

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: ST LUKE'S HOSPITAL OF BETHLEHEM PA
 % THOMAS P LICHTENWALNER
 Doing business as: ST LUKE'S HOSPITAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1110 ST LUKES WAY
 City or town, state or province, country, and ZIP or foreign postal code: ALLENTOWN, PA 18109

D Employer identification number: 23-1352213
E Telephone number: (484) 526-4000
G Gross receipts \$ 983,191,265

F Name and address of principal officer:
 THOMAS P LICHTENWALNER
 1110 ST LUKES WAY
 ALLENTOWN, PA 18109

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SLHN.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1872 **M** State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE.				
	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)	3	14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11,903		
	6 Total number of volunteers (estimate if necessary)	6	1,141		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	166,275		
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	6,423,795	Current Year	29,690,091
	9 Program service revenue (Part VIII, line 2g)		917,175,682		925,406,574
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,976,589		23,037,649
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,907,058		4,543,540
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		991,483,124		982,677,854
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,496,844	
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)			366,111,010		374,865,289
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			492,354,804		549,398,392
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		871,962,658		941,872,058	
19 Revenue less expenses. Subtract line 18 from line 12		119,520,466		40,805,796	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,968,478,475	End of Year	2,817,061,751
	21 Total liabilities (Part X, line 26)		1,185,982,929		2,002,852,711
	22 Net assets or fund balances. Subtract line 21 from line 20		782,495,546		814,209,040

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: *****
 Date: 2021-05-11

THOMAS P LICHTENWALNER SVP FINANCE & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WithumSmithBrown PC
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P00642486
 Firm's EIN: _____
 Firm's address: 200 Jefferson Park Suite 400
 Phone no. (973) 898-9494
 Whippany, NJ 079811070

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THE NETWORK HAS AN UNWAVERING COMMITMENT TO EXCELLENCE AS WE CARE FOR THE SICK AND INJURED, EDUCATE PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS; AND IMPROVE ACCESS TO CARE IN THE COMMUNITIES WE SERVE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

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

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

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

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

4a (Code:) (Expenses \$ 201,359,311 including grants of \$ 0) (Revenue \$ 235,252,270)
See Additional Data

4b (Code:) (Expenses \$ 104,690,379 including grants of \$ 0) (Revenue \$ 140,370,904)
See Additional Data

4c (Code:) (Expenses \$ 80,835,207 including grants of \$ 0) (Revenue \$ 101,097,051)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 473,097,400 including grants of \$ 17,608,377) (Revenue \$ 448,686,349)

4e Total program service expenses ▶ 859,982,297

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11,903				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?	Yes	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed▶ PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: ▶THOMAS P LICHTENWALNER 1110 ST LUKES WAY ALLENTOWN, PA 18109 (484) 526-4000

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, or 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.

See instructions for the order in which to list the persons above.

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 dotted 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) SAMUEL R GIAMBER MD CHAIRMAN - TRUSTEE	55.0 0.0	X		X			0	0	0	
(2) ROBERT B BLACK VICE CHAIRMAN - TRUSTEE	1.0 0.0	X		X			0	0	0	
(3) DAVID M LOBACH JR VICE CHAIRMAN - TRUSTEE	1.0 0.0	X		X			0	0	0	
(4) RICHARD A ANDERSON TRUSTEE-PRESIDENT/CEO-SLUHN	55.0 0.0	X					0	0	0	
(5) ROBERT GAYNER MD TRUSTEE	1.0 0.0	X					0	0	0	
(6) ROBERT J GREY TRUSTEE	1.0 0.0	X					0	0	0	
(7) PAUL E HUCK TRUSTEE	1.0 0.0	X					0	0	0	
(8) DAVID MUETHING TRUSTEE	1.0 0.0	X					0	0	0	
(9) ROBERT A OSTER TRUSTEE	1.0 0.0	X					0	0	0	
(10) ROBERT D RUMFIELD TRUSTEE	1.0 0.0	X					0	0	0	
(11) CHARLES D SAUNDERS MD TRUSTEE	1.0 0.0	X					0	0	0	
(12) LUANNE B STAUFFER TRUSTEE	1.0 0.0	X					0	0	0	
(13) KRISTINA W WARNER TRUSTEE	1.0 0.0	X					0	0	0	
(14) DAVID M YEN MD TRUSTEE	1.0 0.0	X					0	0	0	
(15) DOUGLAS A MICHELS TRUSTEE (TERMED 4/1/20)	1.0 0.0	X					0	0	0	
(16) THOMAS P LICHTENWALNER SVP FINANCE & CFO	55.0 0.0			X			0	0	0	
(17) CAROL A KUPLEN RN MSN PRESIDENT - SLHB CAMPUS	55.0 0.0			X			0	0	0	

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 dotted 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) WILLIAM E MOYER PRESIDENT - SLHA CAMPUS	55.0 0.0			X				0	0	0
(19) JOEL D FAGERSTROM EVP & COO - NETWORK	55.0 0.0					X		0	0	0
(20) DENNIS J DOUGHERTY PRESIDENT/CEO ST. LUKE'S PT	55.0 0.0					X		0	0	0
(21) JEFFREY A JAHRE MD SVP MED & ACAD AFF - NTWK	55.0 0.0					X		0	0	0
(22) ROBERT L WAX ESQ SVP & GENERAL COUNSEL - NTWK	55.0 0.0					X		0	0	0
(23) ALDO CARMONA SVP CLINICAL INTEGRATION-NTWK	55.0 0.0					X		0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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 ▶ 645

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
ANESTHESIA SPECIALISTS OF BETHLEHEM, PO BOX 5520 BETHLEHEM, PA 18015	MEDICAL	38,639,285
PROGRESSIVE PHYSICIAN ASSOCIATES I, 95 HIGHLAND AVENUE SUITE 130 BETHLEHEM, PA 180179483	MEDICAL SERVICES	30,904,355
LEND LEASE US CONSTRUCTION INC, 200 PRINCETON S CORP CENTER EWING TOWNSHIP, NJ 08628	CONSTRUCTION	11,570,265
IMC CONSTRUCTION INC, 3 GREAT VALLEY PARKWAY MALVERN, PA 19355	CONSTRUCTION	10,185,183
QUANDEL CONSTRUCTION GROUP INC, 2601 MARKET PLACE HARRISBURG, PA 17110	CONSTRUCTION	8,284,202

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 ▶ 237

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, Membership dues, Fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a-2f for NET PATIENT SERVICE REVENUE, TEMPLE MED SCHOOL, etc., and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3-12 for Investment income, Royalties, Rental income, Net gain or loss, Fundraising events, Gaming activities, and Sales of inventory.

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	16,797,977	16,797,977		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	810,400	810,400		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	313,686,164	285,893,570	27,792,594	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,755,073	12,536,374	1,218,699	
9 Other employee benefits	30,086,421	27,420,764	2,665,657	
10 Payroll taxes	17,337,631	15,801,517	1,536,114	
11 Fees for services (non-employees):				
a Management	2,841,480	2,589,725	251,755	
b Legal	6,110	5,569	541	
c Accounting	39,322	35,838	3,484	
d Lobbying	139,473	127,116	12,357	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	497,032	452,995	44,037	0
12 Advertising and promotion	136,601	124,498	12,103	
13 Office expenses	35,627,729	32,471,112	3,156,617	
14 Information technology	569,240	518,805	50,435	
15 Royalties	0			
16 Occupancy	20,990,595	19,130,828	1,859,767	
17 Travel	336,884	307,036	29,848	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	880,913	802,864	78,049	
20 Interest	12,123,335	11,049,208	1,074,127	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	40,663,831	37,061,016	3,602,815	
23 Insurance	8,181,810	7,456,902	724,908	
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 MEDICAL SUPPLIES	186,251,395	169,749,521	16,501,874	
b SLPG RELATED 501(C)(3) EXP	128,761,979	117,353,668	11,408,311	
c PURCHASED SERVICES	39,959,153	36,418,772	3,540,381	
d REPAIRS & MAINTENANCE	13,161,703	11,995,576	1,166,127	
e All other expenses	58,229,807	53,070,646	5,159,161	
25 Total functional expenses. Add lines 1 through 24e	941,872,058	859,982,297	81,889,761	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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	21,284	1	25,593
	2 Savings and temporary cash investments	84,517,376	2	295,019,849
	3 Pledges and grants receivable, net	6,150,109	3	7,322,410
	4 Accounts receivable, net	96,481,540	4	90,368,862
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	16,593,023	8	24,967,195
	9 Prepaid expenses and deferred charges	22,009,226	9	20,607,939
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,334,480,810		
	b Less: accumulated depreciation	856,862,825		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	590,769,036	13	870,505,935
	14 Intangible assets	7,643,044	14	7,643,044
	15 Other assets. See Part IV, line 11	639,499,161	15	1,022,982,939
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,968,478,475	16	2,817,061,751	
Liabilities	17 Accounts payable and accrued expenses	258,487,543	17	315,989,321
	18 Grants payable	0	18	0
	19 Deferred revenue	2,452,498	19	2,612,289
	20 Tax-exempt bond liabilities	596,616,821	20	730,841,915
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	131,454,771	23	132,466,897
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	196,971,296	25	820,942,289
	26 Total liabilities. Add lines 17 through 25	1,185,982,929	26	2,002,852,711
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	707,052,889	27	734,883,485
	28 Net assets with donor restrictions	75,442,657	28	79,325,555
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	782,495,546	32	814,209,040	
33 Total liabilities and net assets/fund balances	1,968,478,475	33	2,817,061,751	

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	982,677,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	941,872,058
3	Revenue less expenses. Subtract line 2 from line 1	3	40,805,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	782,495,546
5	Net unrealized gains (losses) on investments	5	6,014,201
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,106,503
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	814,209,040

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-1352213

Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990 (2019)

Form 990, Part III, Line 4a:

GENERAL MEDICINE: COORDINATED CARE IS PROVIDED FOR PATIENTS IN BOTH AN OUTPATIENT AND INPATIENT SETTING, IN WHICH CARE IS MANAGED BY HOSPITALISTS. EMPHASIS IS ALSO PLACED ON HEALTH PROMOTION AND DISEASE PREVENTION. PREVENTIVE AND HEALTHY LIVING MEDICAL EDUCATION, ROUTINE CARE OF COMMON MEDICAL ILLNESSES AND ONGOING MANAGEMENT AND COORDINATION OF CARE FOR COMPLEX DISEASE STATES IS PROVIDED. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

Form 990, Part III, Line 4b:

CARDIOVASCULAR MEDICINE: ST. LUKE'S HEART AND VASCULAR CENTER OFFERS A FULL SPECTRUM OF ADVANCED HEART & VASCULAR SERVICES GENERALLY AVAILABLE ONLY AT MAJOR METROPOLITAN TEACHING HOSPITALS. THE HOSPITAL'S HEART CARE PROGRAM HAS EARNED CHEST PAIN CENTER ACCREDITATION & JOINT COMMISSION CERTIFICATION. IT HAS REPEATEDLY EARNED THE HIGHEST OVERALL OPEN-HEART SURGERY QUALITY RATING FROM THE SOCIETY OF THORACIC SURGEONS AND WAS NAMED ONE OF THE NATION'S 50 TOP CARDIOVASCULAR HOSPITALS BY THOMSON REUTERS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

Form 990, Part III, Line 4c:

CANCER MEDICINE: MEDICAL ONCOLOGISTS AND HEMATOLOGISTS PROVIDE EARLY DETECTION, EXPERT DIAGNOSIS, PERSONALIZED TREATMENT AND SUPPORT FOR EVERY PATIENT. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 above (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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>		
	1		
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>		
	2		
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>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
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 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) 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>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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):	1	
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			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)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352213

Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization ST LUKE'S HOSPITAL OF BETHLEHEM PA	Employer identification number 23-1352213
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		96,772
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		42,701
j	Total. Add lines 1c through 1i			139,473
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B; QUESTION 1	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THIS ORGANIZATION PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE NETWORK AND ALLOCATES A PERCENTAGE OF THESE EXPENDITURES TO VARIOUS AFFILIATES. THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENT TO AN OUTSIDE INDEPENDENT FIRM, (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND THE NEW JERSEY HOSPITAL ASSOCIATION; AND (3) A PERCENTAGE OF TOTAL COMPENSATION PAID TO THE SYSTEM'S SENIOR VICE PRESIDENT/GENERAL COUNSEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. DURING THE YEAR THE ORGANIZATION PAID A CONSULTING FIRM \$93,630 IN ORDER TO INFORM AND EDUCATE LEGISLATORS REGARDING MEDICARE AND MEDICAL ASSISTANCE REIMBURSEMENT AS WELL AS OTHER HEALTHCARE ISSUES. THE ORGANIZATION IS A MEMBER OF THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$39,466. ADDITIONALLY, ST. LUKE'S WARREN HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMEBER HOSPITALS. THIS ORGANIZATION PAID THE NEW JERSEY ASSOCIATION DUES ON BEHALF OF ITS TAX-EXEMPT AFFILIATE. A PORTION OF DUES PAID HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED. THIS ALLOCATION AMOUNTED TO \$3,235. THE ORGANIZATION ALSO ALLOCATES A PORTION OF TOTAL COMPENSATION PAID TO THE SYSTEM'S SENIOR VICE PRESIDENT/GENERAL COUNSEL. THE TOTAL AMOUNT OF THIS EXPENSE ALLOCATED TO LOBBYING ACTIVITIES WAS \$3,142. THIS ORGANIZATION PAYS ALL EXPENSES, INCLUDING LOBBYING, ON BEHALF OF ITS AFFILIATES WITHIN THE ST. LUKE'S UNIVERSITY HEALTH NETWORK AND CHARGES THESE AFFILIATES FOR THESE COSTS. LOBBYING EXPENDITURES TO ST. LUKE'S UNIVERSITY HEALTH NETWORK AFFILIATES REPRESENTED \$71,069 OF THE \$139,473 REPORTED ON THIS FEDERAL FORM 990.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: ST LUKE'S HOSPITAL OF BETHLEHEM PA Employer identification number: 23-1352213

