2021	
3	
NAT	
SCANNED	1

₹′	990-Т	E	cempt Organization				n	OMB No 1545-0687			
Form	330-1				der section 6033(1 0	0010			
	For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 08/30, 2019 For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 08/30, 2019 Go to www.irs.gov/Form990T for instructions and the latest information.										
	nent of the Treasury Revenue Service	▶ Do	. \(2\)	Open to Public Inspection for 501(c)(3) Organizations Only							
A	Check box if	₽ 100	not enter SSN numbers on this form a Name of organization (501(c)(3) Organizations Only loyer identification number						
	address changed		, ` <u></u>		3	,		loyees' trust, see instructions)			
B Exen	npt under section	ST. LUKE'S HOSPITAL OF BETHLEHEM PA									
X 5	501(C <u>)</u> (2 3-)	Print	Number, street, and room or suite no	f a P O	box, see instructions		23-1	352213			
	108(e) 220(e)	or Type					E Unrelated business activity code				
<u> </u>	108A530(a)	(See instructions)									
	29(a)		City or town, state or province, country	y, and 2	ZIP or foreign postal code						
	value of all assets d of year		BETHLEHEM, PA 18015				5259	90			
1 (968478475.		up exemption number (See instruction ck organization type X 501			· · · · · · · · · · · · · · · · · · ·	1,044,5	<u> </u>			
			nization's unrelated trades or busine				401(a)				
	de or business her	•		3363				y (or first) unrelated re than one, describe the			
			end of the previous sentence, cor	nolete							
	de or business, the				Tarto Fario II, complete a ci	5/1005/0 M 10/ 040	iii aaaiio	nigi			
I Dur	ing the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	ontrolled group?		X Yes No			
			identifying number of the parent co			TL() ア	<u>5-7</u>	254767			
J The	books are in care	of ▶TH	IOMAS P. LICHTENWALNER	₹	Telephon	e number ▶ (4	84)52	6-4000			
Part	Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net			
1a (Gross receipts or s	sales									
b ι	ess returns and allowa	nces	c Balance ▶	1c							
2 (Cost of goods sol	d (Sched	ule A, line 7)	2				1			
			2 from line 1c	3							
4a (Capital gain net ir	ncome (a	ttach Schedule D)	4a							
			Part II, line 17) (attach Form 4797)	4b							
			rusts	4c	1.60 61.6			150-515			
			an S corporation (attach statement)	5	160,616.	ATCH 3		160,616.			
			· · · · · · · · · · · · · · · · · · ·	6							
_			come (Schedule E)	7		<u> </u>					
_			nts from a controlled organization (Schedule F)	9							
			I(c)(7), (9), or (17) organization (Schedule G)	10		• • •		<u> </u>			
		-	ule J)	11				 			
			tions, attach schedule)	12							
			ough 12		160,616.	· · · · ·		160,616.			
Part	Deduction	ns Not	Taken Elsewhere (See instr	uctio	ns for limitations on d	eductions.) (E	xcept				
			be directly connected with the				•	·			
			directors, and trustees (Schedule K)								
15	Salaries and wage	s	RÉCÉN				. 15				
16 F	Repairs and maint	enance ,		/ED)		. 16				
17 E	Bad debts		see instructions . APR 2 9-2		က္စ္တု		. 17				
18 I	nterest (attach so	:hedule) (see instructions · APR 2 9 3	ስ2n ·	[8]		. 18				
19	Taxes and licenses	·		.020			. 19				
20 (Charitable contrib	utions (S	iee instructions f or limitation ru les)				- 20				
21 [Depreciation (atta	ch Form	4562) OGDEN,	. U. I.				-			
			on Schedule A and elsewhere on re				22b				
			compensation plans								
			compensation plans					 			
			Schedule I).					 			
			chedule J)								
			chedule)					46,861.			
			s 14 through 28.					46,861.			
30 t	Jnrelated busines	s taxabl	e income before net operating	loss (deduction Subtract line	29 from line 1	3 30	113,755.			
31 [Deduction for net	operating	g loss arising in tax years beginnin	g on o	r after January 1, 2018 (see	instructions)	. 31				
<u>32</u> (Jnrelated busines	s taxable	income Subtract line 31 from line	30	<u> </u>	<u></u>)(32	113,755.			
	perwork Reducti		otice, see instructions				1	Form 990-T (2018)			

