at cost	45,921	45,970
Other	15,346	23,668
Deferred financing cost—net	<u>8,523</u>	<u>9,171</u>
Total other assets	<u>69,790</u>	<u>78,809</u>
TOTAL	<u>\$2,266,852</u>	<u>\$2,138,036</u>

See notes to consolidated financial statements.

	2015	2014
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	\$ 128,160	\$ 103,894
Accrued salaries and related liabilities	39,949	32,042
Employee benefit liabilities	101,298	86,593
Estimated payable to Medicare and Medicaid programs	91,095	106,554
Current portion of long-term debt and capital leases	<u>20,432</u>	<u>17,827</u>
Total current liabilities	<u>380,934</u>	<u>346,910</u>
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	848,413	811,485
Liability for pension benefits	71,888	45,935
Other liabilities	<u>2,416</u>	<u>2,935</u>
Total noncurrent liabilities	<u>922,717</u>	<u>860,355</u>
NET ASSETS:		
Unrestricted:		
The Health System	924,004	893,428
Noncontrolling interests	<u>1,251</u>	<u>2,358</u>
Total unrestricted net assets	925,255	895,786
Temporarily restricted	25,817	23,817
Permanently restricted	<u>12,129</u>	<u>11,168</u>
Total net assets	963,201	930,771
TOTAL	<u><u>\$2,266,852</u></u>	<u><u>\$2,138,036</u></u>

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

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

(In thousands)

	2015	2014
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue (net of contractual allowances and discounts)	\$ 1,866,721	\$ 1,683,044
Less provision for bad debts	<u>(84,003)</u>	<u>(88,232)</u>
Net patient service revenue (net of bad debts)	1,782,718	1,594,812
Other revenue (including rental income)	47,649	41,063
Net assets released from restrictions—operating	(2,139)	(1,022)
Income (loss) on equity interest in joint ventures	<u>295</u>	<u>(1,185)</u>
Total unrestricted revenues, gains, and other support	<u>1,828,523</u>	<u>1,633,668</u>
EXPENSES:		
Salaries and benefits	975,387	863,578
Supplies and drugs	303,879	260,103
Depreciation and amortization	103,517	106,636
Contract services	177,624	155,387
Purchased services	131,967	125,543
Interest expense	32,803	24,973
Other expenses	<u>43,649</u>	<u>40,448</u>
Total expenses	<u>1,768,826</u>	<u>1,576,668</u>
INCOME FROM OPERATIONS	59,697	57,000
INVESTMENT INCOME	<u>6,164</u>	<u>4,082</u>
REVENUE IN EXCESS OF EXPENSES	65,861	61,082
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	<u>(403)</u>	<u>(291)</u>
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	<u>\$ 65,458</u>	<u>\$ 60,791</u>

See notes to consolidated financial statements.

	2015	2014
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	\$ 65,861	\$ 61,082
Change in noncontrolling interests	(1,510)	(1,280)
Change in net unrealized gains on investments	(6,079)	489
Net assets released from restrictions—capital acquisitions	807	3,428
Change in funded status of pension plan	<u>(29,610)</u>	<u>6,400</u>
Increase in unrestricted net assets	<u>29,469</u>	<u>70,119</u>
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	5,166	5,161
Investment income	875	514
Change in net unrealized gains on investments	(1,095)	405
Net assets released from restrictions	<u>(2,946)</u>	<u>(4,450)</u>
Increase in temporarily restricted net assets	<u>2,000</u>	<u>1,630</u>
PERMANENTLY RESTRICTED NET ASSETS—Contributions for endowment funds		
	<u>961</u>	<u>1,017</u>
INCREASE IN NET ASSETS	32,430	72,766
NET ASSETS—Beginning of year	930,771	858,005
NET ASSETS—End of year	<u>\$ 963,201</u>	<u>\$ 930,771</u>

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

CONSOLIDATED STATEMENTS OF CASH FLOWS

AS OF SEPTEMBER 30, 2015 AND 2014

(In thousands)

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	\$ 32,430	\$ 72,766
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	103,517	106,636
Net realized loss on investments	2,213	2,191
Unrealized gain (loss) on investments	7,174	(894)
Amortization of deferred financing fees	648	596
Restricted contributions received	(6,127)	(6,178)
Loss (gain) on disposition of equipment and other assets	318	(964)
(Gain) loss on equity interest in joint ventures	(295)	1,185
Change in funded status of pension plans	29,610	(6,400)
Changes in assets and liabilities—net of acquisitions of medical practices:		
Net change in receivables	(28,537)	(8,087)
Net change in inventories	(3,108)	1,399
Net change in prepaid expenses and other current assets	(2,727)	314
Net change in other assets	(7,418)	(4,899)
Net change in accounts payable and accrued liabilities	25,155	14,457
Net change in accrued salaries and related liabilities	7,930	6,704
Net change in employee benefit liabilities	14,090	12,484
Net change in payable to Medicare and Medicaid programs	(6,223)	5,883
Net change in other liabilities	(4,133)	(2,532)
	<u>164,517</u>	<u>194,661</u>
Net cash provided by operating activities		

See notes to consolidated financial statements.

	2015	2014
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions of property, plant, and equipment and land	\$ (123,580)	\$ (105,743)
Proceeds from disposition of equipment and other assets	576	759
Purchase of investments (includes purchases with restricted funds)	(1,588,853)	(857,449)
Change in restricted funds	3,695	1,442
Proceeds from sales of investments	1,520,148	711,331
Payments on acquisition of medical practices	-	(185)
Cash received from acquisition transactions	242	-
Contributions to unconsolidated joint ventures	-	(139)
Net cash used in investing activities	<u>(187,772)</u>	<u>(249,984)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of long-term debt	(11,220)	(11,313)
Advances on lines of credit	54,074	50,473
Repayments on lines of credit	(52,719)	(50,541)
Proceeds from contributions for temporarily restricted net assets	5,166	5,161
Proceeds from contributions for endowment funds	961	1,017
Proceeds from bond issuance	-	176,780
Cost of issuance fees from bonds	-	(1,800)
Payments on notes payable	<u>(2,337)</u>	<u>(1,710)</u>
Net cash provided by financing activities	<u>(6,075)</u>	<u>168,067</u>
NET (DECREASE) INCREASE IN CASH	(29,330)	112,744
CASH—Beginning of year	<u>266,047</u>	<u>153,303</u>
CASH—End of year	<u>\$ 236,717</u>	<u>\$ 266,047</u>
Supplemental cash flow information:		
Non-cash increase in capital lease obligation	<u>\$ 51,734</u>	

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014 (In thousands)

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Basis of Presentation—The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. Intercompany transactions have been eliminated.

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

Changes in estimates are included in results of operations in the period when such amounts are determined and actual amounts could differ from such estimates.

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

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

Donor Restricted Gifts—Unconditional promises to give cash, pledges receivable and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as

unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 are as follows:

	2015	2014
Less than one year	\$ 2,723	\$ 871
One to five years	817	1,067
More than five years	<u>264</u>	<u>507</u>
	3,804	2,445
Less allowance for estimated uncollectible accounts	<u>201</u>	<u>226</u>
Total pledges receivable	<u>\$ 3,603</u>	<u>\$ 2,219</u>

Cash and Cash Equivalents—Cash and cash equivalents represents cash on hand and cash in banks, excluding amounts whose use is limited and consists primarily of cash and highly liquid investments with original maturities of three months or less. As of September 30, 2015 and 2014, the Health System had book overdrafts of \$12,726 and \$7,053, respectively, at multiple institutions that is included in accounts payable and accrued liabilities.

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

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

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

The Health System's investments primarily include mutual funds and debt securities that are carried at fair value. The Health System evaluates whether securities are other-than-temporarily impaired (OTTI) based on criteria that include the extent to which cost exceeds market value, the intent to sell, the duration of the market decline, the credit rating of the issuer or security, the failure of the issuer to make scheduled principal or interest payments and the financial health and prospects of the issuer or security. Any declines in the value of investment securities determined to be OTTI are recognized in earnings and reported as OTTI losses. The Health System determined that no securities were OTTI as of September 30, 2015 and 2014.

Property, Plant, and Equipment—Property, plant, and equipment are recorded at cost with the exception of donated assets, which are recorded at fair value at the date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and

equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

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

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

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

Goodwill—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is not amortized but is subject to annual impairment testing at the reporting unit level. A reporting unit is defined as a component of an organization that engages in business activities from which it may earn revenues and incur expenses, whose operating results are regularly reviewed for decision making purposes and for which discrete financial information is available.

The quantitative impairment testing for goodwill includes a two-step process consisting of identifying a potential impairment loss by comparing the fair value of the reporting unit to its carrying amount, including goodwill and then measuring the impairment loss by comparing the implied fair value of the goodwill for a reporting unit to its carrying value. The fair value is estimated based upon internal evaluations of the related long-lived assets for each reporting unit and can include comparable market prices, quantitative analyses of revenues and estimated future net cash flows. If the fair value of the reporting unit assets is less than their carrying value including goodwill, an impairment loss is recognized.

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

Meaningful Use—The Health System accounts for Electronic Health Records (EHR) incentive payments in accordance with ASC 450-30, *Gain Contingencies* (“ASC 450-30”). In accordance with ASC 450-30, the Health System recognizes a gain for EHR incentive payments when its eligible hospitals and physician practices have demonstrated meaningful use of certified EHR technology for the applicable period and when the final calculation of the EHR incentive payment is available. The demonstration of meaningful use is based on meeting a series of objectives and varies among hospitals and physician practices, between the Medicare and Medicaid programs and within the Medicaid program from state to state. Additionally, meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare and Medicaid Services.

For the years ended September 30, 2015 and 2014 respectively, the Health System recognized \$4,447 and \$4,366 in EHR incentives in accordance with the HITECH Act under the Medicaid program. These incentives are included in other revenue.

The Health System incurs both capital expenditures and operating expenses in connection with the implementation of its various EHR initiatives. The amount and timing of these expenditures does not directly correlate with the timing of the Health System's receipt or recognition of the EHR incentive payments.

Land and Buildings Held for Future Investment or Future Expansion—Land and buildings held for investment or future expansion represents land and buildings purchased or donated to the Health System for future operations and are not included in the Health System operations.

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

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

Charity Care—The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. The estimated cost of providing these services was \$29,811 and \$34,129 in 2015 and 2014, respectively, calculated by multiplying the ratio of cost to gross charges for the Health System by the gross compensated charges associated with providing care to charity patients.

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

	<u>Unaudited</u>	
	<u>2015</u>	<u>2014</u>
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	\$ 278,557	\$ 227,638
Estimated benefit of services to support broader community needs	32,678	29,103

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

Unrelated Business Income—The Health System is subject to federal excise tax on its unrelated business taxable income (UBTI). As of September 30, 2015, the Company had approximately \$3,975 of UBTI Net Operating Losses from operating losses incurred from 2001 to 2015 which expire in years 2016 to 2030. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses.

Recently Issued and New Accounting Pronouncements—In April 2013, the FASB issued ASU No. 2013-06, “*Services Received from Personnel of an Affiliate (ASU 2013-06)*.” ASU 2013-06 requires that contributed services be recognized at fair value if employees of separately governed affiliated entities regularly perform services for and under the direction of the donee. The scope includes all services received from personnel of any affiliate for which the affiliate does not seek compensation from the recipient not-for-profit and (1) create or enhance nonfinancial assets or (2) require specialized skills, are provided by individuals possessing those skills, and typically would need to be purchased if not provided by donation. Affiliates may include (1) other not-for-profits, (2) for-profit entities, (3) individuals, or (4) other parties that qualify as affiliates. ASU 2013-06 was adopted by the Health System for the fiscal year ended September 30, 2015 and did not have a material effect on the Health System’s financial position, results of operations, or cash flows.

In April 2015, the FASB issued ASU 2015-03, Interest—Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs (“ASU 2015-03”), which requires entities to present debt issuance costs related to a recognized debt liability as a direct deduction from the carrying amount of that debt liability. The provisions of ASU 2015-03 are applicable to the Health System for the fiscal year beginning October 1, 2016. The Health System is currently evaluating the impact that adopting this standard will have on the Health System’s financial position, results of operations, or cash flows.

In May 2014, the FASB issued ASU No. 2014-09, “*Revenue from Contracts with Customers (Topic 606) (ASU 2014-09)*” that will result in substantial changes in revenue recognition under US GAAP. Under ASU 2014-09, revenue recognition requires the following: (1) Identifying the contract; (2) Identifying the performance obligations; (3) Determining the transaction price; (4) Allocating the transaction price to performance obligations; and (5) Recognizing revenue upon satisfaction of performance obligations. In August 2015, the FASB issued ASU No. 2015-14, “*Revenue from Contracts with Customers (Topic 606): Deferral of the Effective Date.*” Due to this deferral, the Health System is required to adopt this guidance for fiscal years beginning October 1, 2019 with early adoption permitted for fiscal year ending September 30, 2019.

Reclassifications—After a detailed review and restructuring of the general ledger chart of accounts, management determined that certain expense classifications could be enhanced by placing them in more specific categories. On the consolidated statement of operations, management reclassified amounts between other expense, contract services, supplies and drugs, salaries and benefits and purchased services. In particular \$79,958 was reclassified from other expenses to contract services and \$5,020 was reclassified from purchased services to contract services. On the consolidated balance sheet, management reclassified \$30,987 from accrued salaries and related liabilities to employee benefit liabilities. In each case, management deemed that the reclassifications were not the result of misclassification in the previous year, however, the update enhanced the specificity of the balance categories in light of the general ledger review and restructuring that occurred during fiscal year 2015.

Subsequent Events—The Health System has evaluated subsequent events through January 19, 2016. This is the date the financial statements were available to be issued.

2. BUSINESS TRANSACTIONS

Effective October 1, 2014, the Health System entered into a definitive agreement with Idaho Elks Rehabilitation Hospital (Elks). The dual purpose of the agreement was to dissolve the existing joint ventures (JV’s) that St. Luke’s and Elks had in place prior to the agreement, and in turn for the Health System to purchase the assets associated with those JV’s, along with other assets owned directly by Elks, at their appraised fair market value. Consideration given by the Health System for the transaction totaled \$7,629, net of cash received, and consisted of an elimination of net receivables due to the Health

System from Elks prior to the transaction, along with the Health System giving up their portion of ownership in the joint ventures that were dissolved to Elks. As a result of the transaction, the Health System expanded its rehabilitation services including the operation of an inpatient rehabilitation hospital located in Boise, Idaho.

The determination of the estimated fair market value of the assets obtained and liabilities assumed required management to make certain estimates and assumptions. The transaction with Elks resulted in the assets obtained and liabilities assumed being recorded on their estimated fair values on the transaction date. In 2015, an excess of assets obtained over liabilities assumed in the amount of \$104 was recorded in the consolidated statement of operations and changes in net assets representing the excess of the fair value of tangible and identifiable intangible assets obtained over liabilities assumed or other financial consideration given.

The results of operations are included in the Health System's consolidated financial statements beginning October 1, 2014. The following table presents the allocation of consideration given for the assets obtained and liabilities assumed:

	2015
Cash	\$ 242
Inventory	421
Prepaid expenses	128
Covenants not to compete	319
Property	<u>7,459</u>
Total assets obtained	8,569
Employee benefit liability assumed	<u>(594)</u>
Total liabilities assumed	(594)
Total assets and liabilities assumed	<u>7,975</u>
Total consideration given	<u>7,871</u>
Excess of assets obtained over liabilities assumed in transaction	<u>\$ 104</u>

3. NET PATIENT SERVICE REVENUE

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

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

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

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

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

Changes in prior year estimates decreased net patient service revenue by \$10,405 for fiscal year ended September 30, 2015 and decreased net patient service revenue by \$12,768 for fiscal year ended September 30, 2014.

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

The System records a provision for bad debts related to uninsured accounts to record the net self-pay accounts receivable at the estimated amounts the System expects to collect.