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on 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	75,442,657	70,523,514	67,573,259	59,946,522	58,837,623
b Contributions	4,209,582	3,908,975	2,686,456	4,457,720	3,262,882
c Net investment earnings, gains, and losses	2,747,157	7,024,295	4,485,799	5,907,662	501,192
d Grants or scholarships					
e Other expenditures for facilities and programs	3,073,841	6,014,127	4,222,000	2,738,645	2,655,175
f Administrative expenses					
g End of year balance	79,325,555	75,442,657	70,523,514	67,573,259	59,946,522

- 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 ▶ 100.000 %
The percentages on 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) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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" on 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		59,913,440		59,913,440
b Buildings		459,002,570	299,715,578	159,286,992
c Leasehold improvements		35,101,142	17,177,228	17,923,914
d Equipment		757,043,241	539,970,019	217,073,222
e Other		23,420,417		23,420,417
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				477,617,985

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on 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) MUTUAL FUNDS	562,993,839	F
(2) CASH & EQUIVALENTS	197,175,551	F
(3) CORPORATE BONDS	45,570,865	F
(4) GOVERNMENT SECURITIES	64,061,697	F
(5) COMMON & PREFERRED STOCK	703,983	F
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶ 870,505,935	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	716,949,809
(2) RIGHT USE OF ASSET	104,143,865
(3) ANNUITY CONTRACTS	43,832,611
(4) OTHER ACCOUNTS RECEIVABLE	28,801,073
(5) INSURANCE RRRG ASSETS	27,177,558
(6) DUE FROM THIRD PARTIES	1,598,795
(7) OTHER ASSETS	100,479,228
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 1,022,982,939

Part X Other Liabilities.

Complete if the organization answered 'Yes' on 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 See Additional Data Table	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 820,942,289

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1352213

Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
DUE TO AFFILIATES	350,250,727
ADVANCE FROM 3RD PARTY PAYORS	112,566,530
LEASE LIABILITY	105,697,679
SWAP CONTRACT LIABILITY	97,785,332
SELF INSURANCE COSTS	54,035,316
ACCRUED COMPENSATION PAYABLE	43,988,444
EST. 3RD PARTY SETTLEMENTS	9,767,683
ASSET RETIREMENT OBLIGATION	3,247,932
CHARITABLE GIFT ANNUITIES	423,244
OTHER LIABILITIES	43,179,402

Supplemental Information

Return Reference	Explanation
<p>SCHEDULE D, PART V; QUESTION 4</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETWORK'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORK'S ENDOWMENT FUNDS: THE NETWORK'S ENDOWMENT CONSISTS OF APPROXIMATELY \$53,846,148 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$2,596,705 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES PLUS THE FOLLOWING WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT: SPLIT INTEREST AGREEMENTS, AND OTHER NET ASSETS. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS. RETURN OBJECTIVES AND RISK PARAMETERS THE NETWORK HAS ADOPTED ENDOWMENT INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS. UNDER THIS POLICY, THE RETURN OBJECTIVE FOR THE ENDOWMENT ASSETS, MEASURED OVER A FULL MARKET CYCLE, SHALL BE TO MAXIMIZE THE RETURN AGAINST A BLENDED INDEX, BASED ON THE ENDOWMENT'S TARGET ALLOCATION APPLIED TO THE APPROPRIATE INDIVIDUAL BENCHMARKS. THE NETWORK EXPECTS ITS ENDOWMENT FUNDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE INDEX (INTERNATIONAL PORTION) AND LEHMAN BROTHERS INTERMEDIATE GOVERNMENT/CORPORATE INDEX (BOND PORTION). ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THE INDEX RETURN AMOUNTS. STRATEGIES EMPLOYED FOR ACHIEVING INVESTMENT OBJECTIVES TO ACHIEVE ITS LONG-TERM RATE OF RETURN OBJECTIVES, THE NETWORK RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED GAINS) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE NETWORK TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. ENDOWMENT SPENDING ALLOCATION AND RELATIONSHIP OF SPENDING POLICY TO INVESTMENT OBJECTIVES THE BOARD OF TRUSTEES OF THE NETWORK DETERMINES THE METHOD TO BE USED TO APPROPRIATELY ENDOWMENT FUNDS FOR EXPENDITURE. CALCULATIONS ARE PERFORMED FOR INDIVIDUAL ENDOWMENT FUNDS AT A RATE OF 4.5% OF A THREE-YEAR MOVING AVERAGE MARKET VALUE WITH A MINIMUM INCREASE OF 0% AND A MAXIMUM INCREASE OF 10</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V; QUESTION 4	<p>% PER YEAR OVER THE PREVIOUS YEAR'S SPENDING AMOUNT. THE TOTAL IS REDUCED BY THE INCOME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MADE BY THE DONORS. THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30. IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% PERCENT ANNUALLY, CONSISTENT WITH ITS INTENTION TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Program Services	FINANCIAL VEHICLE	263,000
3a Sub-total					263,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					263,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THE ORGANIZATION PAID AON (BERMUDA) LTD., A QUALIFIED INTERMEDIARY, PAYMENTS IN THE AMOUNT OF \$263,000 DURING THE FISCAL YEAR ENDED JUNE 30, 2020. THIS PAYMENT INCLUDES AMOUNTS PAID ON BEHALF OF ST. LUKE'S HEALTH NETWORK AND ITS AFFILIATES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	CHARITY BALL (event type)	STARLIGHT (event type)	1 (total number)	(add col. (a) through col. (c))
1 Gross receipts	140,970	123,753	111,336	376,059
2 Less: Contributions	130,700	94,530	72,973	298,203
3 Gross income (line 1 minus line 2)	10,270	29,223	38,363	77,856
Direct Expenses	4 Cash prizes	0	0	3,000
	5 Noncash prizes	0	0	0
	6 Rent/facility costs	0	0	11,680
	7 Food and beverages	0	21,342	17,370
	8 Entertainment	2,500	0	0
	9 Other direct expenses	7,770	7,881	6,313
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
 23-1352213

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	Yes	
1b If "Yes," was it a written policy?	Yes	
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>300 %</u>	Yes	
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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>301 %</u>	Yes	
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,373,746	0	2,373,746	0.250 %
b Medicaid (from Worksheet 3, column a)			141,958,448	98,728,002	43,230,446	4.590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			144,332,194	98,728,002	45,604,192	4.840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			11,047,022	2,398,158	8,648,864	0.920 %
f Health professions education (from Worksheet 5)			39,880,153	14,780,199	25,099,954	2.660 %
g Subsidized health services (from Worksheet 6)			45,047,492	970,015	44,077,477	4.680 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,834,002	0	16,834,002	1.790 %
j Total. Other Benefits			112,808,669	18,148,372	94,660,297	10.050 %
k Total. Add lines 7d and 7j			257,140,863	116,876,374	140,264,489	14.890 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 42,568,624		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 5,641,790		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 192,667,460
6 Enter Medicare allowable costs of care relating to payments on line 5	6 192,158,758
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 508,702
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 THE CENTER FOR ORAL				
2 & MAXILLOFACIAL				
3 SURGERY & IMPLANT	ORAL SURGERY	50 %		50 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

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)
ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 12

		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?		No
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.		No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
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 type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</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	Yes	
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		No
6b	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.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SLHN.ORG</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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.SLHN.ORG</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)**

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 301. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SLHN.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SLHN.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SLHN.ORG</u>		
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 checked="" 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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 nonpayment?	17	Yes
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