Form	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions),	33		113,	755.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35		113,	755.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36	!		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1,	000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	1		·	
Ju	enter the smaller of zero or line 36	38			0.
Pai	t IV Tax Computation	1	<u></u>	_	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	133		_	
70	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
					
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income See instructions				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Pai		<u> </u>			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	! !			
	Other credits (see instructions)	1			
С	General business credit Attach Form 3800 (see instructions)		ļ		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		\(
е	Total credits Add lines 45a through 45d	45e	<u> </u>		
46	Subtract line 45e from line 44	46	¥.		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	1		
48	Total tax Add lines 46 and 47 (see instructions)	48	1		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	Ť		
	Payments A 2017 overpayment credited to 2018		ĺ		
b	2018 estimated tax payments				
С	Tax deposited with Form 8868		1		
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)		i		
f	Credit for small employer health insurance premiums (attach Form 8941)		1		
g	Other credits, adjustments, and payments Form 2439		1		
	Form 4136 Other Total ▶ 50g		1		
51	Total payments. Add lines 50a through 50g	51	-		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	1		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	j		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	Ĭ		
55	Enter the amount of line 54 you want	55	j		
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	 s)	ì		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreig	n country	l .	
	here ▶				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trus	:t?		Х
	If "Yes," see instructions for other forms the organization may have to file	J			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of n	ny knowledge	and bel	ief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Senior Vice		IDC docum		n turn
Her			IRS discuss preparer s		
				es	No
	Print/Type preparer's name Preparer's signature Date Check	, Π.	f PTIN		
Paid	SCOTT J MARIANI Self-ei	mploye:	P006	54248	6
•	parer Firm's name WITHUMSMITH+BROWN, PC	EIN ▶			
Use	Only Fim's address ▶ 200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070 Phone		73-898-		

Form **990-T** (2018)

Form 990-T (2018)					<u>.</u>					Page 3
Schedule A - Cost of Go		iter metho	1							
1 Inventory at beginning of ye	· -		6			ar	6			
2 Purchases			7			ld Subtract line				
3 Cost of labor						iter here and in				
4a Additional section 263A co							7		_	
(attach schedule)			8	Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedul						or acquired for				
5 Total Add lines 1 through				to the orga	anization?			<u></u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Proper	ty)			
(see instructions)								<u></u>		
Description of property							_			
(1)				_						
(2)										
(3)								. ,		
(4)										
	2 Rent recei	ved or accru	ed							
(a) From personal property (if the p for personal property is more tha more than 50%)		percent	rom real and pe age of rent for p r if the rent is ba	ersonal property	exceeds	3(a) Deductions dir in columns 2(a				əme
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co	lumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,	, , ,	•				Part I, line 6, colum				
Schedule E - Unrelated De	bt-Financed li	ncome (se	e instruction	s)						
				ome from or	3 [Deductions directly con debt-finance			ole to	
1 Description of debi	t-financed property		allocable to o		(a) Straight line depreciation (b) Other dedui (attach schedule) (attach sched					
(1)					latta	cri scrieddie)		(attach sche	ouie)	
(2)										
(3)										
(4)					-					
4 Amount of average	5 Average adjus	sted basis								
acquisition debt on or	of or allocal	ole to	6 Co 4 div			income reportable		Allocable de mn 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by coli		(columr	1 2 x column 6)	(00.0	3(a) and 3		113
(1)				%						
(2)				%	_	-				
(3)				%						
(4)				%				— —.		
<u></u>			<u> </u>		Enter her	e and on page 1,	Enter	here and o	n nage	1.
						e 7, column (A)		I, line 7, col		
Tatala										
Totals				[.		· · · · · · · · · · · · · · · · · · · 		—