Patient service revenue (including patient co-pays and deductibles), net of contractual allowances and discounts (but before provision for uncollectible accounts) by primary payor source, for the year ended September 30 are as follows:

	2015	2014
Commercial payors, patients, and other	\$ 1,095,929	\$ 988,259
Medicare program	599,440	512,093
Medicaid program	<u>171,352</u>	<u>182,692</u>
	1,866,721	1,683,044
Less total provision for uncollectible accounts	<u>84,003</u>	<u>88,232</u>
	<u>\$ 1,782,718</u>	<u>\$ 1,594,812</u>

4. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

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

	2015	2014
Commercial payors, patients, and other	\$ 250,758	\$ 225,663
Medicare program	58,035	45,320
Medicaid program	19,118	25,425
Non-patient	<u>14,044</u>	<u>32,230</u>
	341,955	328,638
Less total allowance	<u>67,605</u>	<u>66,411</u>
	<u>\$ 274,350</u>	<u>\$ 262,227</u>

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

5. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of September 30 are as follows:

	2015	2014
Land	\$ 49,770	\$ 48,111
Buildings, land improvements, and fixed equipment	967,001	907,982
Major movable equipment	<u>549,431</u>	<u>486,174</u>
	<u>1,566,202</u>	<u>1,442,267</u>
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	322,215	286,085
Major movable equipment	<u>352,143</u>	<u>293,308</u>
	<u>674,358</u>	<u>579,393</u>
	891,844	862,874
Construction in process	<u>106,713</u>	<u>50,247</u>
	<u>\$ 998,557</u>	<u>\$ 913,121</u>

As of September 30, 2015 and 2014, the Health System had \$5,992 and \$5,139, respectively, of property, plant, and equipment purchases included in accounts payable and accrued liabilities.

Depreciation expense was \$96,451 and \$98,637 for the years ended September 30, 2015 and 2014, respectively.

6. ASSETS WHOSE USE IS LIMITED

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

	2015	2014
Board designated funds:		
Cash and cash equivalents	\$ 4,376	\$ 8,637
Mutual funds	85,472	36,460
Corporate bonds, notes, mortgages and asset-backed securities	217,126	161,069
Government and agency securities	112,482	133,303
Interest receivable	1,269	1,052
Due to donor restricted and permanent endowment funds	<u>(36,231)</u>	<u>(33,047)</u>
	384,494	307,474
Less amounts classified as current assets	<u>(47,908)</u>	<u>(44,114)</u>
	<u>\$ 336,586</u>	<u>\$ 263,360</u>
Restricted funds:		
Cash and cash equivalents	\$ 10,729	\$ 136,653
Certificates of deposit, commercial paper and other equities	45,127	31,601
Corporate bonds, notes, mortgages and asset-backed securities	61,943	16,129
Government and agency securities	<u>61,457</u>	<u>13,317</u>
	<u>\$ 179,256</u>	<u>\$ 197,700</u>
Permanent endowment funds—due from board designated funds	<u>\$ 12,129</u>	<u>\$ 11,168</u>
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from board designated funds	\$ 24,102	\$ 21,879
Pledges receivable	<u>3,603</u>	<u>2,219</u>
	<u>\$ 27,705</u>	<u>\$ 24,098</u>

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

	2015	2014
Investment income:		
Interest income	\$ 8,377	\$ 6,273
Realized loss on sales of securities	<u>(2,213)</u>	<u>(2,191)</u>
	<u>\$ 6,164</u>	<u>\$ 4,082</u>
 Change in net unrealized gain on investments	 <u>\$ (6,079)</u>	 <u>\$ 489</u>

In connection with the issuance of the certain bond obligations, the Health System is required to maintain a debt reserve fund. The debt reserve fund is to be used for the payment of principal and interest at maturity. The amount held in the debt reserve fund as of September 30, 2015, related to the Series 2008A Bonds, is \$16,716 (which includes \$3,165 to be paid over the next 12 months). This amount is included in restricted funds. Amounts held in custody, to be paid over the next 12 months, for the Series 2005 and 2012CD Bonds is \$1,942 and \$112, respectively. These amounts are also included in restricted funds.

Proceeds received from the Series 2014A Bonds are restricted to qualified expenditures related to a facility project of the Health System and are held by the Series 2014A Bond Trustee in a Construction Fund. Initial deposits into the Construction Fund were \$174,947 and the remaining balance as of September 30, 2015 was \$158,886.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Restricted net assets as of September 30 consist of donor restricted contributions and grants, which are to be used as follows:

	2015	2014
Equipment and expansion	\$ 15,376	\$ 13,584
Research and education	2,847	2,414
Charity and other	<u>7,594</u>	<u>7,819</u>
 Total temporarily restricted net assets	 25,817	 23,817
 Permanently restricted net assets	 <u>12,129</u>	 <u>11,168</u>
 Total restricted net assets	 <u>\$ 37,946</u>	 <u>\$ 34,985</u>

The composition of endowment net assets by type of fund as of September 30 is as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	\$ -	\$ 12,129	\$ 12,129
Board-designated endowment net assets	<u>510</u>	<u>-</u>	<u>510</u>
Total endowment net assets	<u>\$ 510</u>	<u>\$ 12,129</u>	<u>\$ 12,639</u>

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	\$ -	\$ 11,168	\$ 11,168
Board-designated endowment net assets	<u>1,104</u>	<u>-</u>	<u>1,104</u>
Total endowment net assets	<u>\$ 1,104</u>	<u>\$ 11,168</u>	<u>\$ 12,272</u>

Changes in endowment net assets during 2015 and 2014 are as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	\$ 1,104	\$ 11,168	\$ 12,272
Investment returns	-	-	-
Unrealized gains	-	-	-
Contributions	2	342	344
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	<u>(596)</u>	<u>619</u>	<u>23</u>
Endowment net asset—end of period	<u>\$ 510</u>	<u>\$ 12,129</u>	<u>\$ 12,639</u>

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	\$ 1,618	\$ 10,151	\$ 11,769
Investment returns	162	-	162
Unrealized gains	(601)	-	(601)
Contributions	5	1,039	1,044
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	<u>(80)</u>	<u>(22)</u>	<u>(102)</u>
Endowment net assets—end of period	<u>\$ 1,104</u>	<u>\$ 11,168</u>	<u>\$ 12,272</u>

8. DEBT

Long-term debt as of September 30 consists of the following:

	2015	2014
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bonds	\$ 166,135	\$ 166,135
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bond Premium	10,225	10,585
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bonds	75,000	75,000
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bond Premium	749	794
Obligations to Idaho Health Facilities Authority—Series 2012B Variable Rate Direct Purchase	67,595	70,555
Obligations to Idaho Health Facilities Authority—Series 2012CD Variable Rate Revenue Bonds	150,000	150,000
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bonds	122,360	123,795
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bond Discount	(3,016)	(3,114)
Obligations to Idaho Health Facilities Authority—Series 2005 Fixed Rate Bonds	103,105	106,105
Obligations to Idaho Health Facilities Authority—Series 2000 Fixed Rate Bonds	72,500	75,800
Obligations to Idaho Health Facilities Authority—Series 2000 and Series 2005 Fixed Rate Bond Premium	4,286	4,502
Capital leases	57,464	7,375
Notes payable	36,266	36,962
Line of credit	6,176	4,818
Total debt	868,845	829,312
Less current portion	20,432	17,827
Total long-term debt	<u>\$ 848,413</u>	<u>\$ 811,485</u>

As of September 30, 2015, the maturity schedule of long-term debt is as follows:

Years Ending September 30	Long-Term Debt	Capital Lease	Total
2016	\$ 18,681	\$ 4,027	\$ 22,708
2017	13,045	4,001	17,046
2018	13,558	4,040	17,598
2019	14,111	3,796	17,907
2020	14,694	3,528	18,222
Thereafter	<u>737,292</u>	<u>70,457</u>	<u>807,749</u>
	<u>\$ 811,381</u>	89,849	901,230
Less amount representing interest		<u>(32,385)</u>	<u>(32,385)</u>
		<u>\$ 57,464</u>	<u>\$ 868,845</u>

Obligations to Idaho Health Facility Authority

Series 2000—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from \$2,800 to \$29,700, beginning July 2011 through July 2030. The Series 2000 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.86%.

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

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

Series 2005—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from \$2,690 to \$51,710, beginning July 2011 through July 2035. The Series 2005 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.68%.

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

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

Series 2008A—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from \$1,130 to \$21,655 beginning November 2009 through 2037. The Series 2008A bonds bear interest at a fixed rate ranging from 4.00% to 6.75% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on May 1 and November 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 6.63%.

The Series 2008A bonds maturing on or after November 1, 2019, are subject to redemption prior to maturity at the option of the Health System, on or after November 1, 2018.

Series 2012A—Represents Fixed Rate Revenue Bonds payable in annual payments ranging from \$23,780 to \$26,220, beginning March 2045 through March 2047. The Series 2012A Bonds bear interest at a fixed rate ranging from 4.50% to 5.00% per annum calculated based on a 360 day calendar year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.84%.

The Series 2012A bonds are subject to redemption prior to maturity at the option of the Health System, on or after March 1, 2022.

Series 2012B—Represents Variable Rate Direct Purchases with Union Bank, N.A. in a privately placed transaction. The principal of the Series 2012B Bonds is payable in annual installments ranging from \$1,700 to \$5,160 between March 2013 and March 2032. The interest on the Series 2012B Bonds is currently payable monthly, as the Series 2012B Bonds are currently held in the Index Rate Mode (and the Health System has currently elected to use the one-month LIBOR Index Interest Period in connection with such Index Rate Mode). At the conclusion of the initial Index Rate Mode (i.e. July 30, 2019), and at the option of the Health System, the Series 2012B Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payment dates, interest calculation methods, and terms, if any, upon which each Series 2012B Bond may or must be tendered for purchase in each Mode, are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was 1.34%.

The Series 2012B Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012B Bonds are subject to optional redemption by the Health System on any business day upon payment of all fees required by the Index Rate Agreement.

Series 2012C—Represents Variable Rate Direct Purchases with Wells Fargo, N.A. in a privately placed transaction. The Series 2012C Bonds principal is payable in annual payments ranging from \$11,820 to \$13,195, beginning November 2038 through November 2043. The Series 2012C Bonds interest is payable monthly, as the Series 2012C Bonds are currently held in the Index Rate Mode (with interest being calculated using the SIFMA Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 1, 2018), and at the option of the Health System, the Series 2012C Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012C Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .84%.

The Series 2012C Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012C Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2012D—Represents Variable Rate Direct Purchases with Wells Fargo Municipal Capital Strategies, LLC in a privately placed transaction. The Series 2012D Bonds principal is payable in annual payments ranging from \$11,810 to \$13,220, beginning November 2038 through November 2043. The Series 2012D Bonds interest is payable monthly, as the Series 2012D Bonds are currently held in the Index Rate Mode (with interest being calculated using the LIBOR Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 24, 2017), and at the option of the Health System, the Series 2012D Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012D Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .96%.

The Series 2012D Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012D Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2014A—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$170 to \$16,080 beginning March 2016 through March 2044. The Series 2014A bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.66%.

The Series 2014A bonds maturing on or after March 1, 2034 are subject to redemption prior to maturity at the option of the Health System.

The Series 2000, Series 2005, Series 2008A, Series 2012A, Series 2012B, Series 2012CD and Series 2014A bonds provide, among other things, restrictions on annual debt additions that the Health System may incur. The agreements also require that sufficient fees and rates be charged so as to provide net income available for debt service, as defined, in an amount not less than 125% of the annual principal and interest due on the Bonds. For the years ended September 30, 2015 and 2014, net income available for debt service, as defined, exceeded the minimum coverage required.

Notes Payable—These notes are secured by medical office buildings and guaranteed by a third party. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2023. Interest is fixed at 4.25%.

Line of Credit—In September 2011, the Health System entered into an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to \$60,000 and has a maturity date of September 15, 2018. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate. The line of credit, among other things, contains an annual commitment fee of \$30 as well as a non-usage fee on the actual daily unborrowed portion of the principal amount available at the rate of one-fifth of 1% per annum. As of September 30, 2015, there was no outstanding balance on the line of credit.

In January 2010, the Health System entered into an unsecured credit agreement with Wells Fargo Bank, N.A. The agreement allows for borrowings up to \$8,000 and has a maturity date of August 1, 2016. The line of credit is to be utilized for working capital payments related to a cash payment program the Health System operates in connection with payments to vendors. Principal amounts are advanced as vendor payments are made, and are required to be repaid on a monthly basis. As principal is paid in full

on a monthly basis, no interest costs have been incurred. In the event that principal is outstanding in excess of 30 days, interest is variable at daily three month LIBOR plus 1.75%. The outstanding balance as of September 30, 2015 and 2014 was \$6,176 and \$4,818, respectively.

Interest Costs—During the years ended September 30, 2015 and 2014 the Health System incurred total interest costs of \$34,717 and \$26,350, respectively. During 2015 and 2014, \$1,914 and \$1,377, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2015 and 2014, the Health System made cash payments for interest of \$34,928 and \$24,746, respectively, and cash payments for bond fees of \$379 and \$362, respectively.

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9. NONCONTROLLING INTEREST

The following table shows the allocation of controlling and noncontrolling interest within net assets as of September 30:

	Total Net Assets	Controlling Interest	Noncontrolling Interest
Net assets—September 30, 2013	<u>\$ 858,005</u>	<u>\$ 854,658</u>	<u>\$ 3,347</u>
Unrestricted net assets:			
Revenue in excess of expenses	61,082	60,791	291
Change in noncontrolling interests	(1,280)	-	(1,280)
Change in net unrealized gains on investments	489	489	-
Net assets released from restrictions—capital acquisitions	3,428	3,428	-
Change in funded status of pension plan	<u>6,400</u>	<u>6,400</u>	<u>-</u>
Increase in unrestricted net assets	70,119	71,108	(989)
Temporarily restricted net assets	1,630	1,630	-
Permanently restricted net assets	<u>1,017</u>	<u>1,017</u>	<u>-</u>
Increase in net assets	<u>72,766</u>	<u>73,755</u>	<u>(989)</u>
Net assets—September 30, 2014	<u>930,771</u>	<u>928,413</u>	<u>2,358</u>
Unrestricted net assets:			
Revenue in excess of expenses	65,861	65,458	403
Change in noncontrolling interests	(1,510)	-	(1,510)
Change in net unrealized gains on investments	(6,079)	(6,079)	-
Net assets released from restrictions—capital acquisitions	807	807	-
Change in funded status of pension plan	<u>(29,610)</u>	<u>(29,610)</u>	<u>-</u>
Increase in unrestricted net assets	29,469	30,576	(1,107)
Temporarily restricted net assets	2,000	2,000	-
Permanently restricted net assets	<u>961</u>	<u>961</u>	<u>-</u>
Increase in net assets	<u>32,430</u>	<u>33,537</u>	<u>(1,107)</u>
Net assets—September 30, 2015	<u>\$ 963,201</u>	<u>\$ 961,950</u>	<u>\$ 1,251</u>

10. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans—The St. Luke’s Regional Medical, Ltd. Basic Pension Plan (the “SLRMC Plan”) covers substantially all eligible employees employed by the Health System (with the exception of St. Luke’s Magic Valley, Ltd. employees) on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants

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

The St. Luke's Magic Valley Regional Medical Center, Ltd. Plan (the "SLMVRMC Plan") covers substantially all eligible St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC) employees employed by SLMVRMC on or before April 1, 2005. The SLMVRMC Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMVRMC Plan; however, the SLMVRMC Plan remains in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service. The Health System makes annual contributions to the SLMVRMC Plan as necessary. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of \$11,700 for the SRLMC Plan and \$3,100 for the SLMVRMC Plan.

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

	SLRMC	SLMVRMC	Total 2015	Total 2014
Projected benefit obligation for service rendered to date	\$ 155,449	\$ 49,202	\$ 204,651	\$ 184,249
Plan assets—at fair value	<u>115,678</u>	<u>35,994</u>	<u>151,672</u>	<u>156,258</u>
Funded status	<u>\$ (39,771)</u>	<u>\$ (13,208)</u>	<u>\$ (52,979)</u>	<u>\$ (27,991)</u>
Employer contributions	\$ 7,000	\$ 1,700	\$ 8,700	\$ 9,950
Accrued pension liability (all noncurrent)	39,771	13,208	52,979	27,991
Change in funded status	(20,886)	(4,102)	(24,988)	10,667
Amortization of prior service cost	13	-	13	13
Amortization of net loss	1,015	389	1,404	2,490
Net periodic benefit cost	2,956	185	3,141	6,424
Benefits paid	12,035	2,680	14,715	12,656
Accumulated benefit obligation	141,908	49,202	191,110	172,425

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

	SLRMC	SLMVRMC	Total 2015	Total 2014
Prior service cost	\$ 3	\$ -	\$ 3	\$ (16)
Net actuarial loss	(45,968)	(20,147)	(66,115)	(35,553)

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2016, are expected to be approximately \$10,000.