ST LUKE'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? 42

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>THE GRANTING OF FINANCIAL ASSISTANCE IS BASED UPON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED, AND DOES NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRANT STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION. IN ADDITION TO THE FEDERAL POVERTY GUIDELINES ELIGIBILITY CRITERIA NOTED ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE CONSIDERED FOR THOSE INDIVIDUALS WHO ARE UNINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTHCARE BENEFIT PROGRAM, AND THOSE WHO ARE UNABLE TO PAY FOR THEIR CARE, BASED UPON DETERMINATION OF FINANCIAL NEED IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF ST. LUKE'S UNIVERSITY HEALTH NETWORK. THERE ARE INSTANCES WHEN A PATIENT APPEARS TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO LACK OF SUPPORTING DOCUMENTATION. OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT OR OBTAINED THROUGH OTHER SOURCES, WHICH COULD PROVIDE SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH FINANCIAL ASSISTANCE. IN THE EVENT THERE IS NO EVIDENCE TO SUPPORT A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, ST. LUKE'S UNIVERSITY HEALTH NETWORK MAY USE OUTSIDE AGENCIES IN DETERMINING ESTIMATED INCOME AMOUNTS FOR THE BASIS OF DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY AND POTENTIAL DISCOUNT AMOUNTS. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCE THAT MAY INCLUDE: - STATE-FUNDED PRESCRIPTION PROGRAMS; - HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC; - PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); - FOOD STAMP ELIGIBILITY; - SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY; - ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G., MEDICAID SPEND DOWN); - LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; - PATIENT IS DECEASED WITH NO KNOWN ESTATE; - DECLARED CHAPTER 7 BANKRUPTCY AND CARE WAS INCURRED PRIOR TO BANKRUPTCY; AND - DECLARED CHAPTER 13 BANKRUPTCY AND PATIENT WILL HAVE UNPAID BALANCE AFTER THE PAYMENT SCHEDULE IS RECEIVED. ADDITIONALLY, PRESUMPTIVE ELIGIBILITY MIGHT INCLUDE THE USE OF EXTERNAL PUBLICLY AVAILABLE DATA SOURCES THAT PROVIDE INFORMATION ON A PATIENT'S OR A PATIENT'S GUARANTOR'S ABILITY TO PAY (SUCH AS CREDIT SCORING). ONCE DETERMINED, DUE TO THE INHERENT NATURE OF THE PRESUMPTIVE CIRCUMSTANCES, THE PATIENT MAY BE ELIGIBLE FOR UP TO 100% WRITE OFF OF THE ACCOUNT BALANCE. ST. LUKE'S UNIVERSITY HEALTH NETWORK PROVIDES, WITHOUT DISCRIMINATION, CARE FOR ALL EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF THEIR FINANCIAL ASSISTANCE ELIGIBILITY OR ABILITY TO PAY. IT IS THE POLICY OF ST. LUKE'S UNIVERSITY HEALTH NETWORK TO COMPLY WITH THE STANDARDS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR TRANSPORT ACT OF 1986 ("EMTALA") AND THE EMTALA REGULATIONS IN PROVIDING A MEDICAL SCREENING EXAMINATION AND SUCH FURTHER TREATMENT AS MAY BE NECESSARY TO STABILIZE AN EMERGENCY MEDICAL CONDITION FOR ANY INDIVIDUAL COMING TO THE EMERGENCY DEPARTMENT SEEKING TREATMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	<p>THE STRATAJAZZ DECISION SUPPORT/COST ACCOUNTING SYSTEM ("STRATAJAZZ") WAS THE TOOL UTILIZED TO DETERMINE THE COST OF FINANCIAL ASSISTANCE, UNREIMBURSED MEDICAID, MEDICAID HMO AND SUBSIDIZED HEALTH SERVICES. THE ENTIRE ACTIVITY WAS COSTED THROUGH THE STRATAJAZZ APPLICATION, TO INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOM AND ALL PAYERS. COSTING CONSISTED OF ALLOCATING COST FROM THE DEPARTMENTAL LEVEL DOWN TO THE SERVICE ITEM LEVEL. ONCE COSTS WERE DETERMINED AT THE SERVICE ITEM LEVEL, WE THEN AGGREGATED ENCOUNTERS INTO THE DEFINED TARGETED GROUPS. FOR DETERMINATION OF THE UNREIMBURSED COSTS FOR MEDICAID, MEDICAID HMO AND SUBSIDIZED SERVICES REPORTED ON PART I, LINE 7, FINANCIAL ASSISTANCE AT COST, BAD DEBT, AND ALL OVERLAPPING CASES REPORTED ELSEWHERE WERE EXCLUDED. THE RATIO OF PATIENT CARE COST TO CHARGES WAS UTILIZED TO DETERMINE THE FINANCIAL ASSISTANCE AT COST. THE DEVELOPMENT OF THE RATIO CONFORMS TO THE FORM 990 INSTRUCTIONS. THE MEDICARE SHORTFALL/SURPLUS WAS DETERMINED USING THE MEDICARE COMPLEX COST REPORTING FORM UTILIZING ALLOWABLE MEDICARE COSTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE AMOUNT INCLUDED IN SCHEDULE H, PART I, LINE 7G AS COMMUNITY BENEFIT EXPENSE REPRESENT SUBSIDIZED HEALTH SERVICES RELATED TO BEHAVIORAL HEALTH AND PRIMARY CARE HEALTH SERVICES, BOTH OF WHICH ARE DOCUMENTED HEALTH NEEDS WITHIN THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	THIS ORGANIZATION HAS DIRECT INVOLVEMENT IN NUMEROUS COMMUNITY BUILDING ACTIVITIES THAT PROMOTE AND IMPROVE THE HEALTH STATUS AND GENERAL BETTERMENT OF THE COMMUNITIES SERVED BY THE HOSPITAL. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE MULTIPLIED BY ITS COST TO CHARGE RATIO. THE NETWORK HAS ADOPTED ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) USING THE FULL RETROSPECTIVE TRANSITION METHOD. IN ACCORDANCE WITH THE IMPLEMENTATION OF THIS STANDARD, BAD DEBT EXPENSE IS NO LONGER SHOWN AS A SEPARATE LINE WITHIN THE NETWORK'S AUDITED FINANCIAL STATEMENTS, INSTEAD NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING CARE. PLEASE REFER TO FOOTNOTE 3 WITHIN THE NETWORK'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE NETWORK'S REVENUE RECOGNITION AND ACCOUNTS RECEIVABLE.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS"). THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE: IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPI</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>TAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES". THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE". - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK MANAGEMENT DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ST. LUKE'S UNIVERSITY HEALTH NETWORK AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS. BILLING & COLLECTION POLICY ----- THE CREDIT AND COLLECTION POLICY IS ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW. THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING THE NETWORK'S FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT. THE ORGANIZATION'S CREDIT AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. THE ORGANIZATION MAKES SURE THAT PATIENTS ARE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES, WHENEVER POSSIBLE. ALL PATIENT BUSINESS SERVICE DEPARTMENT REPRESENTATIVES ARE EDUCATED ON ALL ASPECTS OF THE CREDIT AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS. PATIENT BUSINESS SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY. THE CREDIT AND COLLECTION POLICY IS ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES. THE SENIOR VICE PRESIDENT AND VICE PRESIDENT OF FINANCE HAVE OVERALL RESPONSIBILITY FOR THE CREDIT AND COLLECTION ACTIVITIES OF THE HOSPITAL. THE BUSINESS OFFICE MANAGEMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES. ST. LUKE'S UNIVERSITY HEALTH NETWORK MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS. EMERGENCY & MEDICALLY NECESSARY SERVICES -----</p> <p>ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE. THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPARTMENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS. ADDITIONALLY, ST. LUKE'S DOES NOT PERMIT DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS. ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF A BILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR THE ST. LUKE'S FINANCIAL ASSISTANCE PROGRAM. ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICES. COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) -----</p> <p>----- ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R)(6) PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD. THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD OR GREATER, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS ARE INITIATED AGAINST THE PATIENT. SUBSEQUENT TO THE NOTIFICATION PERIOD ST. LUKE'S UNIVERSITY HEALTH NETWORK, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE. ST. LUKE'S UNIVERSITY HEALTH NETWORK MAY AUTHORIZE THIRD PARTIES TO REPORT ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD. THE ORGANIZATION ENSURES REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY AND ENSURES THE FOLLOWING ACTIONS ARE TAKEN AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA : 1) THE PATIENT IS PROVIDED WITH WRITTEN NOTICE WHICH: - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS; - IDENTIFIES THE ECA(S) THAT ST. LUKE'S UNIVERSITY HEALTH NETWORK INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE; AND - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED. 2) THE PATIENT IS PROVIDED WITH A COPY OF THE PLAIN LANGUAGE SUMMARY; AND 3) REASONABLE EFFORTS ARE MADE TO ORALLY NOTIFY THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. ST. LUKE'S UNIVERSITY HEALTH NETWORK ACCEPTS AND PROCESSES ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD. THE APPLICATION PERIOD BEGINS ON THE DAY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	TE THE CARE IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK'S DEPARTMENT OF COMMUNITY HEALTH AND PREVENTIVE MEDICINE OVERSEES ASSESSMENT OF THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY HOSPITALS WITHIN THE NETWORK. THE DEPARTMENT IS CHAIRED BY DR. BONNIE COYLE, BOARD CERTIFIED IN PREVENTATIVE MEDICINE, WITH OVER 20 YEARS' EXPERIENCE IN PUBLIC AND PREVENTATIVE HEALTH. ANALYSIS OF INFORMATION FROM THE FOLLOWING SOURCES IS PART OF THE DEPARTMENT'S ONGOING HEALTH NEEDS ASSESSMENT PROCESS: VITAL STATISTICS, PENNSYLVANIA DEPARTMENT OF HEALTH DATA, HOSPITAL DISCHARGE DATA, THE ROBERT WOOD JOHNSON COUNTY HEALTH PROFILES AND OTHER COUNTY DATA AVAILABLE FROM VARIOUS OTHER STATE AGENCIES. IN ADDITION, THE DEPARTMENT COLLECTS ONGOING DATA AND OUTCOMES FROM ITS COMPREHENSIVE COMMUNITY BASED PROGRAMMING INITIATIVES AND FROM ESTABLISHED COLLABORATIVE PARTNERSHIPS. IN 1996, WITH THE FULL APPROVAL AND SUPPORT OF THE BOARD OF TRUSTEES, ST. LUKE'S COMMUNITY HEALTH DEPARTMENT ASSUMED A LEADERSHIP ROLE IN CREATING A HEALTH IMPROVEMENT PARTNERSHIP WITH KEY AGENCIES AND ORGANIZATIONS IN THE GREATER BETHLEHEM AREA. THE BETHLEHEM PARTNERSHIP FOR A HEALTHY COMMUNITY WAS FORMED, CONSISTING OF OVER 60 REPRESENTATIVES FROM HEALTHCARE, BUSINESS, COMMUNITY, EDUCATION AND SERVICE ORGANIZATIONS. THIS GROUP COLLECTIVELY DEVELOPED PROGRAMS TO MEET THE IDENTIFIED NEEDS OF ECONOMICALLY DISADVANTAGED FAMILIES, ESPECIALLY CHILDREN, IN BETHLEHEM AND THROUGHOUT THE LEHIGH VALLEY BY CONDUCTING FORMALIZED COMMUNITY ASSESSMENTS ON A REGULAR BASIS. THIS PROCESS ALLOWED ST. LUKE'S TO IDENTIFY THE MOST PREVAILING HEALTH CARE NEEDS OF RESIDENTS AND BASE PROGRAM DEVELOPMENT AND DELIVERY ACCORDING TO THESE NEEDS. IN THE LAST FIVE YEARS, THE BETHLEHEM PARTNERSHIP HAS TRANSFORMED INTO THE ADOPT A SCHOOL MODEL. THIS COMPREHENSIVE APPROACH MAINTAINED THE MOST SUCCESSFUL AND OUTCOMES-DRIVEN WORK WITHIN THE ALLENTOWN AND BETHLEHEM SCHOOL DISTRICTS, WHILE CREATING A MODEL OF SERVICE THAT COULD BE IMPLEMENTED IN OTHER URBAN AND RURAL SCHOOL DISTRICTS WITH MINOR ACCOMMODATIONS. THIS ALLOWED US TO BETTER ADDRESS THE NEEDS OF OUR EXPANDING SERVICE AREAS AS OUR ORGANIZATION GREW FROM A ONE CAMPUS COMMUNITY HOSPITAL TO AN 11-CAMPUS HOSPITAL NETWORK. WE NOW SPEARHEAD A NATIONAL MODEL OF COLLABORATION WITH 200+ PARTNERS REPRESENTING LOCAL BUSINESSES, GOVERNMENT, EDUCATIONAL, SOCIAL SERVICE AND COMMUNITY ORGANIZATIONS. A NUMBER OF OUR CHNA DETERMINED HEALTH PRIORITIES ARE ADDRESSED AMONG OUR VULNERABLE POPULATIONS USING THE ADOPT A SCHOOL MODEL. THE MISSION OF THE ADOPT A SCHOOL MODEL IS TO CREATE AN ENVIRONMENT WHERE THE ALLENTOWN AND BETHLEHEM AREA SCHOOL DISTRICTS ARE THE HUB TO CULTIVATE THE PHYSICAL AND MENTAL WELL-BEING OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITY THROUGH COLLABORATIVE PARTNERSHIPS, USING EVIDENCE-BASED PROGRAMS, TO CONNECT FAMILIES TO HEALTH SERVICES (MEDICAL, DENTAL, VISION, MENTAL HEALTH AND INSURANCE) WHILE PROMOTING HEALTHY LIVING INITIATIVES, LITERACY AND LEADERSHIP TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS. BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH HOSPITAL CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES. THROUGH OUR PARTNERSHIP EFFORTS AND INITIATIVES, WE PROVIDE MOBILE YOUTH HEALTH SERVICES (CONNECTING STUDENTS TO MEDICAL, DENTAL & VISION VANS, INSURANCE, PHYSICAL, BEHAVIORAL, AND MENTAL HEALTH ASSESSMENTS AND SERVICES), HEALTHY LIVING INITIATIVES (GET YOUR TAIL ON THE TRAIL, LIVE YOUR LIFE, SCHOOL GARDENS AND NUTRITION PROGRAMS), LITERACY PROGRAMS (DR. SEUSS DAY, READING ROCKS! AND LITTLE FREE LIBRARIES), AND YOUTH DEVELOPMENT (LEADER IN ME AND ADOLESCENT CAREER MENTORING). OUR INITIATIVES ARE CONTINUALLY ASSESSED AND EVALUATED TO PROVIDE MEASURABLE AND EFFECTIVE HEALTH OUTCOMES. LOCAL SCHOOL COORDINATORS AND COMMUNITY LEADERSHIP COMMITTEES ASSESS, EVALUATE AND GUIDE THE INITIATIVES THAT FEED INTO THE ST. LUKE'S ADOPT A SCHOOL MODEL USING EVIDENCE-BASED PROGRAMS/SERVICES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 3	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE SERVICES TO OUR COMMUNITY. ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS. ALL PATIENTS WILL RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT ALL ST. LUKE'S FACILITIES, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER OR SEXUAL ORIENTATION FACTORS. ST. LUKE'S UNIVERSITY HEALTH NETWORK STRIVES TO ENSURE THAT ALL PATIENTS RECEIVE ESSENTIAL EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. ALL PERSONS WHO PRESENT THEMSELVES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES ARE ADMITTED AND TREATED; THEY ARE REGISTERED AS PATIENTS OF THE HOSPITAL AND RECEIVE ANY NECESSARY SERVICES AS PRESCRIBED BY THE PATIENT'S PHYSICIAN. A PROSPECTIVE PATIENT OF ST. LUKE'S UNIVERSITY HEALTH NETWORK IS NEVER DENIED NECESSARY HEALTHCARE SERVICES ON THE BASIS OF THEIR ABILITY TO PAY. ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES ITS BEST TO EDUCATE AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. FOR THE BENEFIT OF THE PATIENTS, THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE ALL AVAILABLE ON-LINE. ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN THE HOSPITAL FACILITY REGISTRATION AREAS. THESE INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS AND PATIENT FINANCIAL SERVICES. THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE NETWORK'S PRIMARY SERVICE AREA. SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. THROUGH ITS COMMUNICATION DEPARTMENT, ST. LUKE'S UNIVERSITY HEALTH NETWORK ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE REFERRALS CAN BE MADE BY A MEMBER OF THE HOSPITAL STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS. ALL PATIENTS ARE OFFERED A COPY OF THE PLAIN LANGUAGE SUMMARY AS PART OF THE INTAKE OR DISCHARGE PROCESS. ADDITIONALLY, FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK'S (SLUHN) BETHLEHEM AND ALLENTOWN CAMPUSES ARE BOTH IN THE LEHIGH VALLEY. THE PRIMARY SERVICE AREA CONSISTS OF A LARGELY URBAN POPULATION IN LEHIGH AND NORTHAMPTON COUNTIES IN SOUTHEASTERN PENNSYLVANIA. THE FOLLOWING INFORMATION REGARDING THE COMMUNITY DEMOGRAPHICS IS INCLUDED IN EACH RESPECTIVE ORGANIZATION'S CHNA. GEOGRAPHIC DESCRIPTION OF MEDICAL SERVICE AREA & COMMUNITY SERVED =====</p> <p>===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: -----</p> <p>----- A TOTAL OF 615,890 PEOPLE LIVE IN THE 704.95 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT, ACCORDING TO THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2017) 5-YEAR ESTIMATES. THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 873.66 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 89.61 PERSONS PER SQUARE MILE. WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RECEIVE SERVICES FROM ST. LUKE'S BETHLEHEM. WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL. THE CHNA REPORT REFERS TO THIS AREA AS THE "ST. LUKE'S BETHLEHEM SERVICE AREA". THE TOP FIVE COUNTIES SERVED BY ST. LUKE'S BETHLEHEM IN PENNSYLVANIA INCLUDE NORTHAMPTON, LEHIGH, CARBON, AND BUCKS COUNTIES IN PENNSYLVANIA, AND WARREN COUNTY IN NEW JERSEY. THERE ARE A TOTAL OF 24 ZIP CODES THAT WERE INCLUDED IN THE FINAL ANALYSES. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: ----- A TOTAL OF 367,641 PEOPLE LIVE IN THE 253.30 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2017) 5-YEAR ESTIMATES. THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 1,451.41 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 89.61 PERSONS PER SQUARE MILE. WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RECEIVE ANY SERVICES FROM ST. LUKE'S ALLENTOWN. WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL. THE CHNA REPORT REFERS TO THIS AREA AS THE "ST. LUKE'S ALLENTOWN SERVICE AREA". THE TOP COUNTIES SERVED BY ST. LUKE'S ALLENTOWN INCLUDE LEHIGH, BERKS, AND NORTHAMPTON COUNTIES IN PENNSYLVANIA. THERE ARE A TOTAL OF 18 ZIP CODES INCLUDED THAT CONSTITUTE 80% OF THE POPULATION SERVED AT ST. LUKE'S ALLENTOWN. GENDER ===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: -----</p> <p>----- ACCORDING TO THE FIVE-YEAR ESTIMATES BY THE ACS, THE PERCENTAGE OF FEMALES IN THE ST. LUKE'S BETHLEHEM SERVICE AREA IS ROUGHLY 51.12%, AND ROUGHLY 48.88% ARE MALE. THESE RATES ARE ON PAR WITH NATIONAL TRENDS, WHERE 49.2% OF THE POPULATION IS MALE, AND 50.8% IS FEMALE. THE MAJORITY OF RESPONDENTS TO OUR 2019 COMMUNITY HEALTH SURVEY WERE FEMALE. IN THE ST. LUKE'S BETHLEHEM SERVICE AREA FOR THE YEAR 2017, 61% OF RESPONDENTS WERE FEMALE AND 39% WERE MALE. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: -----</p> <p>----- ACCORDING TO THE FIVE-YEAR ESTIMATES BY THE ACS, THE PERCENTAGE OF FEMALES IN THE ST. LUKE'S ALLENTOWN (SLA) SERVICE AREA IS ROUGHLY 51.01%, AND ROUGHLY 48.99% ARE MALE. THIS IS VERY SIMILAR TO NATIONAL TRENDS, WHERE 49.2% OF THE POPULATION IS MALE, AND 50.8% IS FEMALE. THE MAJORITY OF RESPONDENTS TO OUR 2019 COMMUNITY HEALTH SURVEY IN THE ST. LUKE'S ALLENTOWN SERVICE AREA WERE FEMALE. IN THE ST. LUKE'S ALLENTOWN SERVICE AREA, 61.8% OF RESPONDENTS WERE FEMALE, AND 38.2% WERE MALE. AGE ===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: -----</p> <p>----- THE ACS REPORTS 21.68% OF THE SERVICE AREA'S POPULATION FALLS UNDER THE AGE OF 18, AND 16.62% ARE 65 OR OLDER. THIS LEAVES 61.7% BETWEEN THE AGES OF 18 AND 64. WHEN COMPARING THIS DATA TO SURVEY DATA, 65% OF BETHLEHEM RESPONDENTS WERE BETWEEN THE AGES OF 18 AND 64, AND 36% OVER THE AGE OF 65. THE SURVEY WAS NOT ADMINISTERED TO COMMUNITY MEMBERS UNDER THE AGE OF 18; THEREFORE, THERE ARE NO RESPONSES TO INDICATE THAT AGE RANGE. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: -----</p> <p>----- THE ACS REPORTS 22.54% OF THE SERVICE AREA'S POPULATION FALLS UNDER THE AGE OF 18, AND 15.37% ARE OVER THE AGE OF 65. THIS LEAVES 62.09% BETWEEN THE AGES OF 18 AND 65. WHEN COMPARING THIS DATA TO SURVEY DATA, 70.4% OF ALLENTOWN RESPONDENTS WERE BETWEEN THE AGES OF 18 AND 64 AND 29.6% WERE OVER THE AGE OF 65. THE SURVEY WAS NOT ADMINISTERED TO COMMUNITY MEMBERS UNDER THE AGE OF 18; THEREFORE, THERE ARE NO RESPONSES TO INDICATE THAT AGE RANGE. RACE ===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: -----</p> <p>----- IN BREAKING DOWN THE ST. LUKE'S BETHLEHEM SERVICE AREA BY RACE, WE CAN SEE THAT MOST INDIVIDUALS IDENTIFY AS WHITE, CONSTITUTING 81.42% OF THE SERVICE AREA. THE SECOND LARGEST POPULATION IDENTIFY AS BLACK, REPRESENTING 6.47% OF THE POPULATION. ABOUT 2.99% IDENTIFY AS ASIAN, 0.33%</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	<p>AS NATIVE AMERICAN OR ALASKAN NATIVE, 0.04% AS NATIVE HAWAIIAN OR PACIFIC ISLANDER, 5.68% AS SOME OTHER RACE, AND 3.08% AS MULTIPLE RACES. THE 2019 COMMUNITY HEALTH SURVEY FOUND A SLIGHTLY DIFFERENT PATTERN IN ITS RESPONDENTS WHEN BROKEN DOWN BY RACE. 93.1% OF RESPONDENTS IDENTIFIED AS WHITE AND 4.5% IDENTIFIED AS BLACK. ADDITIONALLY, 2.2% OF RESPONDENTS IDENTIFIED THEIR RACE AS OTHER. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: ----- ----- IN BREAKING DOWN THE ST. LUKE'S ALLENTOWN SERVICE AREA BY RACE, WE CAN SEE THAT MOST INDIVIDUALS IDENTIFY AS WHITE, CONSTITUTING 77.08% OF THE SERVICE AREA. THE SECOND LARGEST POPULATION IDENTIFY AS BLACK, REPRESENTING 7.23% OF THE POPULATION. ABOUT 3.45% IDENTIFY AS ASIAN, 0.26% AS NATIVE AMERICAN OR ALASKAN NATIVE, 0.03% AS NATIVE HAWAIIAN OR PACIFIC ISLANDER, 8.57% AS SOME OTHER RACE, AND 3.38% AS MULTIPLE RACES. THE 2019 COMMUNITY HEALTH SURVEY FOUND A SLIGHTLY DIFFERENT PATTERN IN ITS RESPONDENTS WHEN BROKEN DOWN BY RACE. 89.9% OF ALLENTOWN RESPONDENTS IDENTIFIED AS WHITE AND 6.8% IDENTIFIED AS BLACK. ACCORDING TO THE SAME FIGURE, 3.4% OF RESPONDENTS IDENTIFIED THEIR RACE AS OTHER. ETHNICITY ===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: ----- ----- RECENT DATA INDICATE 82.03% OF THE ST. LUKE'S BETHLEHEM SERVICE AREA IDENTIFIES THEIR ETHNICITY AS NON-HISPANIC, WITH THE REMAINING 17.97% IDENTIFYING AS HISPANIC/LATINO. THIS BREAKDOWN IS CLOSE TO THE 17.13% OF INDIVIDUALS IN THE NATION BUT HIGHER THAN THE 6.38% OF THE STATE IDENTIFYING AS HISPANIC/LATINO. THERE WAS A SMALLER PROPORTION OF HISPANIC/LATINO RESPONDENTS IN OUR SURVEY - 11.3% - COMPARED TO THE REGION. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: ----- ----- RECENT DATA INDICATE 75.93% OF THE ST. LUKE'S ALLENTOWN SERVICE AREA IDENTIFIES THEIR ETHNICITY AS NON-HISPANIC, WITH THE REMAINING 24.07% IDENTIFYING AS HISPANIC/LATINO. ALLENTOWN'S HISPANIC POPULATION IS MUCH LARGER THAN THE 17.13% OF INDIVIDUALS IN THE NATION AND 6.38% OF THE STATE IDENTIFYING AS HISPANIC/LATINO. OUR SURVEY DATA ILLUSTRATED THAT THERE WAS A SMALLER PROPORTION OF HISPANIC/LATINO RESPONDENTS -18.3% - COMPARED TO THE REGION. POVERTY ===== ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS: ----- ----- THE FEDERAL POVERTY LEVEL (FPL) IS \$24,600 FOR A FAMILY OF FOUR. ROUGHLY 29.54% OF THE ST. LUKE'S BETHLEHEM SERVICE AREA RESIDENTS HAVE INCOMES THAT FALL AT OR BELOW 200% OF THE FPL. THIS STATISTIC IS LOWER THAN THE 30.2% OF THE STATE AND 33.6% OF THE NATION THAT FALL AT OR BELOW 200% OF THE FPL. THE UNEMPLOYMENT RATE FOR CIVILIAN, NON-INSTITUTIONALIZED ADULTS IN THE ST. LUKE'S BETHLEHEM SERVICE AREA IS 5.9, AND 4.6 FOR NORTHAMPTON COUNTY. THE RATE IS 4.4 IN PENNSYLVANIA AND 4.0 NATIONWIDE, MAKING THE ST. LUKE'S BETHLEHEM SERVICE AREA'S UNEMPLOYMENT RATE SLIGHTLY HIGHER THAN AVERAGE. IN THE ST. LUKE'S BETHLEHEM SERVICE AREA, 40.11% OF CHILDREN LIVE IN POVERTY, COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE. ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS: ----- ----- THE FEDERAL POVERTY LEVEL (FPL) IS \$24,600 FOR A FAMILY OF FOUR. ROUGHLY 33.23% OF THE ST. LUKE'S ALLENTOWN SERVICE AREA RESIDENTS HAVE INCOMES THAT FALL AT OR BELOW 200% OF THE FPL. THIS STATISTIC FALLS BETWEEN THE 30.6% OF THE STATE AND 34.26% OF THE NATION THAT FALL AT OR BELOW 200% OF THE FPL. THE UNEMPLOYMENT RATE FOR CIVILIAN, NON-INSTITUTIONALIZED ADULTS IN THE ST. LUKE'S ALLENTOWN SERVICE AREA AND LEHIGH COUNTY IS 5.4. THE RATE IS 5.2 IN PENNSYLVANIA AND 4.4 NATIONWIDE, MAKING THE ST. LUKE'S ALLENTOWN SERVICE AREA'S UNEMPLOYMENT RATE SLIGHTLY HIGHER THAN AVERAGE. IN THE ST. LUKE'S ALLENTOWN SERVICE AREA, 45.87% OF CHILDREN LIVE IN POVERTY, COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 5	THE ENTIRE ST. LUKE'S UNIVERSITY HEALTH NETWORK PROMOTES THE HEALTH OF THE COMMUNITY ON A DAILY BASIS THROUGHOUT THE YEAR. THE NETWORK COORDINATES AND OFFERS NUMEROUS COMMUNITY BENEFIT PROGRAMS, OUTCOMES BASED INITIATIVES AND SUPPORT GROUPS TO THE COMMUNITY, WITH A SPECIAL EMPHASIS ON OUR VULNERABLE POPULATIONS. PLEASE REFER TO SCHEDULE O FOR A DETAILED COMMUNITY BENEFIT STATEMENT.