Form **990-T** (2018)

Schedule F—Interest, Ann	uities, Royaities		pt Contr				alions (se	e instruction)	
Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrelated	ıncome	4 Total		fied include	5 Part of column 4 that included in the controlling organization's gross incom		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			l of specifi ients made		inc			Deductions directly nected with income in column 10	
(1)				•						
(2)										
(3)										
(4)										
Totals	ncome of a Sec	 tion 501(c	· · · · · · · · · · · · · · · · · · ·	 , or (17	▶) Orga	En Pa	dd columns 5 ter here and o rt I, line 8, col	n page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of	•		3 Deduction of the second of t	tions inected		4 5	et-asides h schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			1	tarracii SCI				-	+	pius cui 4)
(2)										
(3)										
(4)	1									
	Enter here and Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Ex	omnt Activity In	come Oth	or Than	Advorti	sina Ir	come	/coo inotr	uctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected v production unrelated business inco	es 4 fro	Net incomom unrelater business minus col fa gain, colors 5 three	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)								1		
(4)										†
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	tl,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In		uctions)								<u> </u>
Part I Income From Per			nsolida	ted Bas	is		-			
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	osts	4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	ising s) (col il 3) If mpute	5 Circulation 6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										1
(2)										7 [
(3)										7 1
(4)										<u> </u>
										
Totals (carry to Part II, line (5)) ▶							 .	1		Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
•					
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
_				,	
	advertising income	advertising income advertising costs Enter here and on page 1, Part I, page 1, Part I,	2 Gross advertising income 3 Direct advertising costs 2 minus col 3) If a gain, compute cols 5 through 7	2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 4 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 5 Circulation income	2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 4 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 6 Readership costs 6 Readership costs Finter here and on page 1, Part I, line 11, col (A) 6 Readership costs

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	•
Total Enter here and on page 1. Part II. line 14		•	· · · ·

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER IS TAX-EXEMPT UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A SECTION 501(C)(3) ORGANIZATION AND IS TAXED ON ITS UNRELATED TRADE OR BUSINESS INCOME. THE TAXPAYER GENERATES UNRELATED BUSINESS TAXABLE INCOME ("UBTI") FROM AN INVESTMENT IN A LIMITED PARTNERSHIP. UBTI IS ALLOCATED BASED UPON AMOUNTS DIRECTLY REPORTED ON THE K-1 RECEIVED FROM THE LIMITED PARTNERSHIP.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

ST. LUKE'S HEALTH NETWORK, INC. 23-2384282

23-1352213

ATTACHMENT 3

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PREMIER PURCHASING PARTNERS, L.P.

160,616.

INCOME (LOSS) FROM PARTNERSHIPS

160,616.

23-1352213

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES
PURCHASED SERVICES
ACCRUED STATE UBI TAX EXPENSE

5,500. 18,750.

22,611.

PART II - LINE 28 - OTHER DEDUCTIONS

46,861.

ST. LUKE'S HOSPITAL OF BETHLEHEM PA EIN: 23-1352213 FEDERAL FORM 990-T FOR THE YEAR ENDED JUNE 30, 2019

FEDERAL FORM 990-T, LINE 31; NET OPERATING LOSS DEDUCTION

DESCRIPTION	AMOUNT
Not appreting loss governed OC /20/2010 and arion	004.264
Net operating loss generated 06/30/2010 and prior	904,361
Net operating loss utilized 6/30/2011	(3,011)
Net operating loss utilized 6/30/2012	(21,694)
Net operating loss utilized 6/30/2013	(67,044)
Net operating loss generated 6/30/2014	27,338
Net operating loss utilized 6/30/2015	(32,258)
Net operating loss utilized 6/30/2016	(24,934)
Net operating loss utilized 6/30/2017	(41,078)
Net operating loss utilized 6/30/2018	(85,419)
Net operating loss utilized 6/30/2019	(113,755)
NET OPERATING LOSS CARRY-FORWARD TO JUNE 30, 2020	\$ 542,506