The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans are as follows:

	Target SLRMC	Target SLMVRMC
Investments:		
Large-cap funds	20 %	20 %
Mid-cap funds	10	10
Small-cap funds	10	10
Non-U.S. funds	20	20
Fixed income	29	39
Other	11	1

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

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected long-term return is determined. As of September 30, 2015, the amounts and percentages of the fair value of Plans' assets are as follows:

	<u>SLRMC</u>		<u>SLMVRMC</u>	
Domestic equity	\$ 44,856	39 %	\$ 14,544	40 %
International equity	21,619	19	6,992	20
Fixed income	35,594	31	14,088	39
Other	<u>13,609</u>	<u>11</u>	<u>370</u>	<u>1</u>
Total	<u>\$ 115,678</u>	<u>100 %</u>	<u>\$ 35,994</u>	<u>100 %</u>

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

	SLRMC	SLMVRMC	Total
2016	\$ 11,313	\$ 2,402	\$ 13,715
2017	11,494	2,591	14,085
2018	11,724	2,737	14,461
2019	11,753	2,873	14,626
2020	11,752	3,052	14,804
2021–2025	<u>57,115</u>	<u>15,920</u>	<u>73,035</u>
	<u>\$ 115,151</u>	<u>\$ 29,575</u>	<u>\$ 144,726</u>

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

	2015	2014
SLRMC		
Weighted average discount rate	4.35 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00
SLMVRMC		
Weighted average discount rate	4.25 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00

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

	2015	2014
SLRMC		
Weighted average discount rate	4.49 %	4.35 %
Rate of increase in future compensation levels	4.00	4.00
SLMVRMC		
Weighted average discount rate	4.38 %	4.25 %
Rate of increase in future compensation levels	4.00	4.00

The principal cause of the change in the unfunded pension liability is related to the use of new mortality tables at September 30, 2015 and a change in the discount rate at September 30, 2014.

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

	2015	2014
Projected benefit obligation for service rendered to date	\$ 19,729	\$ 18,806
Plan assets—at fair value	<u>-</u>	<u>-</u>
Funded status	<u>\$ (19,729)</u>	<u>\$ (18,806)</u>
Employer paid benefits	\$ 679	\$ 531
Accrued pension liability (noncurrent)	18,909	17,944
Accrued pension liability (current)	820	862
Change in funded status	923	(2,431)
Amortization of prior service cost	-	2
Amortization of net loss	840	669
Net periodic benefit cost	2,529	2,230
Accumulated benefit obligation	18,006	17,084

The measurement dates used to determine pension benefits is September 30. Expected contributions to the Plan for the year ending September 30, 2016, are expected to be approximately \$820. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of \$1,100 for the SERP Plan.

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

	2015	2014
Prior service cost	\$ -	\$ -
Net actuarial loss	(6,681)	(7,707)

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

	Benefit Payments
2016	\$ 820
2017	816
2018	812
2019	807
2020	1,187
2021–2025	<u>7,935</u>
	<u>\$ 12,377</u>

As of September 30, 2015 and 2014, the accrued pension liability is included in benefit plan liabilities.

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

	2015	2014
Weighted average discount rate	4.25 %	4.90 %
Rate of increase in future compensation levels	4.00	4.00

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

	2015	2014
Weighted average discount rate	4.42 %	4.25 %
Rate of increase in future compensation levels	4.00	4.00

Defined Contribution Plan—The Health System sponsors two defined contribution plans (the “contribution plans”) that cover substantially all of its employees. The Health System’s contributions to these contribution plans are at the discretion of the Health System’s Board of Directors. Amounts contributed are allocated to participants based on individual compensation amounts, years of service, and the participant’s level of participation in tax deferred annuity programs. During 2015 and 2014, contributions to these plans were \$28,695 and \$19,387, respectively.

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, Financial Instruments. The Health System accounts for certain assets and liabilities at fair value or on a basis that is approximate to fair value. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is necessarily required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange.

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Health System has the ability to access. The level 2 inputs of the Health System include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs are unobservable inputs for the asset or liability. The determination to measure the asset or liability as a level 3 depends on the significance of the input to the fair value measurement.

The asset or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no transfers of assets between any levels during the fiscal year.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

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

Assets Whose Use is Limited—These assets consist primarily of cash and cash equivalents, mutual funds, debt and equity securities, and pledges receivable. For cash and cash equivalents, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value.

For mutual funds the fair value is based on the value of the daily closing price as reported by the fund. Mutual funds held by the System are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the System are deemed to be actively traded.

For equities (common stock), the fair value is based on the value of the closing price reported on the active market on which the individual securities are traded.

For government obligations, the fair value is measured using pricing models maximizing the use of observable inputs for similar securities.

The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis as of September 30:

Fair Value Measurements as of September 30, 2015, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	\$ 15,105	\$ -	\$ -	\$ 15,105
Certificates of deposit and commercial paper	-	45,127	-	45,127
Mutual funds	70,667	14,805	-	85,472
Government and agency securities	76,178	97,761	-	173,939
Corporate bonds, notes, mortgages and asset-backed securities	-	279,069	-	279,069
Total	<u>\$ 161,950</u>	<u>\$ 436,762</u>	<u>\$ -</u>	<u>\$ 598,712</u>

Fair Value Measurements as of September 30, 2014, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	\$ 145,290	\$ -	\$ -	\$ 145,290
Certificates of deposit and commercial paper	-	31,601	-	31,601
Mutual funds	36,460	-	-	36,460
Government and agency securities	62,583	83,850	-	146,433
Corporate bonds, notes, mortgages and asset-backed securities	-	177,198	-	177,198
Foreign government bonds	-	187	-	187
Total	<u>\$ 244,333</u>	<u>\$ 292,836</u>	<u>\$ -</u>	<u>\$ 537,169</u>

Fair Value of Pension Plan Assets—In addition to the types of assets listed above as held by the System, the pension plans also hold assets within limited partnerships, limited liability companies, and common collective trusts.

Limited partnerships and limited liability companies are valued at fair value based on the audited financial statements of the partnerships and the percentage ownership in the partnership. This method is an accepted practical expedient that is considered equivalent to NAV. The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs, but includes adjustments for certain risks that may not be observable, such as such as cap & discount rates, maturities and loan to value ratios.

Common collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

	Fair Value Measurements as of September 30, 2015, Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Pension assets:				
Cash and cash equivalents	\$ 2,108	\$ -	\$ -	\$ 2,108
Domestic mutual funds	80,082	-	-	80,082
International mutual funds	25,316	-	-	25,316
Government & agency securities	-	17,737	-	17,737
Common collective trusts	5,808	8,774	-	14,582
Limited partnerships & liability companies	-	4,858	6,989	11,847
Total	<u>\$ 113,314</u>	<u>\$ 31,369</u>	<u>\$ 6,989</u>	<u>\$ 151,672</u>

**Fair Value Measurements
as of September 30, 2014, Using**

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	\$ 1,077	\$ -	\$ -	\$ 1,077
Domestic mutual funds	85,868	-	-	85,868
International mutual funds	24,065	-	-	24,065
Government & agency securities	-	18,060	-	18,060
Common collective trusts	6,160	9,945	-	16,105
Limited partnerships & liability companies	-	4,846	6,237	11,083
Total	<u>\$ 117,170</u>	<u>\$ 32,851</u>	<u>\$ 6,237</u>	<u>\$ 156,258</u>

The Health System's use of Level 3 unobservable inputs account for 4.61% and 3.99%, respectively, of the total fair value of Pension Assets as of September 30, 2015 and 2014. The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

Beginning Balance September 30, 2013	\$ 5,689
Sales	(32)
Realized gain on sales	2
Allocation of capital loss	(13)
Miscellaneous fees	(61)
Interest received	276
Change in unrealized gains	376
Ending Balance September 30, 2014	<u>6,237</u>
Allocation of capital gain	99
Miscellaneous fees	(70)
Interest received	294
Change in unrealized gains	429
Ending Balance September 30, 2015	<u>\$ 6,989</u>

The unrealized gains and losses on investment accounts at September 30, 2015 were determined to be temporary in nature as the change in market value for these assets was the result of fluctuating interest rates and market activity rather than the deterioration of the credit worthiness of the issuers. In the event that the Health System disposes of these securities before maturity, it is expected that the realized gains or losses, if any, will be immaterial both quantitatively and qualitatively to the statement of operations and financial position as of the Health System's fiscal year end.

The following tables show our investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or more as of September 30, 2015 and those that have been in a loss position for 12 months or more as of September 30, 2015. These investments are interest-yielding debt securities of varying maturities. We have determined that the unrealized loss position for these securities is primarily due to market volatility. Generally, in a rising interest rate environment, the estimated fair value of fixed income securities would be expected to decrease; conversely, in a decreasing interest rate environment, the estimated fair value of fixed income securities would be expected to increase. These securities may also be negatively impacted by illiquidity in the market.

	In a Continuous Loss Position for Less than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	\$ 119,522	\$ (909)	274
Mutual funds	65,757	(6,468)	42
Government & agency securities	<u>60,887</u>	<u>(713)</u>	<u>45</u>
Total	<u>\$ 246,166</u>	<u>\$ (8,090)</u>	<u>361</u>

	In a Continuous Loss Position for more than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	\$ 45,226	\$ (1,007)	74
Mutual funds	19,033	(2,565)	24
Government & agency securities	<u>20,875</u>	<u>(346)</u>	<u>35</u>
Total	<u>\$ 85,134</u>	<u>\$ (3,918)</u>	<u>133</u>

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

The estimated fair value of the Fixed Rate Revenue Bonds as of September 30, 2015 and 2014 was \$585,664 and \$595,780, respectively, and are based on Level 2 inputs within the fair value hierarchy. The fair value was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The estimated fair value of the notes payable as of September 30, 2015 and 2014, was \$41,468 and \$40,393, respectively. The fair value is based on Level 2 inputs within the fair value hierarchy and was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2015. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

12. COMMITMENTS AND CONTINGENCIES

The Health System leases office space under operating leases, some of which contain renewal options. Rental expense on the operating leases during 2015 and 2014 were \$16,056 and \$16,324, respectively. The Health System also leases out space in medical office buildings under non-cancelable operating leases. Rental income on these leases during 2015 and 2014 were \$1,656 and \$2,389, respectively.

As of September 30, 2015, future minimum rental income and payments on operating leases are as follows:

Years Ending September 30	Minimum Rental Revenue	Minimum Rental Payments
2016	\$ 1,208	\$ 11,057
2017	933	9,792
2018	879	5,974
2019	711	4,252
2020	705	3,245
Thereafter	<u>797</u>	<u>5,917</u>
	<u>\$ 5,233</u>	<u>\$ 40,237</u>

As of September 30, 2015 and 2014, the Health System had commitments on construction contracts and equipment purchases totaling \$15,013 and \$4,674, respectively.

The Health System maintains professional liability coverage through a "claims made" insurance policy. The policy provides coverage for claims filed within the period of the policy term. The current policy period ends September 30, 2016, and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based on actuarial estimates provided by an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 3.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2015 and 2014, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of \$10,361 and \$8,205, respectively.

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

On November 12, 2012, private plaintiffs filed a complaint against the Health System in Idaho Federal District Court (the “Court”) asserting that a planned business transaction between the Health System and an independent medical practice violated state and federal antitrust law. The suit sought money damages, attorney fees, and a preliminary and permanent injunction against the transaction. The court denied the request for a preliminary injunction, allowing the transaction to close in December of 2012, but set a trial on plaintiffs’ request for an order unwinding the transaction. On March 26, 2013, the Federal Trade Commission and the State of Idaho filed a complaint for a permanent injunction requiring the Health System to unwind the transaction and for attorney fees incurred by the Office of the Idaho Attorney General.

On February 28, 2014, the Court entered a judgment permanently enjoining the transaction and ordering the Health System to unwind the transaction.

On December 10, 2015, the Court entered an order setting out the process to divest the medical practice from the Health System and appointing a monitor and a trustee to oversee the process. The private plaintiffs and the State of Idaho have sought recovery of their attorney fees, and the parties have briefed the issue of the amount of fees to which these plaintiffs may be entitled to and are awaiting a decision regarding the specific dollar amount that will be owed. The Health System has recorded an amount in the financial statements for its estimated exposure to the fees owed—an amount that is not material to the financial statements as a whole.

The Health System has antitrust insurance with coverage for defense costs, costs on appeal, and an award of attorney fees. After receipt of a letter from its insurer invoking an exclusionary clause to deny coverage in the antitrust litigation, the Health System filed a lawsuit on November 4, 2014 in the Court alleging breach of the insurance contract and requesting a declaratory judgment that the insurance policy covers the antitrust litigation. The insurer asserted counterclaims for recoupment of defense costs already reimbursed in the antitrust litigation. On September 4, 2015, the court decided in the Health System’s favor and that decision is currently on appeal with the Ninth Circuit Court of Appeals.

13. FUNCTIONAL EXPENSES

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

	2015	2014
Professional, nursing, and other patient care services	\$ 1,451,510	\$ 1,289,562
Fiscal and administrative support services	<u>317,316</u>	<u>287,106</u>
	<u>\$ 1,768,826</u>	<u>\$ 1,576,668</u>

14. GOODWILL AND OTHER INTANGIBLES

The Health System considered various events and circumstances when it evaluated whether it’s reporting unit fair values were less than their carrying value. Based on the Health System’s assessment of relevant events and circumstances, the Health System has concluded that there was no impairment of goodwill for the fiscal years ended September 30, 2015 and 2014.

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

	2015	2014
Covenants not to compete	\$ 46,849	\$ 46,530
Less accumulated amortization	<u>(41,688)</u>	<u>(34,811)</u>
Total other intangible assets	<u>\$ 5,161</u>	<u>\$ 11,719</u>

The Health System recorded amortization expense of \$6,877 and \$7,812 for the years ending September 30, 2015 and 2014, respectively. Expected future amortization expense related to intangible assets as of September 30 is as follows:

Years Ending September 30	Amount
2016	\$3,157
2017	1,633
2018	370
2019	<u>1</u>
	<u>\$5,161</u>

Public Inspection Copy

St. Luke's McCall
Community Health Needs Assessment
2016 Implementation Plan

Approved by St. Luke's McCall Community Board
September, 2015

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Introduction

The St. Luke's McCall FY2016 Implementation Plan is the third year of Implementation Plans based upon our 2013 Community Health Needs Assessment (CHNA). This plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2013 CHNA. Our Implementation Plan is divided into two main sections. The first section contains a list of the health needs identified in our CHNA. In addition, it provides the prioritization score for each health need, explains how the community could serve the need, and describes St. Luke's involvement in addressing the need. The second section of our implementation plan defines the programs and services St. Luke's plans to implement to address specific needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to our process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our communities a healthier place to live.

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Principles Guiding St. Luke's McCall's FY2016 Implementation Plan

1. Form effective partnerships with organizations sharing a mission to improve regional health.
2. Focused interventions: target demographic groups most afflicted with specific health needs
3. Prevent health issues as early in the lifespan, and as early in the progression of the health issue, as shown to be effective.
4. Think long-term; it could take a generation to reverse some trends.
5. Allocate sufficient resources for planning and learning how to be more effective.
6. In general, create sustainable programs rather than quick fixes.
7. Align with Accountable Care Organization ways of delivering health care.
8. Ignite a cultural change. To achieve the outcomes we desire, it will be necessary to create a cultural change whereby public health is more highly regarded by individuals, institutions, and local government.
9. Challenging program goals. We set inspiring and challenging goals to achieve for our programs. We would rather achieve 80% of a difficult goal than 100% of an easy goal.
10. Participate in public policy. Public policies (cigarette tax, speed limits) are the most effective means of improving some health factors.