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE ST. LUKES UNIVERSITY HEALTH NETWORK: NOT FOR-PROFIT ST. LUKES UNIVERSITY HEALTH NETWORK ENTITIES:</p> <p>===== ST. LUKES HEALTH NETWORK, INC. ----- ST. LUKES HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT OF ST. LUKES UNIVE RSITY HEALTH NETWORK ("ST. LUKE'S"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS O F A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THIS ORGANIZATION IS THE SOLE MEMBER OF EACH AFFILIATED ENTITY. ST. LUKE'S IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROU HOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY. ST. LUKES HEALTH NETWORK, INC. IS AN ORGAN IZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVE NUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). AS THE PARENT ORGANIZATION, ST. LUKES HEALTH NETWORK, INC. STRIVES TO CONTINUALLY DE VELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE R ESIDENTS OF PENNSYLVANIA AND NEW JERSEY AND SURROUNDING COMMUNITIES. ST. LUKES HEALTH NETW ORK, INC. ENSURES THAT ITS NETWORK PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE S ERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILI TY TO PAY. THE NETWORK'S ACTIVE HOSPITALS INCLUDE: ST. LUKES ALLENTOWN CAMPUS, ST. LUKES A NDERSON CAMPUS, ST. LUKES BETHLEHEM CAMPUS, ST. LUKES LEHIGHTON CAMPUS, ST. LUKES MINERS C AMPUS, ST. LUKES MONROE CAMPUS, ST. LUKES SACRED HEART CAMPUS, ST. LUKES UPPER BUCKS CAMPU S AND ST. LUKES WARREN CAMPUS. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLL OWING CRITERIA OUTLINED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545: 1) EACH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2) EACH OPERATE S AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A W EEK, 365 DAYS PER YEAR; 3) EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF EACH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF ST. LUKES HEALTH NETWORK, INC. BOTH BOARDS ARE COMPRISED OF A MAJORIT Y OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5) SURPLU S FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AN D ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLV ANIA ----- ST. LUKES HOSPITAL OF BETHLEHEM, PENNS YLVANIA IS COMPRISED OF TWO ACUTE CARE NON-PROFIT HOSPITAL CAMPUSES: ST. LUKES ALLENTOWN C AMPUS LOCATED IN ALLENTOWN, PENNSYLVANIA AND ST. LUKES BETHLEHEM CAMPUS LOCATED IN BETHLEH EM CAMPUS LOCATED IN BETHLEHEM, PENNSYLVANIA. ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLVANI A IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX- EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICA LLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX , NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLVAN IA OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. ST. LUKE 'S AIRMED, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. ST. LUKES HOMESTAR SERVICES, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKES H OSPITAL OF BETHLEHEM, PENNSYLVANIA. THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM; PRIM ARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SE RVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND I N SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. POCONO MRI IMAGING AND DIA GNOSTIC CENTER, LLC ----- A LIMITED LIABILITY COMP ANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. EVANTAGE HEALTH, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. ST. LUKES CARE, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PU RPOSES OWNED BY ST. LUKES HOSPITAL OF BETHLEHEM, P</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>PENNSYLVANIA. THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. ST. LUKES SHARED SAVINGS PLAN, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKES HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS LOCATED IN ALLENTOWN PENNSYLVANIA. THE ORGANIZATION IS CURRENTLY INACTIVE. ST. LUKES HOSPITAL ANDERSON CAMPUS ----- ST. LUKES HOSPITAL ANDERSON CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN EASTON, PENNSYLVANIA. ST. LUKES HOSPITAL ANDERSON CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKES HOSPITAL ANDERSON CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. ST. LUKES HOSPITAL MONROE CAMPUS ----- ST. LUKES HOSPITAL MONROE CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN STROUDSBURG, PENNSYLVANIA. ST. LUKES HOSPITAL MONROE CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKES HOSPITAL MONROE CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. ----- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. DBA ST. LUKE'S MINERS CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN COALDALE, PENNSYLVANIA. CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. ST. LUKE'S QUAKERTOWN HOSPITAL ----- ST. LUKES QUAKERTOWN HOSPITAL INCLUDES THE ST. LUKES QUAKERTOWN CAMPUS AND ST. LUKES UPPER BUCKS CAMPUS. THE ST. LUKES QUAKERTOWN CAMPUS IS LOCATED IN QUAKERTOWN, PENNSYLVANIA AND OFFERS IN-PATIENT BEHAVIORAL HEALTH SERVICES AS WELL AS A VARIETY OF OUTPATIENT SERVICES. ST. LUKES UPPER BUCKS CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN QUAKERTOWN, PENNSYLVANIA. ST. LUKES QUAKERTOWN HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKES QUAKERTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. ST. LUKE'S WARREN HOSPITAL, INC. ----- ST. LUKE'S WARREN HOSPITAL, INC. IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN PHILLIPSBURG, NEW JERSEY. ST. LUKE'S WARREN HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 7	NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA AND NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY.

Additional Data

Software ID:

Software Version:

EIN: 23-1352213

Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST LUKE'S HOSPITAL-BETHLEHEM CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015 WWW.SLHN.ORG 451201	X	X		X		X	X			1
2	ST LUKE'S HOSPITAL-ALLENTOWN CAMPUS 1736 HAMILTON STREET ALLENTOWN, PA 18104 WWW.SLHN.ORG 451201	X	X		X			X			1

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 3I	IN 2019, THE ORGANIZATION COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND BEGAN A THREE - YEAR IMPLEMENTATION PLAN. FOR EACH SIGNIFICANT HEALTH NEED IDENTIFIED THROUGH THE CHNA THE ORGANIZATION DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBED PLANS TO ADDRESS EACH IDENTIFIED HEALTH NEED. THE ORGANIZATION'S MOST RECENT CHNA DOES NOT SPECIFICALLY DESCRIBE THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA. HOWEVER, ANNUALLY THE ORGANIZATION PUBLICIZES INFORMATION ON IT'S WEBSITE WHICH DESCRIBES THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S MOST RECENTLY CONDUCTED CHNA. THE ORGANIZATION'S REPORT INCLUDES DETAIL WHICH SUMMARIZES AND EVALUATES MAJOR EFFORTS TIED TO THE ORGANIZATION'S 2019 IMPLEMENTATION PLAN. THE ORGANIZATION'S IMPLEMENTATION PLAN UPDATE IS MADE WIDELY AVAILABLE ON ITS WEBSITE AND CAN FOUND AT THE FOLLOWING URL: WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS
SCHEDULE H, PART V, SECTION B, QUESTION 5	THE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNA") FOR BOTH ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS AND ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS WERE COMPRISED OF PRIMARY AND SECONDARY DATA. THE PRIMARY DATA WAS COLLECTED THROUGH KEY INFORMANT INTERVIEWS AND COMMUNITY HEALTH SURVEYS, WHERE APPROXIMATELY 10,234 SURVEYS WERE CONDUCTED WITHIN THE NETWORK'S ELEVEN CAMPUS GEOGRAPHIC REGIONS. PRIMARY DATA WAS ALSO COLLECTED THROUGH CAMPUS SPECIFIC KEY STAKEHOLDER FOCUS GROUPS, WHERE THE MAIN PRIORITY HEALTH NEEDS WERE IDENTIFIED. SECONDARY DATA INCLUDED THE USE OF COUNTY LEVEL, STATE LEVEL, AND NATIONAL LEVEL DATA OBTAINED VIA THE U.S. CENSUS, THE ROBERT WOOD JOHNSON FOUNDATION, VITAL STATISTICS, COMMUNITY COMMONS, THE AMERICAN COMMUNITY SURVEY, U.S. DEPARTMENT OF LABOR, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER DATA SOURCES, WHICH CAN BE FOUND FOOTNOTED IN EACH CHNA. THE NEEDS IDENTIFIED WITHIN EACH FOCUS GROUP WAS SUPPLEMENTED BY SURVEY DATA AND SECONDARY DATA IN ORDER TO PROVIDE A MORE COMPREHENSIVE PICTURE OF THE NEEDS IN EACH COMMUNITY AND THE OUTSIDE FACTORS AFFECTING THESE HEALTH ISSUES. THROUGH REVIEW OF THE PRIMARY AND SECONDARY DATA, THE NETWORK WAS ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO THREE MAJOR CATEGORIES FOR THE JUNE 30, 2019 - JUNE 30, 2022 CHNA CYCLE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B</p>	<p>THE ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS AND ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS EACH CONDUCTED THEIR OWN CHNA'S DUE TO SEPARATELY DEFINED PRIMARY SERVICE AREAS. THEIR RESPECTIVE CHNA'S AND CHNA EXECUTIVES SUMMARIES CAN BE FOUND ON THE ST. LUKE'S HEALTH NETWORK WEBSITE. ADDITIONALLY, WHILE THESE CHNA'S WERE CONDUCTED SEPARATELY, THE CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE MOST-PRESSING HEALTHCARE NEEDS IN THE COMMUNITY. AS OUTLINED IN THE APPENDIX OF THE ORGANIZATION'S CHNA THE ORGANIZATION'S COMMUNITY PARTNERS INCLUDE THE FOLLOWING: - ALLENTOWN HEALTH BUREAU; - ALLENTOWN POLICE DEPARTMENT; - ALLENTOWN PROMISE NEIGHBORHOOD; - ALLENTOWN SCHOOL DISTRICT; - ARTSQUEST; - BETHLEHEM AREA SCHOOL DISTRICT; - BETHLEHEM HEALTH BUREAU; - BETHLEHEM HOUSING AUTHORITY; - CAPITAL BLUE CROSS; - CATHEDRAL CHURCH OF THE NATIVITY; - CEDAR CREST COLLEGE; - CENTER FOR HUMANISTIC CHANGE; - COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY; - DAYBREAK; - ECUMENICAL SOUP KITCHEN AT OUR LADY OF MOUNT CARMEL; - GOOD SHEPHERD REHABILITATION; - HABITAT FOR HUMANITY LEHIGH VALLEY; - HAVEN HOUSE; - HCC; - HISPANIC CENTER OF THE LEHIGH VALLEY; - HISPANIC CHAMBER OF COMMERCE; - JUST BORN, INC.; - LAROS FOUNDATION; - LEHIGH CONFERENCE OF CHURCHES SOUP KITCHEN AT ST. PAUL'S; - LEHIGH COUNTY DEPARTMENT OF DRUG AND ALCOHOL SERVICES; - LEHIGH COUNTY JAIL; - LEHIGH COUNTY MENTAL HEALTH; - LEHIGH UNIVERSITY; - LEHIGH VALLEY ACT; - LEHIGH VALLEY BUSINESS COALITION ON HEALTHCARE; - LEHIGH VALLEY CHAMBER OF COMMERCE; - LEHIGH VALLEY COMMUNITY FOUNDATION; - LEHIGH VALLEY HEALTH NETWORK STREET MEDICINE; - MAGELLAN BEHAVIORAL HEALTH OF PA, INC.; - MCKINLEY ELEMENTARY SCHOOL; - MID ATLANTIC REHABILITATION SERVICES; - MORAVIAN COLLEGE; - MORRIS BLACK & SONS; - MUHLENBERG COLLEGE; - NACCI PRINTING; - NEIGHBORHOOD HEALTH CENTERS OF THE LEHIGH VALLEY; - NEW BETHANY MINISTRIES; - NORTHAMPTON COMMUNITY COLLEGE; - NORTHAMPTON COUNTY DEPARTMENT OF HUMAN SERVICES, AREA AGENCY ON AGING; - NURSE FAMILY PARTNERSHIP; - PENNSYLVANIA HEALTH ACCESS NETWORK; - PINEBROOK FAMILY ANSWERS; - POOL TRUST; - PRATYUSHSINHA FOUNDATION; - RESURRECTED LIFE COMMUNITY CHURCH; - ST. LUKE'S ALLENTOWN FAMILY HEALTH CENTER; - ST. LUKE'S ALLENTOWN NURSING; - ST. PAUL'S PARISH NURSING; - STATE REPRESENTATIVE PETER SCHWEYER; AND - UNITED WAY OF THE GREATER LEHIGH VALLEY.</p>
<p>SCHEDULE H, PART V, SECTION B, QUESTION 7A</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 10</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). THE NETWORK CREATED A NETWORK WIDE JOINT IMPLEMENTATION STRATEGY TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED WITHIN EACH HOSPITAL FACILITY'S CHNA. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE NETWORK WIDE IMPLEMENTATION STRATEGY AN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS</p>
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>THE ORGANIZATION'S CHNA'S WERE COMPLETED AND MADE WIDELY AVAILABLE PRIOR TO JUNE 30, 2019. THEREAFTER, A MULTI-DISCIPLINARY TEAM MET REGULARLY AND PARTICIPATED IN THE IMPLEMENTATION PLAN PROCESS. DURING THIS PROCESS AND THROUGH REVIEW OF THE PRIMARY AND SECONDARY DATA, THE ORGANIZATION WAS ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO THREE MAJOR CATEGORIES FOR THE 2019-2022 CHNA CYCLE. THESE PRIORITY HEALTH CATEGORIES INCLUDE: 1) IMPROVING ACCESS TO CARE/REDUCING HEALTH DISPARITIES; 2) PROMOTING HEALTHY LIFESTYLES AND PREVENTING CHRONIC DISEASE; 3) IMPROVING MENTAL/BEHAVIORAL HEALTH; A NETWORK WIDE IMPLEMENTATION STRATEGY WAS CREATED TO ADDRESS THE THREE IDENTIFIED HEALTH PRIORITIES. THE IMPLEMENTATION STRATEGY WAS DEVELOPED TO CONTINUE ESTABLISHED EFFORTS AND FOSTER COMMUNITY COLLABORATION TO MEET THE IDENTIFIED HEALTH NEEDS, THROUGH THREE NETWORK-WIDE INITIATIVES (1) HEALTHY KIDS, BRIGHT FUTURES; (2) FIT FOR LIFE; AND (3) HEALTH FOR ALL. THE NETWORK WIDE IMPLEMENTATION STRATEGY APPROACHES THE THREE HEALTH PRIORITY AREAS DETERMINED BY THE CHNA FROM THREE MAIN VANTAGES: 1) WELLNESS AND PREVENTION; 2) CARE TRANSFORMATION; AND 3) RESEARCH AND PARTNERSHIPS. THESE PRIORITY HEALTH AREAS AND UNMET NEEDS IN THE IMPLEMENTATION PLAN ARE INTEGRAL TO OUR COMMUNITY BENEFIT STRATEGY. ST. LUKE'S LEADERS CONTINUE TO MONITOR NEW PROGRAM DEVELOPMENTS AND SERVICES IN ORDER TO MEET AND ADDRESS THESE NEEDS. PROGRAMMING TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA IS CONDUCTED IN PARTNERSHIP WITH OVER 200 ORGANIZATIONS NETWORK WIDE, A COMPREHENSIVE LIST OF PARTNERS CAN BE FOUND ON THE LAST PAGE OF EACH OF THE CAMPUS SPECIFIC CHNAS. THE ST. LUKE'S UNIVERSITY HEALTH NETWORK CHNA IMPLEMENTATION STRATEGY AS WELL AS SEPARATE HOSPITAL CAMPUS IMPLEMENTATION UPDATES CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE. THE IMPLEMENTATION STRATEGIES AND IMPLEMENTATION UPDATES INCLUDE AND DESCRIBE VARIOUS INITIATIVES AND PLANS IN PLACE TO ADDRESS THE UNMET NEEDS DISCOVERED THROUGH THE ORGANIZATION'S CHNA PROCESS. ANNUAL IMPLEMENTATION PLAN UPDATE REPORTS DESCRIBE EFFORTS UNDERTAKEN BY THE NETWORK TO ADDRESS THE CHNA IDENTIFIED NEEDS. HOSPITALS ARE NOT REQUIRED TO, NOR CAN THEY MEET ALL OF THE UNMET NEEDS IN THEIR COMMUNITIES. ANY UNMET NEEDS NOT ADDRESSED BY THE ADOPTED IMPLEMENTATION PLAN ARE ALREADY BEING ADDRESSED IN THE SERVICE AREA BY THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, GOVERNMENT, OR VARIOUS LOCAL NON-PROFIT ORGANIZATIONS IN THE COMMUNITY.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE NETWORK. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: WWW.SLHN.ORG/BILLPAY/POLICIES-AND-PROCEDURES/FINANCIAL-ASSISTANCE-POLICIES
SCHEDULE H, PART V, SECTION B, QUESTION 16J	OTHER MEASURES TO PUBLICIZE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INCLUDE INDIVIDUAL FINANCIAL COUNSELING MEETINGS WITH PATIENTS WITHOUT HEALTH INSURANCE TO REVIEW THE FINANCIAL ASSISTANCE POLICY AND TO DISCUSS PAYMENT OPTIONS.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 ST LUKE'S NORTH MEDICAL CENTER 153 BRODHEAD ROAD BETHLEHEM, PA 18017	OUTPATIENT SERVICES - VARIOUS
1 ST LUKE'S OCCUPATIONAL MED - MACUNGIE 2550 STATE ROUTE 100 MACUNGIES, PA 18062	OUTPATIENT SERVICES - VARIOUS
2 ST LUKE'S WEST END MEDICAL CENTER 501 CETRONIA ROAD ALLENTOWN, PA 18104	OUTPATIENT SERVICES - VARIOUS
3 ST LUKE'S INTEGRATED HEALTH CENTER 240 CETRONIA ROAD ALLENTOWN, PA 18104	OUTPATIENT SERVICES - VARIOUS
4 ST LUKE'S FITNESS CENTER 77 COMMERCE WAY BETHLEHEM, PA 18017	OUTPATIENT SERVICES - LAB ANATOMIC PATHOLOGY & MICROBIOLOGY
5 ST LUKE'S HEALTH CENTER FOGELSVILLE 1251 TURNSTONE DRIVE FOGELSVILLE, PA 18051	OUTPATIENT SERVICES - VARIOUS
6 ST LUKE'S HEALTH CENTER FORKS 2003 SULLIVAN TRAIL FORKS TOWNSHIP, PA 18040	OUTPATIENT SERVICES - VARIOUS
7 ST LUKE'S DIAYSIS CENTER 1425 EIGHTH AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - SPECIALIZED DIALYSIS CARE
8 ST LUKE'S HEALTH CENTER - BATH 6651 SILVER CREST ROAD BATH, PA 18014	OUTPATIENT SERVICES - VARIOUS
9 ST LUKE'S HEALTH CENTER - CENTER VALLEY 5445 LANARK ROAD CENTER VALLEY, PA 18034	OUTPATIENT SERVICES - PHYSICAL THERAPY
10 ST LUKE'S HOSPICE 2455 BLACK RIVER ROAD BETHLEHEM, PA 18015	OUTPATIENT SERVICES - HOSPICE
11 ST LUKE'S HEALTH CENTER - HAMBURG 9 DAVES WAY HAMBURG, PA 19526	OUTPATIENT SERVICES - VARIOUS
12 ST LUKE'S CARE NOW - WHITEHALL 2402 MACARTHUR ROAD WHITEHALL, PA 18052	OUTPATIENT SERVICES - CARE NOW
13 ST LUKE'S GENERAL SURGERY 1941 WEST HAMILTON STREET ALLENTOWN, PA 18014	OUTPATIENT SERVICES - RADIOLOGY
14 ST LUKE'S HEART & VASCULAR CENTER 1469 EIGHTH AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - CARDIAC & NUCLEAR TESTING