Compiled Summary of FY 2016 Implementation Plan

The support and activities we plan to implement during FY 2016 in order to improve the significant health needs in our region can be grouped as such:

- A. 20 one-time classes on multitude of health subjects
Hospital contribution: \$6,000
- B. **10 ongoing series of classes/activities** such as childbirth education, yoga, weight loss, smoking cessation, walking promotions, nutrition education
Hospital contribution: \$22,000
- C. **Screenings for 6 different chronic conditions** or health factors that predispose us to disease
Breast, skin and colon cancer; hypertension, diabetes, obesity. (Mental health screening is a clinic activity.)
Hospital contribution: \$9,000
- D. **Subsidies for foot clinic, mental health clinic,**
Hospital contribution: \$5K foot clinic, \$15K mental health clinic
- E. **Grocery store programs** to change consumer purchasing behavior at point of purchase
Hospital contribution: \$6,000
- F. **Employee wellness promotions** at local employers. Hypertension, diabetes, non-smoking policy, classes
Hospital contribution: \$4,000
- G. **Administration and leadership support for county-wide coalitions**
Hospital contribution: \$22,000
- H. **Weekly column in local paper** featuring residents with health successes and motivational topics
Hospital contribution: \$18,000
- I. **Subsidized coaching** for people with conditions that can be improved with lifestyle modification
Hospital contribution: (Provided in year one, not year three of this three-year plan.)

J. Mental health navigation services and brochure. (Mental health navigation primarily a clinic activity)

Hospital contribution: \$1,000

K. Support for school programs

Hospital contribution: \$10,000

L. Community fitness events. (Sponsorship of community events and walking programs)

Hospital contribution: \$4,000

M. Physician leadership and medical oversight for all programs

Hospital contribution: \$12,500

N. Life 101

Hospital contribution: \$26,000

O. Grant writing for programs

Hospital contribution: \$12,000

P. Youth weight loss and healthy lifestyles camp

Hospital contribution: \$2,000 (Provided through support of camps organized by other groups.)

Q. Support for Valley Adams Health Improvement Coalition Initiatives. Program support other than leadership and administrative support.

Hospital contribution: \$6,000

R. Expanding community partners' visions to include healthy communities and lifestyles

Staff time working with civic groups to expand their health care scope

Hospital contribution: \$6,000

S. Community Focus Groups on Health Promotion

Hospital contribution: \$3,000

Subtotal of hospital contribution for all above programs and activities: \$189,500

T. Unreimbursed Care/ Financial Care to care for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided.

Hospital contribution: \$4,500,000 (Charity Care, Bad Debt, Medicaid, Medicare)

Methodology

We designed the St. Luke's McCall 2013 CHNA to help us better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, we collaborated with representatives from our community to help us identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

Our health needs were then ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community leaders as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors scoring above the median were highlighted in light orange in the tables below. Health needs and factors with scores in the top 20th percentile were highlighted in dark orange and are considered to be high priorities.

Next, to complete our CHNA Implementation Plan, we collaborated with community representatives to address the most significant health needs. To determine the health needs St. Luke's will address directly, we utilized the following decision criteria:

1. Health needs ranked in the top 20th percentile in our CHNA were considered first. Other health needs that scored above the median were also given priority. In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not addressed as part of this implementation plan.
2. Next we examined whether it would be most effective for St. Luke's to address a higher priority health need directly or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.
3. A single health improvement program can often support the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into groups as defined later in this implementation plan.

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List of Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are: Substance abuse programs; and wellness and prevention programs for accidents, diabetes, and mental illness. Substance abuse ranks as a high priority need due to its high community leader score and because our community has an above average levels of alcohol and illicit drug use. Accident prevention ranks high largely due to an increase in motor vehicle accidents since 2007. Diabetes ranks as a high priority need because it is trending higher and is a contributing factor to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages (22.5%) of any mental illness (AMI) in the nation.

Table Color Key
Dark Orange = High priority (total score in the top 20 th percentile)
Light Orange = Total score above the median
White = Total score below the median

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Community Resources Available	Recommended Action and Justification
Substance abuse services and programs	Alcohol	18.8	Mission: Medium Strength: Low	Youth Advisory Council, City of McCall, State Agencies, bar owners, County court system, private substance abuse counselors, local media	Our CHNA identified alcohol abuse as a need ranked in the top 20 th percentile; although this need does not have a high alignment with our mission or strength, we have received a planning grant to address underage drinking and prescription drug abuse during FY 2016, and, we are partnering with various organizations (regional schools, City of McCall, law enforcement) to support strategies to reduce alcohol 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.
	Illicit drug use	19.8	Mission: Medium Strength: Low	Police, Schools. Y.A.C., County court system, local media	Our CHNA identified illicit drug abuse as a need ranked in the top 20 th percentile; however, because our strength to directly address this need is low, and due to resource limitations, we are partnering with various organizations (regional schools, Juvenile Detention Services, law enforcement) to support strategies to reduce illicit drug use; these strategies include education, peer support, and enforcement. We will continue supporting drug-free support groups with free space and other resources.
	Vehicle crash death rate	19.8	Mission: Medium Strength: Low	Youth and Senior Driver's Ed, City of McCall, local media	Our CHNA identified vehicle crash death rate as a need ranked in the top 20 th percentile; however, because our strength to directly address this need is low, and due to resource limitations, we are partnering with various organizations (regional high schools, law enforcement, AARP) to support drivers education, youth bike rodeos, and alcohol abuse programs because vehicle crash death and alcohol abuse are correlated. Our weekly health messages in the newspapers will periodically highlight highway safety. The hospital also advocates for public pathways and endorses city grants safe routes to school.
Wellness/ prevention	Accidents	19	Mission: Low Strength: Low	Senior Center, OHSa, County Sheriffs, City Police	Our CHNA identified accidents rate as a need ranked in the top 20 th percentile; however, because our mission and strength to directly address this need are low, and due to resource

					limitations, we are partnering with various organizations (National Ski Patrol, recreation businesses law enforcement, senior center) to support safe recreation and avoidance of home injuries. Our weekly health messages in the newspapers will periodically highlight safety. Because accidents are correlated with alcohol abuse, our alcohol prevention programs for FY2016, as carried out through a \$90,000 annual grant, are intended to lower accidents.
	Diabetes	20	Mission: High Strength: High	St. Luke's McCall	St. Luke's will directly support diabetes prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 20 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Mental illness	20	Mission: High Strength: Medium	SLM Mental Health Clinic, Schools, McCall Therapy Services, Central District Health	St. Luke's will directly support mental health wellness programs because this need ranked in our CHNA's top 20 th percentile, it is aligned with our mission and strengths, and there is a scarcity of outside programs in our service area. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Exercise programs/ education	Adult physical activity	15.7	Mission: Medium Strength: Low	Private gyms, City rec program, parks, trailways, schools	Adult physical activity ranks above the median, and because of its impact on diabetes, weight management and mental illness, and because it aligns with our mission and strengths, we provide the programs described in the following section of this Implementation Plan.

Nutrition education	Teen nutrition	15.9	Mission: Medium Strength: Low	Schools, grocery stores	Although this need ranks above the median and teen nutrition is associated with obesity and mental health, we are not offering nutrition programs specific to teens; however, our education programs and health promotion program in grocery stores, as explained in the following section of the Implementation Plan are design to include teens.
Safe-sex education programs	Teen birth rate	16.2	Mission: Medium Strength: Low	Physician consultations with sexually active teens, CDHC programs, schools	Although this need ranks above the median, 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.
Tobacco cessation programs	Smoking	16.9	Mission: High Strength: Medium	St. Luke's McCall, Central District Health	Although this need ranks only as above the median, it will receive a high priority because our significant partner in improving public health, Central District Health Department, ranks smoking as their highest priority in our area. Our programs as described in the following section of this Implementation Plan include individual cessation coaching, smoking cessation policy advocacy, school program support and other proven means to reduce tobacco use.
Weight management	Obese Adults	16.4	Mission: High Strength: Medium	National on-line weight programs, local gyms, Best U,	St. Luke's will directly support adult weight management programs because this need is aligned with our mission and strengths, the need is ranked in our CHNA's significant needs, and there are no commercial weight loss programs in our communities other than fitness gyms. To offset the dearth of weight loss

					programs in our communities, St. Luke's will support the programs described in the following section of this Implementation Plan.
	Obese/Over-weight Teens	17.4	Mission: High Strength: Low	On-line weight management programs and private trainers at fitness clubs are the only local resource.	Although this was identified as an above the median health need, St. Luke's McCall will not directly support a teen weight loss program. We will 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.
Wellness/ prevention	High cholesterol	17	Mission: High Strength: High	OTC test kits, physician lab order	Although we have not conducted a free or reduced-cost cholesterol screening for the public previously, because this is now identified as a need above the medium, we will initiate a cholesterol screening as described in the following section of this Implementation Plan.
	Skin cancer	18	Mission: High Strength: High	Free screening provided by SLM, public education to spot concerns and to use sun screen	Although skin cancer is ranked as an above the median need, and not a top 20% need, this disease will receive a high priority. We believe one reason it was not determined to be high priority in the CHNA is due to the long-term, multi-pronged, high priority and we have given skin cancer over the years. The program descriptions in the following section of Implementation Plan describe our continuing and varied programs to reduce skin cancer.

	Suicide	17	Mission: Medium Strength: Low	Social support from civic organizations: churches, teen center	Although this need ranks above the median, because our strength to effect change is low, and due to limited resources, we have chosen not to provide a specific suicide prevention program. 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.
Exercise programs/ education	Teen exercise	12.5	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Nutrition education	Adult nutrition	12.8			
	Teen nutrition	14.8			
Safe-sex education programs	Sexually transmitted infections				
Wellness and prevention (scores below the median)	AIDS	14			
	Alzheimer's	10			
	Arthritis	12			
	Asthma	15			

Breast cancer	14
Cerebro-vascular diseases	14
Colorectal cancer	13
Flu/pneumonia	11
Heart disease	13
High blood pressure	15
Leukemia	12
Lung cancer	14
Leukemia	8.5
Nephritis	13
Non-Hodgkin's lymphoma	10
Pancreatic cancer	10
Prostate cancer	15
Respiratory disease	13

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Clinical Care Category

High priority clinical care needs include: Affordable care for low income individuals; affordable health insurance; and chronic disease management for diabetes. Affordable care ranks as a high priority need due to its high community leader score and because an increasing number of people in our community are living in poverty (especially children). Affordable health insurance ranks as a top priority need in part because our service area has a high percentage of people who are uninsured and the trend is getting worse. Diabetes chronic disease management ranks high because the number of people with diabetes is trending higher, and it is a contributing factor to a number of other health concerns.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Community Resources Available to Address Need	Recommended Action and Justification
Affordable care	Children in poverty	19.7	Mission: High Strength: High	CDHD, Children's Community Medical Fund, SLM, after school programs	St. Luke's will directly support programs designed to provide affordable care especially to those with low incomes because this need is aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA's top 20 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan. Affordable care is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need.
Affordable health Insurance	Uninsured adults	19.9	Mission: Low Strength: Low	CDHD, Adams County Health Clinic, SLM, Community Care Clinic, Medicaid,	St. Luke's will directly support programs designed to help provide affordable health insurance because this need is aligned with our mission and although there are other programs available in our community the need is still

				Medicare	ranked in our CHNA's top 20 th percentile. Affordable health insurance is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Diabetes	19.5	Mission: High Strength: High	SLM screening, chronic disease management programs, monitored medical intervention	St. Luke's will directly support diabetes prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 20 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Availability of behavioral health services	Mental health service providers	18.5	Mission: Medium Strength: Medium	Private counselors, SLM Mental Health Clinic, state and federal programs	Although Idaho is one of the lowest states in numbers of mental health providers and highest in all rates of mental illness, we are more fortunate in our area in terms of providers meeting the needs of adults seeking help. However, because this need is above the median St. Luke's McCall provides programs described in the following section of this Implementation Plan. As noted in our Implementation Plan principles, getting youth to the appropriate service is mental health priority.
More providers accept public health insurance	Children in poverty	18	Mission: High Strength: Medium	WIC, after school programs, WICAP, preschool special ed	Because this need is aligned with our mission and strengths and is ranked above the median, St. Luke's continually works to increase the number of public and commercial health

					insurances (including Medicare and Medicaid) we accept. We also have business office personnel who interact on patients' behalf with insurance companies to approve and pay for services.
Prenatal care programs	Prenatal care 1st trimester	15.1	Mission: High Strength: Medium	SLM Childbirth ed, county, state and federal programs such as Head Start	Our CHNA determined prenatal care 1 st trimester to be an above the median need, and we will expand the scope of this need to include pre-pregnancy mother and infant health through first year of life. Our physicians have excellent protocols for this care, and most parents are compliant with appointments and physician recommendations. Yet, we want to improve our effectiveness and reach and will do so by partnering with CDHD, WICAP, and other agencies to provide services to more pregnant women and newborns. These services will be delivered through physicians, childbirth educators, lactation educators via class room settings, physician referrals, loaned equipment (breast pumps, cribs), and home visits.
Affordable dental care	Dental visits, preventive	14.2	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability of primary care providers	Primary care providers	14.1			
Chronic disease management	Arthritis	11.5			
	Asthma	14.5			
	High blood pressure	14.5			

Immunization programs	Children immunized	13.4
	Flu/pneumonia	8.4
Improved health care quality	Preventable hospital stays	14
Integrated, coordinated care (less fragmented)	Preventable hospital stays	12.1
Prenatal care programs	Low birth weight	9.1
Screening programs	Cholesterol	14.3
	Colorectal screening	12.3
	Diabetic screening	13.3
	Mammography screening	13.3

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Social and Economic Category Summary

Children and family services for low income populations is the only high priority social and economic health need. The increasing number of children living in poverty in our service area drives this need.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Community Resources Available to Address Need	Recommended Action and Justification
Children and family services	Children in poverty	18.7	Mission: Med Strength: Med	After school programs, CDHD, Valley County programs, school nurse, Yellow Couch,	St. Luke's will support programs for children in poverty because this need ranked in our CHNA's top 20 th percentile and it is aligned with our mission and strengths. Our support includes educators and sponsorship of after school programs, supporting local, state and federal programs for families in poverty. Our mental and physical health programs for children in poverty are described in the following section of this Implementation Plan.
Job training services	Unemployment rate	15.6	Mission: Low Strength: Low		Although this need ranked above the median, we will not conduct specific programs to address this need because our strength to do so is low and it is not directly related to our mission. We do provide indirect support, usually educators or meeting space, for other organizations that prepare people for careers.
Children and family services	Inadequate social support	13.7	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Disabled services		12.3			
Education assistance	Education	14.3			

programs			
Homeless services	Unemployment rate	14.7	
Senior services	Inadequate social support	11.4	
Veterans' services	Inadequate social support	12.1	
Violence and abuse services	Safety - homicide rate	12.2	

Physical Environment Category Summary

In the physical environment category, there are no identified high priority needs. Both our community leaders and the health factor data indicate we have a physical environment that supports good health.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Community Resources Available to Address Need	Recommended Action and Justification
Availability of recreation and exercise facilities	Recreational facilities	7.9	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability or access to healthy foods	Limited access to healthy foods	10.1			
Healthier air quality, water quality, etc.	Air pollution	10.7			
Transportation to and from appointments		13.1			

St. Luke's CHNA Implementation Programs

This section of our implementation plan provides a list and description of the health improvement programs St. Luke's is executing to address the community health needs ranked above the median. Sometimes a single health improvement program supports the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below.

Programs to Address High Priority and Above Median Health Needs

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 developmental and behavior disorders
 - Psychosocial and environmental problems
 - 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 Management, Nutrition and Fitness

- Youth, teen, and adult weight management
- Youth, teen, and adult nutrition
- Adult exercise

The following pages describe the programs contained in our five high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

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Program Group 1: Diabetes Prevention, Detection and Management

Our service area experiences roughly the same high diabetes rates in adults as Idaho and the U.S. Diabetes causes immeasurable personal suffering and burdens the healthcare system and employers with exorbitant and escalating costs. Additionally, more people of all ages are being diagnosed with pre-diabetes. Apparently, diabetes is a disease associated with our culture's diet, lack of exercise and other lifestyle habits. We are addressing this health need through improved clinical protocols, increased screenings, lifestyle modification programs and promoting environmental changes. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of diabetes programs designed to meet a wide variety patient conditions. In addition to the programs described here, a number of programs that have a direct effect on diabetes are listed in this Implementation Plan under the heading of Program Group 5: Weight Management/Fitness Programs Ranked as Above the Mean.