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 ST LUKE'S HOPE CLINIC - HISPANIC CENTER 502 EAST 4TH STREET BETHLEHEM, PA 18015	OUTPATIENT SERVICES - COMMUNITY HEALTH AIDS SERVICES
1 ST LUKE'S HEALTH CENTER - NAZARETH 4059 JANDY BOULEVARD NAZARETH, PA 18064	OUTPATIENT SERVICES - VARIOUS
2 ST LUKE'S PHYSICAL THERAPY - CINDY MILE 3721 CRESCENT COURT WEST WHITEHALL, PA 18052	OUTPATIENT SERVICES - PHYSICAL THERAPY
3 ST LUKE'S PHYSICAL THERAPY 518 CHESTNUT STREET EMMAUS, PA 18049	OUTPATIENT SERVICES - PHYSICAL THERAPY
4 ST LUKE'S SPORTS & MEDICINE REHAB CTR 1441 SCHOENERSVILLE ROAD BETHLEHEM, PA 18018	OUTPATIENT SERVICES - PHYSICAL THERAPY
5 ST LUKE'S PHYSICAL THERAPY 2301 CHERRY LANE HELLERTOWN, PA 18055	OUTPATIENT SERVICES - PHYSICAL THERAPY
6 ST LUKE'S SOUTH BETHLEHEM FP 306 SOUTH NEW STREET BETHLEHEM, PA 18015	OUTPATIENT SERVICES - PHYSICAL THERAPY
7 ST LUKE'S BEHAVIORAL HEALTH 1107 EATON AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - BEHAVIORAL HEALTH & NEURO
8 ST LUKE'S COMMUNITY HEALTH 1530 EIGHTH AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - COMMUNITY HEALTH
9 ST LUKE'S BETHLEHEM CAMPUS - DOCTORS' P 701 OSTRUM STREET BETHLEHEM, PA 18015	OUTPATIENT SERVICES - PERINATOLOGY
10 ST LUKE'S NEUROLOGICAL SERVICES 1417 EIGHTH AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - PHYSICAL THERAPY
11 ST LUKE'S PHYSICAL THERAPY 1174 ILLICKS MILL ROAD BETHLEHEM, PA 18018	OUTPATIENT SERVICES - PHYSICAL THERAPY
12 ST LUKE'S PHYSICAL THERAPY 4136 WEST TILGHMAN STREET ALLENTOWN, PA 18104	OUTPATIENT SERVICES - PHYSICAL THERAPY
13 ST LUKE'S VASCULAR CENTER 1648 WEST HAMILTON STREET ALLENTOWN, PA 18102	OUTPATIENT SERVICES - CARDIAC & VASCULAR TESTING
14 WILLIAM PENN DIAGNOSTIC 4379 EASTON AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - VARIOUS

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
31 ST LUKE'S PHYSICAL THERAPY 1894 CENTER STREET NORTHAMPTON, PA 18067	OUTPATIENT SERVICES - PHYSICAL THERAPY
1 ST LUKE'S PHYSICAL THERAPY 3560 ROUTE 309 OREFIELD, PA 18069	OUTPATIENT SERVICES - PHYSICAL THERAPY
2 ST LUKE'S PHYSICAL THERAPY 4317 EASTON AVENUE BETHLEHEM, PA 18018	OUTPATIENT SERVICES - PHYSICAL THERAPY
3 ST LUKE'S PHYSICAL THERAPY - PALMER 3213 NAZARETH ROAD EASTON, PA 18045	OUTPATIENT SERVICES - PHYSICAL THERAPY
4 ST LUKE'S PHYSICAL THERAPY 6305 ROUTE 309 NEW TRIPOLI, PA 18066	OUTPATIENT SERVICES - PHYSICAL THERAPY
5 ST LUKE'S PHYSICAL THERAPY 1901 HAMILTON STREET ALLENTOWN, PA 18104	OUTPATIENT SERVICES - PHYSICAL THERAPY
6 ST LUKE'S PHYSICAL THERAPY 100 TOMAHAWK DRIVE KUTZTOWN, PA 19530	OUTPATIENT SERVICES - PHYSICAL THERAPY
7 ST LUKE'S SPINE & PAIN ASSOCIATES 830 OSTRUM STREET FOUNTAIN HILL, PA 18015	OUTPATIENT SERVICES - PAIN MANAGEMENT
8 ST LUKE'S INTERNAL MEDICINE HAMILTON CT 3050 HAMILTON BOULEVARD ALLENTOWN, PA 18104	OUTPATIENT SERVICES - LAB
9 ST LUKE'S LEHIGH LAB 619 DALTON STREET EMMAUS, PA 18049	OUTPATIENT SERVICES - LAB
10 ST LUKE'S VASCULAR CENTER - PALMER 3735 NAZARETH ROAD EASTON, PA 18045	OUTPATIENT SERVICES - VASCULAR TESTING
11 ST LUKE'S SAUCON VALLEY FAMILY PRACTICE 255 FRONT STREET HELLERTOWN, PA 18055	OUTPATIENT SERVICES - LAB