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1. Program Name: Church and Work Site Glucose Screenings

Community Needs Addressed:

Diabetes detection

Diabetes prevention through nutrition education

Diabetes management by referable to primary care provider if high glucose levels

Target Population:

Primarily adults of all economic and education levels

Description and Tactics (How):

Principle is “go to where the people are” to make screenings accessible. Two St. Luke’s employees visit worksites, churches, schools, community events and administer free glucose tests via a finger stick. Educational materials and healthy snack recipes are distributed. Participants with borderline or questionable positive results will be asked to repeat the screening within two weeks, and those with high blood glucose or high blood pressure will be referred to their doctor for immediate care. All who test positive will be offered information on hospital run diabetes management or appropriate programs.

Resources (budget):

Total St. Luke’s McCall contribution is \$2,000 for FY 2016. This includes hospital administration to organize and RN time to administer finger sticks, glucose strips, travel, and printed materials.

Expected Program Impact on Health Need:

This program is designed to increase detection of diabetes and get people who unknowingly have diabetes into physician management. People with exceptionally high glucose will be asked to make an appointment with their medical provider: Those with moderately high glucose will be advised of lifestyle modification recommendations and provided a means to retest. People with high and moderately high readings will be asked to schedule a retest in two months.

Goal 1): Screen 50 people; Goal 2) arrange physician appointment or a retest for all people with extremely high readings; Goal 3) Set up means whereby people with elevated glucose can self-test or get free retest.

Partnerships/Collaboration:

Four churches, businesses, or associations that organize a screening day

Comments:

We will provide nutrition information at screenings.

2. Program Name: Hospital glucose screening and education

Community Needs Addressed:

Diabetes detection and management

Target Population:

Adults and teens at increased risk for diabetes, adults and teens referred from church and work place glucose screenings

Description and Tactics (How):

The hospital promotes and conducts a free glucose testing by finger stick in the hospital. Thorough information is available about diabetes prevention, detection, and management; attendees are offered free consultation with a diabetes educator

Resources (budget):

Total St. Luke's McCall contribution is \$1,000 for FY 2016. This includes staff planning and promotion, supplies, and clinical staff to administer test and consult with attendees.

Expected Program Impact on Health Need

Our experience indicates that people who know they have a higher risk for diabetes prefer to be tested and learn their options at the hospital. Goal 1: Screen 25 people; Goal 2: A physician appointment is made for everyone with extremely high numbers, Goal 3: Everyone with moderately high numbers is provided an opportunity to retest for free and lifestyle modification information.

Partnerships/Collaboration:

State and national diabetes organizations supply educational materials, Humphreys Diabetes Center

Comments:

Typically people at high risks for diabetes attend the hospital site screening rather than the screenings in the community.

3. Program Name: Community Nutrition Program for Diabetes Prevention

Community Need Addressed:

Wellness and Prevention for Diabetes

Target Population:

Youth and Adults at risk for developing type 2 diabetes

Description and Tactics (How):

We are fortunate to have a handful of diabetes and nutrition experts who can present the basics of good nutrition and the necessity of activity on a daily basis to help decrease the risk for developing type 2 diabetes. The plate method, intuitive eating, and eat the rainbow in colors, plus of concepts of nutrition that stick are explained to encourage children and adults to eat meals that have the correct portion sizes and that are high in nutrients and fiber, low in fat and calories. The presentations also covers how to start a basic exercise regimen, usually in the form of walking. The presentation can be delivered to employees at a variety of businesses, civic groups, churches, and youth programs such as Head Start.

Resources (budget):

Total contribution from St. Luke's McCall is \$8,000 for FY 2016 for instructors, printed educational materials, promotion, and travel.

Expected Program Impact on Health Need:

Provide basic nutrition information to help demystify why and how individuals should be eating and exercising for best health. The goal for this program will be rolled into our overall goals for education classes.

Goal 1. A sum of 400 people attend the classes.

Partnerships/Collaboration:

Local businesses, schools, and civic groups who invite us to present.

4. Program Name: Senior Foot Clinics

Community Needs Addressed:

Diabetes, Barriers to Access

Target Population:

Diabetics, obese and those who feel unable to do care on own.

Description and Tactics:

Foot care clinics are conducted in Council, McCall, New Meadows and Riggins each month for all interested people; a vast majority of attendees are seniors. Trained clinicians lead by an RN perform nail clippings and inspect feet for dermatology and circulation problems. This program is listed under diabetes prevention because a high percent of diabetics have feet ailments. Blood pressure is also checked. Since most attendees are seniors, information on nutrition and exercise for seniors is distributed. Most clinics are held at the community senior center. This program has, in our subjective option, a beneficial impact on mental health because it increases social interaction for seniors. The foot care clinic director refers attendees with serious foot conditions to a physician and follows up to ensure the appointment was made. Attendees are requested to pay \$15 at time of service, although we stress that payment is not required if it creates a financial hardship.

Resources:

Total St. Luke's McCall contribution is \$5,000 for FY2016. Hospital provides travel reimbursement for foot clinic clinicians to travel to Council, Riggins, and New Meadows; venue space, supplies, advertising/marketing, clinic and administrative staff salaries. Cost of above is \$20,000. Revenue from charging 1,000 foot clinic attendees \$15 totals \$15,000, resulting in a \$5,000 contribution from St. Luke's McCall.

Expected Program Impact on Health Need:

Reduced incidence and early detection of foot infections and undiagnosed high blood pressure. Goal: Increase the number of people attending foot clinic in McCall, New Meadows, Riggins, Council by 2% over 2015 attendance. Goal 2: Establish a foot clinic patient tracking system that monitors risk factors for chronic diseases (BP, weight, glucose) pertinent to that patient and encourage at-risk patients to make physician appointments.

Partnerships and Collaborations:

Council, Riggins and New Meadows Senior Centers provide venues for this service. Referrals and coordination of care with primary care physicians and Adams County Health Clinic.

Comments:

Evidence shows that just monitoring risk factors and discussing them with the patient at regular intervals improves health.

5. Program Name: Diabetes Education and Management (DEaM) Initiative

Community Needs Addressed:

Chronic Disease Management for Diabetes

Target Population:

Program is available for any adult age 18 and over who have been diagnosed with Type 1 or Type 2 diabetes and sees a provider within the St. Luke's Health System. During the pilot phase through FY 2014 the program is expected to be provided at no additional cost to the patient.

Description and Tactics (How):

Literature is clear that chronic disease self-management will improve the outcomes for those who have diabetes. To improve self-management skills for a chronic disease like diabetes, the healthcare system (Healthcare team) must empower the individual with the appropriate tools and confidence to self-manage. The patient attains the motivation for gaining these tools and building confidence through interacting with various providers in the healthcare system. Currently these providers (primary care providers, endocrinologists, diabetes educators, dieticians and even mental health providers) - all interact with the patient separately and may or may not be "collaborating" with the individual patient or one another to develop an individual's care plan. This approach may cause mixed messaging and confusion rather than mastering self-management. The purpose of this initiative is to develop care processes and education that compliments each other and are directed by the individual for whom the care is provided.

Diabetes Education and Management (DEaM) is a system-wide initiative to transform the delivery of health care encouraging our diabetes patients to partner with their health care team driving quality, and improving health outcomes of our community – one patient at a time. The initiative will identify current gaps in care delivery including transitions of care; develop a plan with recommendations for closing the gap and an implementation plan. DEaM Workgroups will focus on the following areas: Diabetes Education, Diabetes Management, Diabetes Behavioral Health, and Community/Public Health.

Resources (budget):

The following types of resources are committed to the program to meet 2014 goals.
Certified Diabetes Educators (CDE) (RN) Physician oversight
Total hospital contribution: \$1,500 (amount above normal patient care)

Expected Program Impact on Health Need: The Center for Medicare Medicaid Services (CMS) identified six diabetes measures for the Medicare Shared Saving Program (MSSP). The goal of DEaM is to improve the CMS composite score measure to 35% by the end of FY 2014.

Partnerships/Collaboration:

HealthWise is helping us define the patient education materials
St. Luke's Healthy U
St. Luke's Humphries Diabetes Center
St. Luke's Research

Comments:

This was a system initiative for 2014. It will might not be enacted as described here, but St. Luke's McCall's Center for Health Promotion's community support of clinical diabetes management will continue in some fashion.

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Program Group 2: Mental Health Programs

Programs for mental illness, suicide prevention, and availability of mental health service providers were identified as related high priority needs and grouped together. We grouped the programs designed to serve these needs together because we believe coordination of these programs will produce the best results. Also included in these groups are mental illness prevention programs and programs for people experiencing mental discomforts such as mild depression and anxiety, and who have not yet sought medical intervention nor believe they need to.

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6. Program Name: Mental Health Navigation: Connecting mental health patients with appropriate services and mental health providers.

Community Needs Addressed:

Mental illness: depression, anxiety disorders, psychosocial behavior disorders, serious psychiatric disorders needing medical treatment.

Target Population:

All age from infants to seniors, with a focus on low income youth

Description and Tactics (How):

We will compile a list of all mental health providers and services available in our region. This list will include government programs, private providers, non-profit organizations, medical facility services, and the methods of payment each service accepts. The information will be published in a brochure that includes recommendations about behaviors that need professional evaluation. The essence of the program is to inform all providers and mental health patients what services are available and connect those in need with the most appropriate service. The brochures will be distributed to all primary care providers in our service area and programs serving and referring mental health patients and low income groups. We want to foster better communication between mental health providers. We believe better communication will result in more people getting the service they need in the most cost effective manner.

Resources (budget):

Total St. Luke's McCall contribution for FY2016 is \$1,500: \$500 in staff time to compile information, \$500 in staff time to design the brochure, \$300 for printing, \$200 in staff time to distribute brochure.

Expected Program Impact on Health Need

This program is designed to 1) increase the number of people receiving mental health services, and 2) streamline the process for getting patients to the most effective service, 3) and provide motivational interviewing for populations who might benefit from empowered thinking techniques. We especially desire detecting infants and youth in need to professional therapy and getting them into the appropriate care. Goal 1: to conduct a Likert scale survey to be completed by mental health providers that measures the effectiveness of this program.

Partnerships/Collaboration:

Valley County WICAP Program, State of Idaho Health and Welfare, Central District Health Department, private mental health providers

Comments:

We have learned that primary care providers, mental health providers, and people in need of mental health services are not always aware of all the mental health services available locally.

7. Program Name: St. Luke's McCall Mental Health Clinic Subsidy

Community Needs Addressed:

Increased services for patients with mental health needs

Target Population:

All age groups with moderate to serious mental illnesses requiring medical intervention or professional counseling services and unable to pay for those services.

Description and Tactics (How):

St. Luke's McCall will subsidize our mental health clinic in order to have sufficient psychiatric professionals available to meet mental health patient needs in our service area regardless of patient ability to pay. Also, St. Luke's McCall will pay for needed medications if the patient cannot, and pay for the time it takes for the clinic manager to navigate patients toward other available services and sources of free or reduced price medications. Efforts will be made to better inform the public about this clinic and other local mental health services.

Resources (budget):

Total St. Luke's McCall contribution is \$15,000 for FY2016 to subsidize payments to mental health clinic providers to see patients who cannot pay otherwise would not seek medical intervention and to pay for low income patient medications.

Expected Program Impact on Health Need

The intended outcome of this program is to 1) increase access to psychiatric care, and 2) reduce costs as a barrier to care. As a result, psychiatric patients will be better managed.

To measure our impact on health, the mental health clinic manager will produce a report showing how many patients gained access and subsidized medication due to this program. Program success will be determined by number of patients assisted. Goals 1) increase patient visits at St. Luke's McCall Mental Health clinic by 2% over previous year, and number of patients getting subsidized medications by 2%.

Partnerships/Collaboration:

Valley County WICAP Program, State of Idaho Health and Welfare, Central District Health Department, private mental health providers. These organizations will be partners primarily in informing potential patients about the opportunity for treatment.

Comments:

8. Program Name: Conquering Stress Cultivating Balance

Community Needs Addressed:

Mental Illness, particularly excess stress and anxiety

Target Population:

Open to employees and community members looking for ways to better manage stress and minimize its debilitating health effects.

Description and Tactics

Four-part series of classes taught by a behavioral psychologist that assists participants in managing stress and anxiety in order to achieve a more balanced life.

Resources

Total St. Luke's McCall contribution is \$1,000 for FY2016: \$700 comes from St Luke's Health System's Healthy U to provide educators, materials, administration, promotion, \$300 comes from St. Luke's McCall for and logistical support and additional promotion.

Expected Program Impact on Health Need:

This program is designed to conquer stress as it can damage health. Participants will be given a survey at the end of the class series to determine if they feel better equipped to manage stress and given resources for further assistance with stress relieve. Goal 1) to attract 10 participants, 2) 90% of participants say the series has helped them in the post-series survey,

Partnerships/Collaboration:

This program is presented in partnership with St. Luke's Health System Healthy U staff and resources.

9. Program Name: Program Research and Development for Depression Prevention, Detection, Management

Community Needs Addressed:

Mental Illness, specifically depression

Target Population:

All age groups from adolescents through seniors with a focus on lower socioeconomic groups

Description and Tactics

We will collaborate with mental health providers, primary care physicians, non-profit organizations, state agencies to develop a long term community program to prevent, detect and manage depression. A project leader will be assigned to conduct research on what programs exist in our region and best practices for reducing depression in rural communities. This leader will work with a small advisory group to recommend a comprehensive program that is practical and effective. Leader will present this recommendation midway through 2015 so the recommendation can be evaluated by St. Luke's McCall's med staff, leadership, BOD and other relevant groups, and be resourced and implemented during FY 2015.

Resources:

Total St. Luke's McCall contribution for FY 2016 is \$0 for project since it was completed in 2015.

Expected Impact on Health Need:

Because depression is both a cause and exacerbating health factor for other chronic conditions and health outcomes, reducing depression will have a broad public health impact beyond improving mental health. Reducing depression will also reduce the financial burden of healthcare. Goal 1: To establish a depression baseline from which to evaluate the FY 2015 depression program success. Goal 2: To create a depression prevention, detection and management strategy and programs that are included in the FY 2016 St. Luke's McCall Implementation Plan.

Partnerships/Collaboration:

State and local agencies dealing with mental health, provide mental health providers.

Comments:

Our previous method of detecting and managing depression, a depression questionnaire administered in the clinics at the time of a clinic appointment has not achieved the results we want. **2016 updated comments: A convincing national study completed in 2015 that depression screenings at time of clinic visits is the best large-scale method of screening. Now that we have mental health providers in the clinics, we can make this screening method more effective.**

10. Program Name: Yoga and Meditation

Community Needs Addressed:

Mental health, weight management, adult exercise

Target Population:

Open to all, but primarily targeted to and attended by adults ages 40 to 70. The classes are especially suited for people with physical limitations and chronic diseases.

Description and Tactics:

St. Luke's McCall employees two certified yoga therapists who teach yoga and meditation appropriate for varying skill levels classes twice a week. One tactic is to encourage people to embrace yoga who are looking for a safe and gentle program. This program has a very devote following.

Resources:

Total St. Luke's McCall contribution for FY2016 is \$2,000. \$8,000 expenses for instructors, \$2,000 expenses for equipment, space, promotion and logistical support. \$8,000 in revenue from attendance fees.

Expected Program Impact on Health Need:

Meditation and yoga have both been shown to improve mental health and acuity. Yoga assists with managing weight plus balance, strength and flexibility.

Goal 1: average the same attendance as 2015, Goal 2): to establish a evidence based measure to verify improved health for new members who participate weekly for at least three months.

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11. Program Name: Life and Loss

Community Needs Addressed:

Mental health, specifically grief and depression.

Target Populations:

Grieving adults

Descriptions and Tactics:

Hospital social worker presents a four-part series of classes designed to help grieving individuals cope with grief. The social department contacts people who have had a personal loss in the near past.