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number 23-1352213

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL SCHOOL SCHOLARSHIPS	59	513,775			
(2) SCHOOL OF NURSING SCHOLARSHIPS	64	96,502			
(3) WORKFORCE DIVERSITY SCHOLARSHIPS	88	194,623			
(4) GME DATA MANAGEMENT SCHOLARSHIPS	2	1,000			
(5) NURSING DIPLOMA SCHOLARSHIPS	24	3,500			
(6) VOLUNTEER SCHOLARSHIPS	1	1,000			
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I; QUESTION 2	GRANTS ARE MONITORED BY THE NETWORK'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STAR WELLNESS CENTER 520 E BROAD STREET BEHLEHEM, PA 18018	83-1933437	501(C)(3)	14,574,229				PROGRAM SUPPORT
THE BOROUGH OF FOUNTAIN HILL 941 Long Street FOUNTAIN HILL, PA 18015	23-6002990		147,893				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKLAND SCHOOL DISTRICT 1210 SPRINGHOUSE ROAD ALLENTOWN, PA 18104	23-6004856		57,500				PROGRAM SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET Bethlehem, PA 18015	23-1882308	501(C)(3)	56,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MORAVIAN COLLEGE 1200 MAIN STREET BETHLEHEM, PA 18018	24-0795460	501(C)(3)	50,648				PROGRAM SUPPORT
NORTHHAMPTON COUNTY COMMUNITY COLLEGE FDN 3835 GREEN POND ROAD BETHLEHEM, PA 18020	23-2064496	501(C)(3)	50,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CETRONIA AMBULANCE CORPS INC 4300 BROADWAY ALLENTOWN, PA 181049564	23-1740898	501(C)(3)	50,000				PROGRAM SUPPORT
BLUE MOUNTAIN SCHOOL DISTRICT 685 RED DALE ROAD ORWIGSBURG, PA 17961	23-2045884		41,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
POTTSVILLE AREA SCHOOL DISTRICT 1501 W LAUREL BLVD POTTSVILLE, PA 17901	23-1670512		27,500				PROGRAM SUPPORT
SALISBURY TOWNSHIP SCHOOL DISTRICT 500 E MONTGOMERY ST ALLENTOWN, PA 18103	23-6004179		27,250				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOC 2500 W BULLSHEAD RD NORTHAMPTON, PA 18067	23-1382410	501(C)(3)	20,500				PROGRAM SUPPORT
BETHLEHEM ECONOMIC DEVELOPMENT CORP 10 EAST CHURCH STREET BETHLEHEM, PA 18018	23-2211627	501(C)(3)	15,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEHIGH VALLEY WRESTLING CLUB PO BOX 1902 BETHLEHEM, PA 18016	23-3019288	501(C)(3)	12,500				PROGRAM SUPPORT
NORTH SCHUYLKILL SCHOOL DISTRICT 15 ACADEMY LANE ASHLAND, PA 17924	23-1671438		12,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREAT VALLEY YMCA 430 EAST BROAD STREET BETHLEHEM, PA 18018	24-0798706	501(C)(3)	11,750				PROGRAM SUPPORT
KELLYN FOUNDATION 336 BUSHKILL STREET TATAMY, PA 18085	26-2623498	501(C)(3)	11,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NOTRE DAME HIGH SCHOOL 3417 CHURCH ROAD EASTON, PA 18045	24-0834373		10,750				PROGRAM SUPPORT
FIVE STAR HEART PROJECT CORPORATION 3002 OAKLAND ROAD BETHLEHEM, PA 18020	47-5436125	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANCER SUPPORT COMM OF THE GREATER LEHIGH 944 MARCON BLVD ALLENTOWN, PA 18109	73-1657537	501(C)(3)	10,000				PROGRAM SUPPORT
NORTHERN LEHIGH SCHOOL DISTRICT 1201 SHADOW OAKS LANE SLATINGTON, PA 18080	23-3026683		9,250				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE 158A NORTH HAMPTON ST EASTON, PA 18042	23-0337580	501(C)(6)	8,770				PROGRAM SUPPORT
UNITED WAY OF THE GREATER LEHIGH VALLEY 1110 AMERICAN PKWY NE ALLENTOWN, PA 18109	23-2657933	501(C)(3)	8,272				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHERN LEHIGH HIGH SCHOOL 5775 MAIN STREET CENTER VALLEY, PA 18034	23-6004983		8,000				PROGRAM SUPPORT
PANTHER VALLEY SCHOOL DISTRICT 1 PANTHER WAY LANSFORD, PA 18232	23-1667977		7,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUSTINE SHEFTEL MEMORIAL FUND 840 HAMILTON ST ALLENTOWN, PA 18101	23-1686634	501(C)(3)	7,500				PROGRAM SUPPORT
SOUTHERN LEHIGH SCHOOL DISTRICT 5775 MAIN STREET CENTER VALLEY, PA 18034	23-6004983		7,250				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HISTORIC BETHLEHEM MUSEUMS & SITES 74 W BROAD STREET BETHLEHEM, PA 18018	23-2741808	501(C)(3)	6,200				PROGRAM SUPPORT
VOLUNTEER CENTER OF THE LEHIGH VALLEY 2121 CITY LINE ROAD BETHLEHEM, PA 18017	23-2862188	501(C)(3)	6,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on 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?	6a Yes	
b Any related organization?	6b Yes	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

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.

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2019 FORMS W-2.
SCHEDULE J, PART I; QUESTION 1A	THE ORGANIZATION MAINTAINS A MEMBERSHIP IN A COUNTRY CLUB FOR BUSINESS PURPOSES. THE COUNTRY CLUB REQUIRES THAT AN INDIVIDUAL IS NAMED AS THE MEMBER; ACCORDINGLY THE ORGANIZATION HAS DESIGNATED ITS PRESIDENT/CEO, RICHARD A. ANDERSON, AS THE MEMBER.
SCHEDULE J, PART I; QUESTION 3	<p>COMPENSATION REVIEW ----- EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS. TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF TRUSTEES. THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. BONUS/INCENTIVE -----</p> <p>----- THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS, INCLUDING JOINT COMMISSION, PENNSYLVANIA DEPARTMENT OF HEALTH AND PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION ACCREDITATIONS, EVIDENCE-BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES, SUCH AS PATIENT SATISFACTION, MORTALITY RATE, AND LENGTH OF STAY; EFFICIENCY MEASURES AS DEMONSTRATED BY COST-PER-ADJUSTED DISCHARGE AND NET INCOME. OTHER REPORTABLE COMPENSATION ----- OTHER BENEFITS INCLUDE DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. DEFERRED COMPENSATION ----- DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019 FORM W-2. NONTAXABLE BENEFITS ----- NONTAXABLE BENEFITS REPRESENTS HEALTH AND WELFARE BENEFITS RECEIVED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019 FORM W-2. COMPENSATION REPORTED ON PRIOR 990 ----- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION.</p>
SCHEDULE J, PART I; QUESTIONS 6A AND 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN INCLUDES JCAHO, DEPARTMENT OF HEALTH AND TRAUMA CENTER ACCREDITATIONS, EVIDENCE BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES SUCH AS PATIENT SATISFACTION, MORTALITY RATE, LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST PER ADJUSTED DISCHARGE AND FINALLY NET INCOME.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RBG8	06-27-2013	25,190,962	REFER TO SCHEDULE K PART VI		X		X		X
B	NORTHAMPTON COUNTY GENEAL PURPOSE AUTHORITY	23-3007498	66353RBH6	06-27-2013	40,305,538	REFER TO SCHEDULE K PART VI	X			X		X
C	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RBJ2	07-21-2016	247,782,644	REFER TO SCHEDULE K PART VI		X		X		X
D	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RCE2	06-08-2018	151,481,703	REFER TO SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		40,000,000		0		0	
3	Total proceeds of issue	25,190,962		40,305,538		247,782,644		151,481,703	
4	Gross proceeds in reserve funds	0		1,302,045		806		0	
5	Capitalized interest from proceeds	813,778		0		1,022,591		3,521,846	
6	Proceeds in refunding escrows	1,110,000		787,504		4,505,000		0	
7	Issuance costs from proceeds	492,190		0		2,355,561		1,666,500	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		44,926,425	
10	Capital expenditures from proceeds	24,870,223		39,792,357		65,158,245		67,389,637	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2015		2017		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.				0 %		0 %		0 %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?				X				X
c No rebate due?				X				X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K; PART I, LINE C; COLUMN C	PLEASE NOTE THE 2016 SERIES A BOND REPORTED IN SCHEDULE K, PART I, LINE C, COLUMN C INCLUDES THE FOLLOWING CUSIP NUMBERS: 66353RBJ2, 66353RBK9, 66353RBL7, 66353RBM5, 66353RBN3, 66353RBP8, 66353RBQ6, 66353RBR4, 66353RBS2, 66353RBT0, 66353RBU7, 66353RBV5, 66353RBW3, 66353RBX1, 66353RBY9, 66353RBZ6, 66353RCA0, 66353RVB8, 66353RCC6 AND 66353RCD4. SCHEDULE K; PART I, LINE D; COLUMN C PLEASE NOTE THE 2018 SERIES A BOND REPORTED IN SCHEDULE K, PART I, LINE D, COLUMN C INCLUDES THE FOLLOWING CUSIP NUMBERS: 66353RCE2, 66353RCG7, 66353RCF9 AND 66353RCH5. SCHEDULE K; PART I, COLUMN F SERIES 2013: THE SERIES 2013 BONDS WERE ISSUED TO PROVIDE A PORTION OF THE FUNDS FOR A PROJECT "THE 2013 PROJECT" CONSISTING OF 200 BED EXPANSION OF THE HOSPITAL LOCATED AT THE ANDERSON CAMPUS, THE CONSTRUCTION OF AN ADMINISTRATION BUILDING AT THE ANDERSON CAMPUS, THE FUNDING OF VARIOUS CAPITAL PROJECTS FOR GENERAL SLH PURPOSE, INCLUDING WITHOUT LIMITATIONS, RENOVATIONS, REPAIRS AND ACQUISITIONS OF RELATED OUTPATIENT FACILITIES IN NORTHAMPTON COUNTY AND LEHIGH COUNTY, PENNSYLVANIA. ALSO REIMBURSEMENT OF ANY COST REFERRED TO IN CLAUSES, THE PAYMENT OF CERTAIN COST AND EXPENSE IN CONNECTION WITH THE ISSUANCE OF THE 2013 BONDS. SERIES 2016: THE 2016 BONDS WERE ISSUED TO PROVIDE A PORTION OF THE FUNDS FOR THE "2016 PROJECT" CONSISTING OF THE ADVANCE REFUNDING OF ALL PORTION OF THE AUTHORITY'S OUTSTANDING HOSPITAL REVENUE BONDS SERIES A OF 2008 AND THE FUNDING OF VARIOUS CAPITAL PROJECTS. SERIES 2017: THE SERIES 2017 BONDS WERE ISSUED TO PROVIDE FUNDS FOR A PROJECT CONSISTING OF THE REDEMPTION AND RETIREMENT OF A PORTION OF THE OUTSTANDING LEHIGH COUNTY GENERAL PURPOSE AUTHORITY REVENUE BONDS, SERIES 2007 (ST. LUKE'S HOSPITAL PROJECT) AND THE PAYMENT OF CERTAIN COSTS OF THE BONDS. SERIES 2019: THE SERIES 2019 BONDS WERE ISSUED FOR THE PURPOSE OF THE REIMBURSEMENT AND FINANCING OF THE CONSTRUCTION, ACQUISITION, RENOVATION AND INSTALLATION OF CAPITAL IMPROVEMENTS OR THE ACQUISITION AND INSTALLATION OF EQUIPMENT IN THE FACILITIES. SERIES 2020: THE SERIES 2020 BONDS WERE ISSUED FOR THE REDEMPTION OF 2013B BONDS, THE 2017A BONDS AND THE REMAINING BALANCE OF THE 2010 BONDS. BONDS.

Return Reference	Explanation
SCHEDULE K; PART IV, QUESTION 2	THE REBATE CALCULATION FOR THE SERIES 2013A AND 2013B BONDS WAS PERFORMED ON AUGUST 23, 2018 (FOR THE PERIOD JUNE 27, 2013 THROUGH JUNE 27, 2018).

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number

23-1352213

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include LEHIGH COUNTY GENERAL PURPOSE AUTHORITY, BUCKS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY, and NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-12 list various proceeds items (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.) with columns A, B, C, D. Row 13 shows year of substantial completion for 2019 and 2020. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test?	X		X		X			
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number

23-1352213

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No).

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RAYMOND S MIDLAM	FAMILY MEMBER OF TRUSTEE	254,955	EMPLOYEE		No
(2) CTR FOR ORAL MAX SURG ST LUKE'S	50% OWNER IN JV WITH SLHB	586,510	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	THIS ORGANIZATION HOLDS A 50% EQUITY INTEREST IN THE CENTER FOR ORAL AND MAXILLOFACIAL SURGERY AND IMPLANTOLOGY AT ST. LUKE'S, LLC, WHICH PROVIDES ORAL SURGERY SERVICES AND ENABLES THE JOINT VENTURE TO RESPOND TO COMMUNITY NEEDS. THE REMAINING 50% OF THE JOINT VENTURE IS OWNED BY A FAMILY MEMBER OF A CURRENT MEMBER OF THE BOARD OF TRUSTEES. AS OF JUNE 30, 2020, THE TOTAL AMOUNT INVESTED IN THE JOINT VENTURE BY THIS ORGANIZATION WAS \$586,510. ALL TRANSACTIONS AND SERVICES ARE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	127,840	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I; QUESTION 32B	THE ORGANIZATION UTILIZES THE SERVICES OF AN INDEPENDENT INVESTMENT MANAGEMENT FIRM TO SELL DONATED SECURITIES. THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES.