Resources:

Total St. Luke's McCall contribution for FY2016 is \$500 for instruction, promotion, facility, supplies and logistical support.

Expected Program Impact on Health Needs:

Better coping skills for those who are grieving. Goals are: 1) to attract 4 people to the class, 2) in a questionnaire given to participants, 100% report making improvement in mental outlooks and stages of grieving as a result of attending this series. Goal 2: All attendees who report they need more help are given a resource to further help that is financially obtainable for them.

Partnerships/Collaboration:

St. Luke's Home Health and Hospice provides a trained mental health counselor to serve as the group facilitator. They also help to connect those in need to this service.

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12. Program Name: Slate of single classes on various mental health topics

Community Needs Addressed:

Wellness and prevention for mental illness.

Target Population:

All adults; the hospital's primary care physicians know the schedule of these classes and refer people who have a medical relationship to the topic of the class.

Description and Tactics (How):

The hospital's Center for Health Promotion organizes around five classes each year that focus on a specific aspect of mental health. Classes focus on stress, depression, anxiety, anger management. In addition to these classes, we will sponsor and financially support mental health classes/events provided by our partners, such as Parenting Classes provided by Y.A.C., classes at the Yellow Couch Teen Center, and classes provided by WIC and county programs.

Resources (budget):

Total St. Luke's McCall contribution for FY2016 is \$4,000. This includes paying instructors, sponsoring other partners' programs, planning, promoting, facilities and follow-up activities to determine if we are meeting goals.

Expected Program Impact on Health Need

One intent of these classes is to break-down the stigma that mental illnesses are a reflection of personal weakness and conditions to be hidden rather than identified and treated.

The goals for each class are rolled into the collective goals we established for all single topic classes:

Goal 1. A sum of 100 people attend all hospital and partner-provided single-topic classes.

Goal 2. Attendees at hospital-provided education classes who so request will be given an opportunity to meet with a Center for Health Lifestyle coach or patient navigator and learn what free resources are available, such as attending Life 101 or financial aid.

Partnerships/Collaboration:

We rely on programs servicing lower economic groups to help promote classes

Comments:

13. Program Name: Group Ear Acupuncture

Community Needs Addressed:

Substance abuse and addictions, mental health, unsafe behaviors,

Target Population:

Open to all

Description and Tactics:

Weekly ear acupuncture is performed in a group setting. Ear Acupuncture improves general wellness and improves control over stress, pain and addictions. Attendees are introduced and encouraged to practice meditative reflection during sessions.

Resources:

St. Luke's McCall provides acupuncturists, supplies, space logistical support and facility. Budget: \$1,500 in revenue, \$2,500 in expenses. Hospital subsidy for FY2016 = \$1,000.

Expected Impact on Health Needs:

Participants will be surveyed on effectiveness of treating addictions and improving mental health. Goal: 70% of participants who attend at least five sessions respond positive to a four question questionnaire that asks if they have made positive behavior or health changes.

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14. Program Name: Development and Promoting “Life 101”

Community Needs Addressed:

Mental illnesses, particularly anxiety and depression

Target Population:

Adolescents and adults

Description and Tactics:

St. Luke’s McCall, McCall has developed a seven-session course called “Life 101: Creating the Life You Want to Live.” Life 101 is a community health improvement program designed to give participants a sense of purpose, community engagement, optimistic outlook and strengthened social relationships. The tuition will be extremely low, \$25 for students to \$50 for adults with subsidies for those financially unable to attend. This program is a high priority for grant writing. A prominent college professor has donated her time to help develop the curriculum. St. Luke’s wellness coaches will teach the majority of topics.

Research from the World Health Organization pertaining to industrialized nations demonstrates that life skills education; “contributes to the promotion of personal and social development and the prevention of health problems. Potential topics include dealing with conflict that cannot be resolved, dealing with authority, solving problems, making and keeping friends/relationships, cooperation, self-awareness, creative thinking, decision-making, critical thinking, dealing with stress, negotiation, clarification of values, resisting pressure, coping with disappointment, planning ahead, empathy, dealing with emotions, assertiveness, active listening are all potential topics for the curriculum.

The curriculum includes an orientation, six 2-hour blocks of instruction, and a post progress report. The session themes are:

1. Life Purpose
2. Positive Outlook
3. Creating a Life Plan
4. Physical, Mental, and Emotional Energy
5. Relationships and Love
6. Community Engagement

Resources:

St. Luke’s McCall will provide \$26,000 for instructors, promotion, course materials, meals during sessions

Expected Impact on Health Needs:

This program is designed to help people become more resilient to routine life challenges, to create mental skill sets to resolve issues that stress or depress them, and learn techniques to maintain an optimistic outlook on their lives. Goal 1: To present four full course sessions during

FY2016 and two abbreviated courses. Goal 2: 80% of students complete a course evaluation at the final session, at one month and at six months following course completion. Goal 3: 50% of students confirm the course has made substantial improvement in one aspect of their lives at six months.

Partnerships/Collaboration:

Central District Health Department, Ashley Robinson, Barbara Mink

Comments:

Although our focus is on creating the largest benefits possible for the people who attend, we foresee a possibility of Life 101 becoming a program taught across the SLHS and a high potential for grants.

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15. Program Name: Supporting Central District Health Department Mental Health Initiatives

Community Needs Addressed:

Mental health

Target Population:

All ages: infants, youth, adolescents, adults, seniors

Description and Tactics (How):

Mental health includes a broad range of conditions, a broad range of severity, and inflicts all socioeconomic and age groups. As expected, a broad range of interventions will be necessary to improve this health need. Both the breadth and depth of needed interventions is beyond the capacity of St. Luke's McCall. Accordingly, we will pursue partnerships and coalitions working together to improve mental health. St. Luke's McCall foresees itself as the leader in forming and administering this coalition of all entities and individuals working in the mental health field. Through this leadership, we plan to educate the public about the symptoms of mental illnesses, encourage treatment, promote free and commercial services, and increase coordination among providers, all of which will increase the number people seeking treatment. This is in conjunction with our other programs which increase access to mental health and programs to prevent mental illness.

Resources (budget):

A portion of the resources for this program are contained in the budgets for other programs in this plan. The FY2016 budget for this program not included elsewhere is \$3,500, primarily used for administrative staff time and travel.

Expected Program Impact on Health Need

Our goals are: 1) to conduct a subjective evaluation of our involvement in each of the CHDH's initiatives below, as listed in the Valley County Health Improvement Plan, and determine that we had a significant impact on each initiative, and 2) that CDHD concludes it was successful on 75% of the initiatives as determined by the measurements in their plan. Initiatives:

Youth

Objective 1.1: Determine barriers to parents accessing behavioral health services for their children

Objective 1.2: Coordinate system for helping parents realize what resources are available and be able to access those resources

Objective 1.3: Increase clinician awareness of youth behavioral health resources

Objective 1.4: Determine how many children entering school with developmental and behavioral issues have not received assistance

Objective 1.5: Decrease the number of children entering school with developmental and behavioral issues who have not received assistance

Adolescent

Objective 2.1: Conduct adolescent weight loss program such as YEAH that also builds self-esteem and a sense of empowerment

Objective 2.2: Design and deliver adolescent smoking cessation program that also builds self-esteem and a sense of empowerment

Objective 2.3: Provide community education and programs addressing adolescent mental wellbeing

Adults

Objective 3.1: Publish, update and distribute brochure of available mental health services in region

Objective 3.2: Local mental health needs and services featured in local newspaper twice

Objective 3.3: Increase primary care and mental health clinic access for mental health patients

Objective 3.4: Write grants to promote and subsidize services to uninsured

Objective 3.5: Create a baseline assessment to determine mental health clinic's capability to meet community need in timely manner.

Partnerships/Collaboration:

Central District Health Department; local, state, and federal programs providing mental health services; school districts

Comments:

Idaho has a very poor record for prevention, detection, and treatment of mental illnesses, and as discovered in our regional CHNA, it is a prevailing local problem. In view of this, we are putting significance resources to mental health needs.

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Program Group 3: Behavioral Health Programs

In this category we combined health needs that ranked above the median, can be highly influenced by lifestyle behavior modification programs, and are exclusive of weight management and exercise. For example, skin cancer can be reduced by changing the behavior of sun bathing. We have included substance abuse in these programs from the viewpoint that although drug use is addictive and treated as an illness, individual behavior choice is a large component of substance abuse. For this first year of our implementation plan, other than tobacco use, we have not created new programs to address substance abuse. We don't have the resources to do so and deem it best use of limited resources to support agencies addressing that need. Because we have lifestyle wellness coaches as employees, we believe we can influence nutrition, exercise and mental health behaviors.

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16. Program Name: Weekly Motivational and Educational Health Message In Star News Newspaper

Community Need Addressed:

Weight management
Substance abuse
Mental health (depression, attitude, anxiety)
Accidents
Nutrition
Exercise programs
Community Disengagement

Target Population:

Adults and teens

Description and Tactics (How):

We will place weekly paid editorials in the local newspaper that encourages readers to be more involved in improving their health. Editorials will focus on topics such as inspiring personal success stories, how-to information, health humor, and local opportunities to participate in healthy activities. With crafty writing we believe we can create a following within the region we serve that regularly read the column and reflect on the benefits of better health.

Resources (budget):

Hospital contribution for FY 2016 is \$18,000. \$225 per week to buy space and \$6,000 in staff time to write and edit.

Expected Program Impact on Health Need:

The intent of these weekly editorials is to foster a local culture shift whereby people assume more responsibility and appreciation for their health. Goal 1). Midway through the duration of this program, survey 40 Star News readers and ask them if they regularly read the health editorials: 60% of survey respondents reply that they almost always read the articles and that the articles have had some positive impact on their outlook or behavior.

Partnerships/Collaboration:

We will occasionally ask community health stakeholders to write a guest editorial. These include Cascade Medical Center, Idaho celebrities, healthcare experts.

Comments:

Lots of newspapers host a weekly health experts advice column. By focusing ours on local people and events, and tucking in humor and inspiration, we believe we can create a popular column enjoyed by a large percentage of readers.

17. Program Name: Cardiopulmonary Screenings (delivered in 2014, not 2015 and 2016)

Community Needs Addressed:

Tobacco cessation programs
Substance Abuse, Unsafe Behavior

Target Population

Smokers

Description and Tactics

Pulse oximeter measurements will be used to screen and evaluate cardio respiratory health. This screening is performed at health fairs, community fairs and other community events.

Resources

\$1,000 contribution for FY2014 from hospital for staffing by St. Luke's McCall Cardio Pulmonary Department and for organizing events by the Center for Health Promotion.

Expected Program Impact on Health Needs

Identification and engagement of smokers with impaired cardio pulmonary function.

Goal 1: Screen 30 smokers during public events and provide them with results and resources for quitting. Goal 2: Design a method to determine how many people screened enter a smoking cessation program.

Partnerships/ Collaboration

This program is provided in partnership with St. Luke's McCall Cardio Pulmonary Department and administered and coordinated by the Center for Health Promotion.

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18. Program Name: Freedom From Smoking

Community Needs Addressed:

Substance abuse/Tobacco cessation
Mental health

Target Population:

All age groups who use tobacco, with equal focus on adolescents and adults

Description and Tactics (How):

The *Freedom From Smoking* group clinic has been amended to include four sessions and features a step-by-step plan for quitting smoking. The clinic format encourages participants to work on the process and problems of quitting both individually and as part of a group. St. Luke's McCall offers additional support from lifestyle coaches for any individual requesting this support. The instructors are hospital staff who have attended smoking cessation training.

Resources (budget):

St. Luke's McCall has budgeted \$3,500 to cover instructor time, promotion, facility and supplies. \$2,500 is reimbursed from State of Idaho Millennium Funds. Hospital contribution for FY 2016 is \$1,000.

Expected Program Impact on Health Need

Goals: 1) 8 people attend Freedom from Smoking and 50% of those are tobacco free six months after completing the program.

Partnerships/Collaboration:

State of Idaho Health and Welfare

Comments:

Through their Community Health Needs Assessment for Valley County, Central District Health Department has identified smoking cessation as the highest rated winnable health need in Valley County. Being a partner with CDHD, we will support their initiatives.

19. Program Name: Tobacco Cessation Quit Messages at Points of Purchase

Community Needs Addressed:

Tobacco cessation/Reduce prevalence of tobacco use

Target Population:

Tobacco users

Description and Tactics (How):

Persuade tobacco retailers to prominently display “you can quit” resources and messages at areas where tobacco products are sold. St. Luke’s McCall staff will design and print some of the materials, and other materials will be supplied by stakeholders also promoting smoking cessation.

Resources (budget):

\$1,000 in FY 2016 for design, printing and coordination with retailers.

Expected Program Impact on Health Need

Increased number of tobacco users who self-refer themselves to smoking cessation programs or quit tobacco on their own initiative. Goals: 1) As measured by the Behavioral Risk Factor Surveillance System (BRFSS), reduce the percentage of smokers in Valley County by 1% a year for five years, 2) Conduct two meetings with tobacco retailers to engage them with long-term tobacco cessations plans.

Partnerships/Collaboration:

Central District Health Department
Tobacco retailers

Comments:

We want to better understand the local economics of tobacco products and learn how to incorporate retailers with tobacco cessation. This might become a high school senior project.

20. Program Name: Supporting CDHD smoking cessation policy initiatives

Community Needs Addressed:

Substance abuse: prevalent use of tobacco products

Target Population:

Current tobacco users and populations at risk to start smoking

Description and Tactics (How):

St. Luke's McCall will assist Central District Health department achieve the four broad tobacco cessation goals as listed in their Valley County Health Improvement Plan. These goals are: Goal 1: Develop local infra-structure to decrease tobacco initiation and use; Goal 2: Decrease tobacco initiation among youth; Goal 3: Create smoke-free environments; Goal 4: Improve healthcare's capability to help smokers quit. To assist the CDHD in these goals, St. Luke's staff will attend meetings and use hospital leadership and influence as appropriate to educate public on tobacco perils and to assist businesses and city and county governments in discouraging tobacco use. Includes sponsorship of school substance abuse programs and school educations.

Resources (budget):

\$750 in FY2016 for staff planning time, attending meetings, travel, school educations and sponsorships.

Expected Program Impact on Health Need

Reduction in number of tobacco users, especially in 15 to 19 year olds. St. Luke's McCall's Goal 1) To contribute significantly in CDHD achieving at least 7 of their 10 smoking objectives; Goals: 2) As measured by the Behavioral Risk Factor Surveillance System (BRFSS), reduce the percentage of smokers in Valley County by 1% a year for five years,

Partnerships/Collaboration:

Central District Health Department
McCall Donnelly School Department
Central District Health Department
City of McCall

Comments:

The Central District Health Department's CHNA for Valley County determined smoking cessation to be the biggest winnable battle in improving health. Our county smoking rate, 21%, is five percentage points higher than the Idaho average. 12% of babies in Valley County are born to smoking mothers. The medical voice speaking against tobacco use is better coming from a physician speaking as an expert rather than from a hospital spokesperson.

21. Program Name: Childbirth Ed

Community Needs Addressed:

Informing future parents what actions and behavior changes they can take prior to childbirth that will insure the best health of the child and mother.

Target Population:

Expectant parents and parents

Description and Tactics

Series of classes on labor and delivery, breathing and relaxation, post-partum care, nutrition, breast feeding and safe practices for new parents. Car seats are provided to parents in need. Scholarships are available.

Resources

Total hospital contribution for FY 2016 is \$3,000. \$4,000 for Center for Health Promotion educator, space, educational materials and promotion. Revenue of \$1,000 from \$50 fee per couple.

Expected Program Impact on Health Need

The expected outcome is better health for both parents and the newborn. This is achieved by improved pre- and post-natal nutrition for mother and child, reduced stress associated with pregnancy and childbirth experience, improved environment for newborn. Goal: 30% of first time parents who deliver at St. Luke's McCall will have attended childbirth education classes.

Partnership/ Collaboration

The seat distribution program is administered by the Social Services and the Nursing Departments. Luke's McCall provides supplies and space in addition to the Childbirth Ed instructor.

22. Program Name: Child Care Seat

Community Needs Addressed:

Accident prevention, child safety.

Target Population:

Newborns and infants.

Description and Tactics (How):

St. Luke's McCall's social services and nursing departments insure that all newborns departing the hospital are transported in vehicles equipped with approved and correctly installed child car seats. If parents do not have a car seat, trained installers from the hospital provide a car seat from hospital inventory and install it.

Resources (budget):

Hospital contribution for FY2016 is \$625: \$500 annually to purchase car seats, \$500 for hospital employees to attend a certification course to install car seats (amortized over 4 years, or \$125 per year).

Expected Program Impact on Health Need

Reduction in injury to newborns and infants. Goal: 100% of all newborns departing the hospital will be transported in a vehicle equipped with approved and correctly installed child car seats.

Partnerships/Collaboration:

McCall Fire and EMS. Parents are informed by physicians and childbirth education instructors that they can purchase a car seat of their choice and have it installed by certified installers on the McCall Fire and EMS staff.

Comments:

23. Program Name: Colon Cancer Awareness, Education and Screenings

Community Needs Addressed:

Chronic disease prevention and detection, improved health behaviors by eating less processed foods, saturated fat and more fiber.

Target Population:

Adults over 50, particularly those with a family history of colon cancer and associated risk factors.

Description and Tactics:

Annual colon cancer awareness campaign includes displays that are set up in community and at all hospital locations. Additional literature placement is distributed throughout the outpatient clinics and hospital. Fecal Occult Blood Detection kits are distributed year round at various locations and events. These kits will indicate if the person should consider further action immediately, as early detection improves patient outcomes. Presentations on reducing colon cancer risk are presented annually by a dietician or physician.

Resources:

Center for Health Promotion staff distribute literature, displays, kits at local venues and to set up educational programs. The Center for Health Promotion's dietician will present education on colon cancer risk reduction through improved nutrition. St. Luke's McCall will provide the space, promotion, planning, travel reimbursement, and logistical resources. Total hospital contribution is \$1,000 for FY 2016.

Expected Program Impact on Health Need:

Early identification of risk factors and possible colon cancer is proven to improve patient outcomes. Goal 1: screening. St. Luke's McCall will distribute 150 Fecal Occult Blood Detection kits at community events and through work-site health promotions. Goal 2: education. The goal for the class room presentation on colon cancer prevention is rolled up into our overall class education goal of 300 people attending at least one of the 20 education classes on various health improvement topics.

Partnerships/ Collaboration

This program will be done with educational materials and displays from Center District Health, and Fecal Occult Blood detection kits from St. Luke's Mountain States Tumor Institute.

24. Program Name: Rays Awareness

Community Needs Addressed:

Unsafe behaviors that can lead to skin cancer

Target Population:

All ages and social economic groups

Description and Tactics:

Sun safety campaign offered at various outdoor locations and events which includes the distribution of sun screen, sun safety information, and skin cancer identification materials.

Resources:

Budget: \$3,000 provided by St. Luke's McCall. \$2,000 for sunscreen and educational materials, \$750 for community health educator staff time to plan events and attend opportunities to distribute and educate, \$250 for promotion, travel, logistical support.

Expected Program Impact on Health Need:

Better sun protection behaviors, reduction in skin cancers, and early identification of skin cancers. This program will be measured by how many packets of sun protection materials are distributed and will have a goal of 2000 pieces of sun protection distributed a year.

Partnership s/Collaboration:

Local outdoor sport merchants, teachers, and employers will help to distribute protective materials. Educational materials will be provided by Mountain States Tumor Institute and Central District Health Department.

25. Program Name: Skin Cancer Screening

Community Needs Addressed:

Chronic disease prevention and detection: skin cancer

Target Population:

All adults

Description and Tactics:

Free annual skin cancer screening conducted per American Dermatology Academy recommendations. St. Luke's McCall's Center for Health Promotion promotes a free skin cancer check during after-work hours in one of our clinics.

Resources:

\$1,500 in FY2016 from St. Luke's McCall for administrative staff, medical providers' travel, supplies, promotion and logistical support.

Expected Impact on Health Needs:

Early identification of skin cancers and associated disorders. Typically 50 people are screened annually and three cancers are detected during screening. In FY 2015, we scheduled 50 people during our skin cancer screening day, 48 showed up, 36 presented with a skin condition that needed physician follow-up.

Partnerships/Collaboration:

This program is done in cooperation with The ADA and Comprehensive Dermatology of Idaho. The ADA provides screening forms and educational materials, Comprehensive Dermatology of Idaho's physician. Ryan Owsley and other providers donate their time. Central District Health Department, WICAPS and other programs for low income families are asked to help promote.

26. Program Name: Winter Ready and Winter Safe

Community Needs Addressed:

Unsafe Behaviors to include accident avoidance, dehydration awareness, hypothermia and frostbite prevention, and sun damage

Target Populations:

Participants in winter outdoor activities

Description and Tactics:

Winter safety information distribution is distributed at ski areas, sport retailers, and other outdoor winter sports information kiosks. .

Resources:

Budget from St. Luke's McCall is \$800 for FY 2016. Budget includes Center for Health Promotion staff to plan program and attend events to distribute education materials, employee travel, promotion and logistical support. Hospital support includes meeting space and education for National Ski Patrol.

Expected Program Impact on Health Needs:

Reduced ER incidence of hypothermia, frostbite and avalanche victims. Goals: 1) to have at least one article in Star News addressing winter recreation safety, 2) to host one meeting with National Ski Patrol, Snowmobilers associations, and County Sheriffs and other relevant groups to discuss winter safety improvement.

Partnership/Collaboration:

McCall Outdoor Science School provides safety and avalanche awareness information. Nordic and alpine ski areas, National Ski Patrol,

27. Program Name: Underage Drinking and Prescription Drug Abuse

Community Needs Addressed:

Unsafe Behaviors leading to addictions, accidents, violence, crime

Target Populations:

Minors as concerns alcohol and all ages with prescription drug abuse

Description and Tactics:

Near the end of FY 2014, St. Luke's McCall received a 4-year, \$360,000 grant to reduce underage drinking and prescription drug abuse in Valley and Adam Counties. Pertaining to prescription drug abuse, first year of the grant focuses on defining the problem, designing interventions and building partnerships more than implementing programs. For underage drinking, the grant provides for numerous education events for youth and opportunities to participate in group activities and skills acquisitions known to reduce drinking.

Resources:

Budget from St. Luke's McCall included staff time to write the grant and staff time to assist in leading the project are \$11,000 in year one and \$2,000 in year two. We have \$360,000 in outside resources across four years from the above mentioned grant.

Expected Program Impact on Health Needs:

1. Reduce the number of high school students in McCall, Cascade and New Meadows who report drinking one time or more each month by 10% by July 31, 2017. 2. Reduce self-reported prescription drug abuse by 10% for McCall, New Meadows and Cascade High School Students by July 31, 2017. 3. Develop cross organizational strategic planning and establish workgroups comprised of members from disparate organizations with shared interests.

Partnership/Collaboration:

Partners are Cities of McCall, Cascade, New Meadows; Valley and Adams County, Youth Advocacy Coalition, School Districts, Valley Adams Health Improvement Coalition.

Program Group 4: Barriers to Access Ranked as High Priority Needs

Up to this time, the primary barriers to access in our service area have been costs of medical services, lack of insurance, convenience of primary clinic appointments, and an individual mental resistance to pursuing preventative health measures such as recommended screenings. Though our charity care program, contractual write-downs, subsidy of the free Community Care Clinic, and subsidy of our own public service clinics that are not profitable, St. Luke's McCall reduces the economic barrier. We have identified the difficulty of getting a primary care appointment as a barrier and are recruiting more providers to increase the number of appointments available. The hospital's Center for Health Promotion is an extensive program to increase the public's realization that they must be a proactive partner in their health and avail themselves to free and low costs preventative health measures. Our providers work with patients, especially seniors, on an individual basis to reduce barriers such as lack of transportation.

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28. Program Name: Unreimbursed Care/ Financial Care

Community Needs Addressed:

Barriers to access

- Affordable Care
- Affordable Insurance
- Accepts public health insurance

Target Population:

- Uninsured or underinsured adults
- Hispanic or other non-English speaking residents
- Low education; no college
- Low income adults and children in poverty
- Adults over the age of 65

Description and Tactics (How):

Our Community Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay. We also provide \$100,000 in free diagnostic services to the Community Care Clinic, write grants and distribute grant income for services to low income groups (expected to be around \$30,000 in FY 2015), and subsidize our mental health clinic operations (around \$20,000 loss).

Insurance/Payer Inclusion

All St. Luke's providers and facilities accept commercial insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs. We continue to work with insurance companies to expand the number of insurers we accept.

Financial Screening and Assistance

St. Luke's works with patients at financial risk to assist them in making financial arrangements through payment plans or by screening patients for enrollment into available government or privately sponsored programs that they are eligible for. These programs include, but are not limited to, various Medicaid programs, COBRA and County Assistance. St. Luke's does not only screen for these programs, they help the patient navigate through the application process until a determination is made. This thorough interview and screening process and the additional layer of assistance until a determination is made has allowed St. Luke's to effectively assist our patients in finding the most appropriate program for them.

Financial Care and Charity

St. Luke's is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (based on the Federal Poverty Guideline), expenses and eligibility for private or public health coverage.

Resources (budget):

The resources required to generate and support the Financial Care Process are primarily drawn from the organization's Patient Access and Financial Services departments. Administration of these programs includes registration roles (partially dedicated) in the clinic and hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. The budget for unreimbursed care for FY 16 is estimated to be over \$4.5 million.

Expected Program Impact on Health Need:

- Charity - \$589,164
- Bad Debt - \$1,016,938
- Medicaid - \$1,849,584
- Medicare - \$306,117 (finance will provide updated Medicaid and Medicare amounts FY2016)
-

St. Luke's will continue to promote accessible financial healthcare and individualized support for our patients in FY 2016. We estimate these programs will contribute approximately \$4.5 million in unreimbursed patient care in FY 2016 allowing many patients with low incomes or those using Medicaid and Medicare to have improved access to healthcare. We are also positioned to assist patients in applying for the Healthcare Reform Exchanges.

Partnerships/Collaboration:

St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and Idaho Department of Insurance.

Comments:

29. Program Name: Leading and Administering Valley County Health Improvement Steering Committee

Community Need Addressed:

All health needs above the median as listed at the front of this document.

Target Population:

Those populations most afflicted with each needs as described in our Community Health Needs Assessment.

Description and Tactics (How):

St. Luke's McCall will collaborate with Central District Health Department to form a Valley Adams County Health Improvement Coalition (VAHIC) comprised of leaders from organizations throughout the county that are vested in the health of county residents. VAHIC will essentially be a change design group, assisting St. Luke's McCall and other health-minded organizations to design and implement a culture of health. St. Luke's McCall will allocate leadership and administration staffing for this steering committee to insure that it is informed and effective., and to apply best practices recommended by this committee to our service area outside of Valley County. The steering committee will be comprised of 15-20 members (and many more in future years) from the entities listed in the categories below. To address and improve the many facets of public health, workgroups within VAHIC will be formed to design and implement programs addressing VAHIC priorities.

Medical facilities

Cascade Medical Center
Adams County Health Clinic (Federally Qualified Health Clinic in Council)
Community Care Clinic (free clinic in McCall)
St. Luke's McCall
Central District Health Department
Moser Community Health Clinic (free clinic in Cascade)
McCall Rehab and Care Center
Fire and EMS

City and government agencies

City of McCall
City of Cascade
Valley County
City of Donnelly
Central District Health Department
University of Idaho (Large youth summer school in McCall in summer—3,000 youth attend)
Juvenile and adult corrections facilities

Health activities and program providers

State Parks

City recreation programs
South Valley County Recreation District (recreation taxing district in Cascade)
St. Luke's McCall Center for Health Promotion

Private fitness and wellness providers

Fitness clubs: Rudi's, The Club, Cross Fit
Fitness coaches
Chiropractors
Sports stores

Schools

Cascade School District
McCall Donnelly School District
Private Academies
McCall College
Meadows Valley School District
Council School District
Riggins School District

Mental Health Providers

Private providers
St. Luke's McCall
State Agencies
Church representative

Non-Profit Health Organizations

Food banks
Auxiliary (Gives \$100,000 annually in community health grants)
Teen Center
Senior Center
Community Medical Fund
Children's Community Medical Fund

Resources (budget):

\$14,000 in FY2016 for administrative staff planning time, printing, travel, supplies, hosting lunches, and \$6,000 for hospital support of initiatives

Expected Program Impact on Health Need:

The intended impact is to galvanize the innovation, expertise, and coordinated commitment of separate health promotion organizations and individuals for the purpose of creating the healthiest county in Idaho. By working together on shared goals, we believe it is possible to transform the health of a region. The goal is that Valley County will be the top ranked county in Idaho by Robert Wood Johnson's County Health Rankings at least once in the next five years, and that Adams County will be ranked in the top ten.

Partnerships/Collaboration:

We have identified nearly 50 organizations and individuals who may wish to participate in the Valley County Health Improvement Steering Committee. In taking a leadership role, St. Luke's McCall will keep the significant health needs as a focus of this group.

Comments:

Coordinating the activities and leaders of these entities will be time consuming, but we believe the increased efficiencies make this a public health imperative.

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30. Program Name: Subsidy of Community Care Clinic (Program complete: Community Care Clinic absorbed by hospital.)

Community Needs Addressed:

Access to care for uninsured and under-insured adults

Target Population:

Low income and uninsured adults

Description and Tactics (How):

Provide diagnostic services at hospital costs for patients using the free Community Care Clinic

Resources (budget):

St. Luke's McCall will absorb \$110,000 in FY 2015 for at-hospital-costs to provide medical imaging, cardiopulmonary and laboratory services for Community Care Clinic patients.

Expected Program Impact on Health Need

This contribution is essential for keeping our free Community Care Clinic open, which serves 20 patients a week. Most of these patients will go without timely medical treatment if this clinic is not available. Goal: To provide diagnostic tests for every patient referred by the providers of the Community Care Clinic.

Partnerships/Collaboration:

Community Care Clinic
St. Luke's McCall physicians

Comments:

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31. Program Name: Grant writing

Community Needs Addressed:

Access to programs for chronic disease prevention and management, mental health services, and weight loss programs.

Target Population:

All ages

Description and Tactics (How):

A number of the program and services St. Luke's McCall currently provides or wants to provide are good prospects to receive grant funds. It takes time for a talented, dedicated grant writer to make this happen. The director for the Center for Health Promotion will research grant criteria that match or community health needs and assist in the preparation of the grants. A professional grant writer will be hired to assist with some grant applications.

Resources (budget):

\$10,000 in FY2016 for salaries to prepare and manage grants.

Expected Program Impact on Health Need

Our goal from this program is to receive triple the amount in grants that we spend on salaries to prepare them. The impact on health will depend upon the program funded, but grants typically have criteria to prove the program was successful. We will use the criteria in the grant as an explicit measure of success.

Partnerships/Collaboration:

St. Luke's McCall Foundation

Comments:

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32. Program Name: Free screenings for chronic conditions

Community Needs Addressed:

Prevention and wellness for chronic conditions

Target Population:

Adolescents and adults with focus on the uninsured and subgroups determined to be a risk for the screening condition.

Description and Tactics (How):

St. Luke's McCall provides annual free screenings for breast cancer, colon cancer, skin cancer, diabetes, depression, hypertension, pulmonary deficiency, and cholesterol. These clinics are promoted as free to the public, although participants may make a donation to cover the hospital's cost of the screening. The hospital pays for staff time to organize and promote these screenings, plus the follow-up time to ensure that findings outside the normal range are reported to the physician overseeing the screening and the individual involved. Medical providers for the screenings typically volunteer their time. The hospital also pays for facility and supplies costs.

Resources (budget):

The hospital budget to support these screenings for FY 2016 is \$3,000 (in addition to budgets for screenings included in other programs), and it anticipates securing another \$15,000 to \$20,000 in grants to support screenings. Most of the grant money is for baseline and diagnostic mammography. (Out of 900 annual mammography exams completed in McCall, 80 are paid totally or partially by grants.)

Expected Program Impact on Health Need

Screenings enable earlier detection and the ability to get the patient into physician management. Early detection improves survival rates and lowers cost of treatment.

Goal 1: to achieve the participation levels listed below over three-year cycle of the CHNA.

Diabetes screening: 200 participants

Skin Cancer screening 150 participants

Depression Screening 100 participants

Colorectal screening: 400 participants

Blood pressure: 400 participants

Mammograms with grant funding: 200 participants

Cardiopulmonary screening: 120 participants

Cholesterol screenings: 120 participants

Goal 2: To create a system whereby 50% of all individuals who are identified with abnormal ranges, and not under physician management for that condition, attend a provider appointment for that condition.*

Partnerships/Collaboration:

St. Luke's McCall medical staff and visiting physicians

Large employers who can encourage screenings on the work site

National Associations for each of the screening conditions (They provide educational materials and in some cases, patient tracking sheets for patients at risk .

Comments:

Because of unclear evidence to support the efficacy of prostate cancer screenings for the public at large, we will not offer prostate cancer screening. When a person has risk factors making him a candidate for screening, or at the recommendation of a physician, men can make an appointment through their provider to be screened.

* Two reliable studies published on the National Health Institute's web site report that slightly less than 50% of the people identified in the high risk range at a public screening follow up with a provider.

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Program Group 5: Weight Management/Fitness Programs Ranked as Above the Mean

Adult and teen weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.¹ Therefore, we grouped the weight management programs together with the programs for nutrition which are key components to weight management. Because physical activity is such an integral component of weight management we included fitness programs in this program group even though exercise was not ranked above the median. There is great diversity in patient needs when it comes to weight management and nutrition. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's McCall has chosen to offer a number of weight loss, nutrition, and fitness programs designed to meet a wide variety patient circumstances.

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¹ <http://www.cdc.gov/healthyweight/index.html>

33. Program Name: Encouraging Healthy Choices in Grocery Stores

Community Needs Addressed:

Youth, adolescent and adult nutrition
Diabetes through nutrition
Mental health through nutrition
Youth, adolescent and adult weight management

Target Population:

All population groups; focus on low income and youth

Description and Tactics (How):

Central District Health Department has received a grant to pilot a program in Idaho whereby nearly all food items in a grocery store has an assigned nutrition value of 1 to 100. Shoppers are able to make informed choices based on overall nutrition of each item. CDHD wants to help us implement this program in Cascade and McCall grocery stores. CDHD is working out detail with the rating provider they have chosen. We anticipate this program will happen during FY2016.

Resources (budget):

Budget for FY 2016 is \$4,000 to help CDHD provide the program (the grant does not cover all costs).

Expected Program Impact on Health Need

The goal is to persuade shoppers to buy more fruits, vegetables, legumes and whole grain products, and to choose among similar products (bread for example) those with the highest nutritional rating. The goals for this program are not set yet. We want the goals to be documented changes in customer purchases, to be verified by the stores' check-out inventory management systems. If this is not possible, we will select other measureable goals.

Partnerships/Collaboration:

Paul's Grocery Store
Ridley's Family Market
Central District Health Department

Comments:

We believe this can be accomplished without decreasing store profits. Over the next five years, we will add more components to this program as we demonstrate to store owners that improving the community health can be a profitable as well as a civic-minded endeavor.

34. Program Name: Valley County Ton of Fun Community Weight Loss

Community Needs Addressed:

Weight loss, nutrition, exercise, mental health, barriers to access. This program as described below has been replaced with St. Luke's Health Systems \$10,000 weight loss challenge.

Target Population:

Over-weight and obese adolescents and adults with a focus on low income people who cannot afford costs of gym membership or weight loss counseling.

Description and Tactics (How):

This program is a projected proto-type for FY 2016. It may be adapted considerably to conform with best weight loss practices adopted across SLHS, and to be integrated into clinic operations. Proposed program: Multiple teams of five people wishing to lose weight will be formed in each of the six communities St. Luke's McCall serves. Team members will support each other and meet frequently depending on the group's choice. Each team will have a team leader who will be supported with materials and education from St. Luke's McCall's healthy lifestyle coaches. Periodically, the lifestyle coaches will attend team meetings to answer questions and help sustain enthusiasm for the program. Individuals will be encouraged to use personal logs to track their progress, and team leaders will report on the progress toward team goals. We will place considerable effort on signing up and training team leaders.

Resources (budget):

\$1,000 is the anticipated budget for FY2016 to promote and support participation in the \$10,000 weight loss challenge.

Expected Program Impact on Health Need from \$10,000 Challenge

The goals for 2016 are:

1. Generate publicity around the \$10,000 challenge extolling the benefits of weight loss
Two mentions in Star News
2. Get six people from Valley and Adams Counties participate.

Partnerships/Collaboration:

Cascade Medical Center, Adams County Health Clinic, St. Luke's Health System

Comments:

35. Program Name: Best U

Community Needs Addressed:

Diabetes (adult onset), Substance Abuse (sugar and food addictions), Mental Well Being, Weight and Fitness.

Target Population:

Although the focus is on adults with excess weight issues, any community member who feels the need to improve current health behaviors including diet, exercise, and stress management is invited to attend. St. Luke's McCall employees and spouses are offered a discounted rate. Scholarships are available to individuals who demonstrate need.

Description

Healthy lifestyle improvement and management program. 16 weeks of twice-weekly group exercise and health related educational presentations on nutrition, stress management, exercise, sleep and motivation.

Resources

St. Luke's McCall's contribution to this program is \$3,000 for FY 2016 to provide room space, administration, equipment, marketing and advertising, and a small portion of the instructors' fees. Majority of expenses are paid from SLHS Healthy U budget.

Expected Program Impact on Health Need

The intent of this program is to lower weight specifically, but to also lower the incidence of metabolic syndrome and all the chronic diseases associated with it. Goals for participants who complete the course are: Goal 1) a one point drop in BMI, Goal 2) reduced abdominal girth measurement, Goal 3) average weight loss of 5 pounds per participant, Goal 4) a 5% blood pressure reduction if un-medicated above 140/90.

Partnership/ Collaboration:

This program is done in Partnership with St. Luke's Healthy U program staff and resources.

36. Program Name: Inside Out (Youth Engaged in Activities for Health)

Community Needs Addressed: Conducted in 2014, will not be conducted in 2016; too consuming of resources and we prefer to bring nutrition and exercise activities to camps organized by McCall Outdoor Sciences School or churches.

Youth and Teen Obesity
Youth and Teen nutrition

Target Population:

Overweight youth ages 8 to 12 and their parents

Description and Tactics (How):

Note added for FY2015: This program might be conducted basically as is described below, or adapted considerably to conform with best practices from all the YEAH programs conducted within SLHS, or adapted based on the information we learned from conducting a healthy lifestyle youth camp in FY 2014 that encouraged all youth in the age range to attend (although overweight youth were especially targeted). Inside-Out instills healthy eating, sleeping and activity habits in obese youth ages 8-12 through family-centered exercise, nutrition, and behavior modification activities. Participants are identified through physician referral and community outreach, and fees are administered on a sliding scale. Pre-, interim, and post program measurements will track participant's health improvement (i.e. weight, blood sugar, cholesterol, blood pressure, physical ability). Participants meet twice weekly for the first 16 weeks, which focus on health education and exercise. Activities include nutrition/cooking classes as well as healthy lifestyle activities such as mushroom hunting, team sport skills, biking, skiing etc. Parents can 'shadow' the youth and several classes are required for both parents and their children to promote making healthy choices at home. The second 16 weeks consist of weekly contact with instructors to ensure that healthy lifestyle changes are incorporated at home and participants continue to track their progress.

Resources (budgeted for FY2015):

Expenses:

Planning the program and preparing course materials:	\$1,000
Instruction for weekly sessions during first four months	\$2,000
Weekly phone call or email with every participant for second 4 months	\$1,350
Additional time with every participant over 8 months to meet their special needs (4 hours per participant X 8 participants X \$32 per hours)	\$1,500
Physician oversight costs :	\$1,000
Program fees to enter participants in city and state park recreation programs	\$400
Three clinical evaluations per participant:	\$1,000

Revenues:

Program participation sliding-scale fees: Average of \$60 X 30 participants = \$1,800
Total St. Luke's McCall contribution is \$6,450

Expected Program Impact on Health Need:

Expected impacts are improved participant physician and mental health, reduced long-term medical costs, improved self-esteem and increased lifelong involvement in healthy activities. The three specific measures well will use are: 1) That participant who completes the program will lose 3% of their body weight, 2) that 60% of the participants will complete the program, and 3) that 8 youth participate in the program.

Partnerships/Collaboration:

McCall Donnelly School District (Assistance from school nurse in identifying participants
County Head Start Program (Assistance in identifying participants)

Comments:

We believe typical youth weight management programs are too short and “drop” their participants before healthy lifestyle changes become engrained. Inside-Out’s extended weekly in-person, phone and/or internet contact teaches youth accountability and cements healthy habits. This program is an ideal project for grant revenues and we have already submitted that grant to one prospect.

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37. Program Name: Ask an Expert: Affordable coaching for weight management, fitness, nutrition, and mental health coaching.

This program has been abandoned, or perhaps better stated as heavily altered in preference of placing mental health counselors rather than lifestyle coaches in the primary care clinics, which we believe will provide greater community health benefits. The cost of this change is paid through a \$220,000 per year grant St. Luke's McCall received.

Community Needs Addressed:

Diabetes
Weight management
Mental Illness
Increased physical activity
Improved nutrition practices

Target Population:

Overweight adults and teens
Population with diabetes and pre-diabetes
Adults with mild to moderate depression and stress disorders

Description and Tactics (How):

St. Luke's McCall's Center for Health Promotion department has five credentialed lifestyle coaches who are available to assist individuals and groups with motivation, nutrition and exercise endeavors. Coaches will assist individuals who are referred by physicians or who are participating in programs for which SLHS and St. Luke's McCall have developed coaching programs. It is anticipated that the coaches will focus on weight loss and tobacco cessation, and be integrated into clinical operations.

Resources

Budget for FY 2015 planning (Budget for FY 2016 will be determined at end of FY 2016 and include only patient benefits not paid through the grant.)

Expenses

Planning for wellness coaching program:	\$4,000
Consulting for coaching program:	\$2,000
Modifying software for coach/client interaction:	\$4,000
Subsidizing coaches time to coach:	\$12,000
Total	\$22,000

Expected Program Impact on Health Need

Partnerships/Collaboration:

Referrals from public health agencies

Comments:

These coaching activities are forerunners for embedding wellness coaches in the clinics in FY 2015.

38. Program Name: Slate of single classes on various nutrition, weight management and exercise topics

Community Needs Addressed:

Prevention of diabetes in particular and other chronic diseases associated with metabolic syndrome. Classes teach principles of nutrition, weight management and exercise, and local resources to support change in these areas.

Target Population:

All adults

Description and Tactics (How):

The hospital's Center for Health Promotion organizes around eight classes each year pertaining to nutrition, weight management and exercise. Classes are taught at the hospital or places of employment as brown bag lunch presentations. Sample nutrition classes are: Men in the Kitchen, Kids in the Kitchen, Community Meal Make-Overs, Sugar Sense, Health for the Holidays: fitness classes include Men's Health, Women's Health.

Resources (budget):

Each single topic class taught by the hospital has an average cost of \$200 per class. This includes paying instructors, planning, promoting, facilities and follow-up activities to determine if we are meeting goals. Contribution from St. Luke's McCall for nutrition, weight management and exercise classes is \$2,400 for FY2015.

Expected Program Impact on Health Need

We expect that these classes will help attendees better understand how to make healthy lifestyle choices, empower them to make changes, and to some extent, hold them accountable for the changes they know they need to make.

The goals for each class are rolled into the collective goals we established for all single topic classes:

Goal 1. A sum of 300 people attend all single-topic classes.

Goal 2. Four of the classes are taught by members of our medical staff.

39. Program Name: Workout Wednesdays

Community Needs Addressed:

Adult exercise

Target Population:

Adolescents through seniors

Description and Tactics (How):

St. Luke's McCall's Center for Health Promotion establishes weekly workout groups in the small rural communities around McCall that do not have fitness clubs. These are informal, come one come all, exercise sessions for all physical abilities. The hospital finds community members willing to spearhead the workout sessions, finds a facility, and provides guest instructors to build the initial momentum and to periodically re-infuse energy and information. Participants pay according to ability, the goal being for payments to cover the costs of instructors and facility. Our pilot project in Donnelly, a town of 106 inhabitants, averages 8 participants per week. We want to duplicate this program in other small communities in our service area.

Resources (budget):

St. Luke's McCall's contribution to this program is \$2,000 for FY2016. \$1,000 for our community health educator to plan, organize and promote this program and to subsidize guest instructors; and \$1,000 for wellness coaches' salaries to respond to participant questions.

Expected Program Impact on Health Need

By working out in a convenience location with peer support, we expect people to learn to like exercise more, to learn more about the principles of fitness, to lose weight and to improve cardiovascular and muscular performance. Goal 1) The total attendance at all community weekly workout sessions across the three-year cycle will total 500. Goal 2) 40% of participants complete pre-and post-standardized well-being surveys which are analyzed by Center for Health Promotions Medical Director to determine value of program.

Partnerships/Collaboration:

Sites in each community that will provide area for workouts

Comments:

40. Program Name: Supporting CDHD Health and Fitness Initiatives

Community Needs Addressed:

Diabetes, weight management, mental illness, chronic disease prevention

Target Population:

All ages and socioeconomic groups

Description and Tactics (How):

The CDHD has five broad goals listed in their Valley County Health Improvement Plan and each goal has subsequent measurable objectives. St. Luke's McCall and CDHD have already met upwards to six times to collaborate in developing this plan. Our input has been valued and given us buy-in to helping achieve these objectives. It is not coincidental that most of the objectives also address the significant needs in our CHNA and therefore compliment and expand the activities we are taking in our Implementation Plan. Although CDHD are the leaders and ultimately responsible for their initiatives, we will support these initiatives with staff time, budget in some cases, volunteers, and by lending our civic influence. The five broad goals are: Goal 1: Increase local infrastructure to improve nutrition and increase physical activity; Goal 2: Increase access to healthy foods and beverages; Goal 3: Increase opportunities for physical activity; Goal 4: Increase the number of worksites addressing worksite wellness; Goal 5: Increase the number of child care homes and centers with physical activity and nutrition policies and practices. We will continue to meet frequently with CDHD and plan joint actions and chart our progress.

Resources (budget):

\$6,000 in FY2016 for staff planning time, attending meetings, travel. This \$6,000 is included in other program costs contained in this Implementation Plan.

Expected Program Impact on Health Need

We know CDHD to be experts in establishing public health initiatives with measureable outcomes. Our success will be measured in accordance with their success. They have 11 objectives in this portion of their implementation plan; our goal is twofold: to subjectively determine we contributed significantly to each objective, and that CDHD achieves 8 of the 11 initiatives.

Partnerships/Collaboration:

Central District Health Department

Comments:

We perceive a long-term, closely knit relationship with Central District Health Department CDHD has formed a Valley County Community Health Steering Committee, whose mission is: "The mission of the Valley County Community Health Steering Committee is to create a physical, social and economic environment that supports and encourages Valley County residents to attain their optimal level of health, happiness, academic achievement and quality of life, and to be a role model for other counties aspiring to improve public health and quality of life."

41. Support for School Programs

Community Needs Addressed:

Youth and teen nutrition, youth and teen weight management, youth and teen un-safe behaviors, youth and teen substance abuse, youth and teen mental health

Target Population:

Ages 6 through 18 and their parents

Description and Tactics (How):

The hospital conducts school and after-school education programs and activities such as, Bike Rodeo, Library little Learners, Trek to the North Pole, Tip Top Teen, Tar Wars, Impact concussion screening, and YEAH. Our physicians volunteer their time for these activities and wellness coaches are typically paid. We work with school administrators to ensure we are supporting activities important to the schools.

Resources (budget):

The hospital budget in FY2016 is \$10,000 for these activities

Expected Program Impact on Health Need:

We are not going to develop a data collection method to demonstrate that these activities change behavior and subsequently improve the health; such a study would be beyond our expertise and time consuming. Goal: 1. 200 attendances at classes and activities organized by St. Luke's McCall.

Persons Responsible:

Liz Jones/ Various Community Partners

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