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number

23-1352213

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PAGE 1, BOX C	PLEASE NOTE, THIS ORGANIZATION ALSO DOES BUSINESS (D/B/A) UNDER THE FOLLOWING ORGANIZATION NAMES: - ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS - ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS - ST. LUKE'S ALLENTOWN FAMILY HEALTH CENTER - INNOVATIONS OF ST. LUKE'S HOSPITAL - INNOVATIONS FOR SENIORS

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK'S LARGEST HOSPITAL CAMPUS IS ST. LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM, WHICH COMPRISES BETHLEHEM ("SL-BETHLEHEM") AND ALLENTOWN ("SL-ALLEN TOWN") LOCATIONS, BOTH IN LEHIGH COUNTY. ST. LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM, PENNSYLVANIA ("ST. LUKE'S HOSPITAL") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, ST. LUKE'S HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKE'S HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN THE IRS REVENUE RULING 69-545: 1) ST. LUKE'S HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2) ST. LUKE'S HOSPITAL OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR; 3) ST. LUKE'S HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF ST. LUKE'S HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF ST. LUKE'S HEALTH NETWORK, INC., D. B.A. ST. LUKE'S UNIVERSITY HEALTH NETWORK. BOTH BOARDS COMPRISE A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AS WELL AS PHYSICIANS ON THE HOSPITAL/NETWORK MEDICAL STAFF; AND 5) SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF ST. LUKE'S HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF ST. LUKE'S HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. MISSION ===== THE MISSION OF ST. LUKE'S HOSPITAL IS TO CARE FOR THE SICK AND INJURED REGARDLESS OF THEIR ABILITY TO PAY, IMPROVE OUR COMMUNITIES' OVERALL HEALTH, AND EDUCATE OUR HEALTH CARE PROFESSIONALS. THE MISSION WILL BE ACCOMPLISHED BY THE FOLLOWING: - MAKING THE PATIENT OUR HIGHEST PRIORITY. - PROMOTING HEALTHY LIFESTYLES AND CONTINUOUSLY IMPROVING CARE PROVIDED TO HEAL THE SICK AND INJURED. - COORDINATING AND INTEGRATING SERVICES INTO A SEAMLESS, EASILY ACCESSIBLE SYSTEM OF CARE. - IMPROVING THE LEVEL OF SERVICE PROVIDED THROUGHOUT THE NETWORK. - ENSURING ALL HEALTH CARE SERVICES ARE RELEVANT TO THE NEEDS OF THE COMMUNITY. - STRIVING TO MAXIMIZE THE SATISFACTION OF OUR PATIENTS, EMPLOYEES, MEDICAL STAFF AND VOLUNTEERS AND, - TRAINING ALLIED HEALTH PROFESSIONALS, NURSING AND MEDICAL STUDENTS, AND RESIDENTS AND FELLOWS AND ATTRACTING THEM TO PRACTICE WITHIN OUR NETWORK.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ETWORK'S SERVICE AREA. BETHLEHEM CAMPUS ===== SL-BETHLEHEM IS A JOINT COMMISSIO N-ACCREDITED, NOT-FOR-PROFIT, TERTIARY CARE, TEACHING HOSPITAL LOCATED IN BETHLEHEM, PA, F OUNDED IN 1872. SL-BETHLEHEM OFFERS MORE THAN 90 MEDICAL SPECIALTIES AND HAS 386 LICENSED ACUTE CARE AND REHABILITATION BEDS. IN FY'20, THERE WERE 23,738 ADMISSIONS AND OBSERVATION S, 422,950 OUTPATIENT REGISTRATIONS AND 44,989 EMERGENCY DEPARTMENT VISITS. IN FISCAL YEAR 2020 (FY'20), SL-BETHLEHEM INVESTED MORE THAN \$10 MILLION IN EQUIPMENT AND FACILITY IMPROVEMENTS. INVESTMENTS INCLUDED THE CONSTRUCTION OF AN EIGHT-BED PEDIATRIC INTENSIVE CARE UN IT ENABLING CHILDREN AND FAMILIES TO REMAIN WITHIN THE REGION FOR THEIR CHILD'S CARE. ST. LUKE'S PERFORMED UPGRADES TO EQUIPMENT INCLUDING: - INVESTING CRITICAL CARE BEDS. - UPGRAD ING THE OPERATING SYSTEM THAT ENABLES NEURODIAGNOSTIC TESTING. - ACQUIRING INNOVATIVE SOFT WARE THAT TRENDS SEIZURES WITHIN THIS PATIENT POPULATION. SL-BETHLEHEM ALSO COMPLETED WORK ON A SATELLITE PHARMACY ON THE CAMPUS USED FOR THE COMPOUNDING OF STERILE PREPARATIONS WH ICH ALIGNS WITH NEW UNITED STATES PHARMACOPEIA (USP) 800 STANDARDS FOR THE HANDLING OF HAZ ARDOUS DRUGS. THE COVID-19 PANDEMIC RESULTED IN INCREMENTAL INVESTMENTS TO ENSURE THAT SL-BETHLEHEM STAFF HAD ADEQUATE PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLIES. THE CAMPUS PURC HASED 3D PRINTERS TO INTERNALLY PRODUCE MASKS AND FACE SHIELDS. THIS WAS PART OF ST. LUKE' S UNIVERSITY NETWORK'S EFFORT TO MINIMIZE PPE COSTS IN A CONSTRAINED SUPPLY CHAIN WHILE CO NTINUING TO KEEP ESSENTIAL EMPLOYEES AND PATIENTS SAFE. IN YET ANOTHER EFFORT TO MANAGE PP E SUPPLIES, SL-BETHLEHEM COLLABORATED WITH LEHIGH UNIVERSITY AND PURCHASED MATERIALS TO BU ILD "ZAPPERS" THAT ENABLED THE STERILIZATION OF UP TO 200 N95 MASKS AT A TIME. LIKewise, S L-BETHLEHEM INVESTED IN VENTILATORS AND RELATED EQUIPMENT TO ENSURE ADEQUATE SURGE SPACE W ITHIN THE HOSPITAL. OTHER EQUIPMENT INVESTMENTS INCLUDED THE PURCHASE OF DIALYSIS MACHINES , ULTRASOUNDS, BRONCHOSCOPES, ANESTHESIA MACHINES, AS WELL AS OTHER VARIOUS EQUIPMENT SUPP ORTING THE OPERATING ROOM, THE NURSING UNITS AND NUMEROUS OTHER DEPARTMENTS. COMMUNITY OUT REACH ----- NEW, UNPRECEDENTED CHALLENGES HAVE ARISEN DURING FY'20 DUE TO THE COVID-19 PANDEMIC. PROGRAMS AND SERVICES HAVE EVOLVED TO MEET THESE NEW CHALLENGES AND PR OVIDE MORE VIRTUAL AND SOCIAL DISTANCING OPPORTUNITIES TO ENGAGE AND SERVE THE BETHLEHEM C OMMUNITY. IN SUMMARY, SL-BETHLEHEM: - CONTINUES TO EXPAND RESOURCES AND SERVICES FOR THE B ETHLEHEM HIV-POSITIVE POPULATION WITH THE EXPANSION OF THE HOPE CLINIC. - CONTINUES TO SER VE THE BETHLEHEM AREA SCHOOL DISTRICT (BASD) WITH SERVICES PROVIDED THROUGH THE ADOPT-A-SC HOOL MODEL, INCORPORATING MORE MENTAL/BEHAVIORAL HEALTH PRACTICES. - PILOTED THE COMMUNITY CENTERED HEALTH HOME (CCHH) IN BETHLEHEM WITH A MOBILE MARKET DIABETES PROJECT. - SERVES BETHLEHEM RESIDENTS THROUGH SUICIDE TASK FORCES. - CONTINUES TO PARTNER WITH THE HISPANIC CENTER OF LEHIGH VALLEY (HCLV)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IN PROVIDING INVALUABLE RESOURCES TO THE SOUTHSIDE BETHLEHEM COMMUNITY. IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-BETHLEHEM ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE CAMPUS OFFERS A VARIETY OF FREE SCREENING AND OTHER SERVICES IN SUPPORT OF COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR.

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IMPROVING HEALTH ----- - THE MOBILE YOUTH HEALTH VANS TRAVELED TO THE BASD SCHOOLS, SERVING 368 UNIQUE STUDENTS AND HAVING A TOTAL OF 909 VAN VISITS DURING THE 2019-2020 SCHOOL YEAR. IN ADDITION, 84% OF STUDENTS SEEN ON THE VAN WITH A MENTAL HEALTH NEED WERE CONNECTED TO MENTAL HEALTH SERVICES IN THE 2019-2020 SCHOOL YEAR. - ST. LUKE'S PARTNERED WITH THE NORTHAMPTON SUICIDE TASK FORCE IN 2018. SINCE 2018, THERE HAS BEEN A NEARLY 25% REDUCTION IN SUICIDES AMONG NORTHAMPTON COUNTY RESIDENTS, WHICH INCLUDES THE BETHLEHEM COMMUNITY. - HISPANIC CENTER LEHIGH VALLEY BASILIO HUERTAS SENIOR CENTER PROVIDES SENIORS 60 YEARS OF AGE AND OLDER WITH RESOURCES TO STAY ACTIVE AND INDEPENDENT, INCLUDING: NUTRITIOUS BREAKFASTS AND LUNCHES, SOCIAL AND EDUCATIONAL ACTIVITIES, HEALTH SCREENINGS, AND ASSISTANCE WITH NAVIGATING HEALTH AND HUMAN SERVICES. FY20 OUTCOMES INCLUDE: 70 UNDUPLICATED SENIORS SERVED; 4,970 CULTURALLY APPROPRIATE MEALS SERVED AT THE SENIOR CENTER PROGRAM; 41 SENIORS RECEIVED MONTHLY SECOND HARVEST SUNSHINE NUTRITIONAL BOXES; AND SENIORS ALSO PARTICIPATED ON SOCIALIZATION, EDUCATIONAL, ENRICHMENT AND ENTERTAINMENT ACTIVITIES WITH A TOTAL OF 15,059 ACTIVITIES. ADOPT A SCHOOL - BETHLEHEM AREA SCHOOL DISTRICT ----- SL-BETHLEHEM SCREENING RATES (NINE SCHOOLS): - VISION, 93% - DENTAL, 12% - MEDICAL AT SCHOOL, 9% IMPROVING LITERACY ----- ST. LUKE'S HAS DEVELOPED A MULTI-PRONGED APPROACH TO HELP MEET THE LITERACY NEEDS OF CHILDREN WITH A FOCUS ON CHILDREN FROM BIRTH THROUGH THIRD GRADE. PROMOTING HEALTHY LIFESTYLES ----- - THE HEALTHY KIDS BRIGHT FUTURES GARDEN PROGRAM, IN PARTNERSHIP WITH KELLY FOUNDATION, PROVIDED GARDENING EDUCATION AND PRODUCE DISTRIBUTION TO THE BETHLEHEM AREA SCHOOL DISTRICT. - A PERFORMANCE IMPROVEMENT STUDY WAS COMPLETED THIS YEAR IN THE SOUTH BETHLEHEM COMMUNITY WITH COMMUNITY CENTERED HEALTH HOME (CCHH) PROGRAMS OF PHYSICAL ACTIVITY, NUTRITION, DIABETES EDUCATION, SUPPORT GROUP, SOCIAL EVENTS AND FREE PRODUCE VOUCHERS TO THE MOBILE MARKET. PROGRAMMING INCLUDES: NUTRITION - FARM TO FORK, COOKING, GROCERY STORE TOURS AND EDIBLE EXPERIMENTS; EXERCISE - TOTAL BODY FLEXIBILITY, STRENGTH TRAINING, BACK TO HEALTH, WELLNESS WALKS AND WALK WITH A DOC (WWAD); AND MINDFULNESS AND MENTAL HEALTH - SPIRITUALITY GROUP, SUPPORT GROUPS AND SOCIAL EVENTS. - THE PROGRAM REACHED 29 PARTICIPANTS, 69% OF WHICH WERE FEMALE, 48% AGES 55-64, AND 69% WERE HISPANIC. SPECIFIC INTERVENTIONS IN THE PROGRAM INCLUDED MOBILE MARKET, COOKING CLASS AND WALK WITH A DOC. RESULTS SHOWED AN AVERAGE 0.34 REDUCTION IN A1C LEVELS. BASIC NEEDS ----- - HISPANIC CENTER OF THE LEHIGH VALLEY (HCLV), LOCATED IN THE SOUTHSIDE OF BETHLEHEM, CONTINUES TO PROVIDE A VARIETY OF RESOURCES AND SERVICES TO BETHLEHEM COMMUNITY MEMBERS AND BEYOND. ON THANKSGIVING OF 2019, HCLV DISTRIBUTED 100 TURKEYS TO LOW-INCOME SOUTHSIDE RESIDENTS. - HCLV'S BETHLEHEM EMPLOYMENT AND TRAINING CENTER HAS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ERVED 369 NEW CLIENTS AND 759 RETURNING CLIENTS IN THE 2020 FISCAL YEAR, SECURING A TOTAL OF 132 FULL-TIME JOBS FOR BETHLEHEM RESIDENTS. COVID-19 IMPACT AND RESPONSE ----- HCLV'S BETHLEHEM EMPLOYMENT AND TRAINING CENTER HAS PROVIDED VIRTUAL SERVICES ONLY SINCE THE COVID-19 PANDEMIC. NEVERTHELESS, THE CENTER CONTINUED TO OPERATE AND SERVE THE LOCAL COMMUNITY, ADAPTING TO THE CURRENT CRISIS TO CONTINUE PROVIDING EMPLOYMENT SERVICES WHILE PRIORITIZING THE HEALTH AND SAFETY OF THE POPULATION SERVED. - THE ST. LUKE'S COMMUNITY HEALTH & PREVENTIVE MEDICINE (CHPM) TEAM RESPONDED QUICKLY TO THE NEEDS OF HOMELESS COMMUNITY MEMBERS BY WORKING WITH LOCAL HOTELS TO HOUSE COMMUNITY MEMBERS THAT TESTED POSITIVE WITH COVID-19 AND HAD NOWHERE TO STAY DURING QUARANTINE AND RECOVERY. THE CHPM TEAM SECURED TRANSITIONAL HOUSING FOR FOUR BETHLEHEM COMMUNITY MEMBERS AT COMFORT SUITES DURING THE PANDEMIC. VOLUNTEERS ----- IN FY'20, THE SL-BETHLEHEM VOLUNTEER PROGRAM WAS PAUSED ON MARCH 20 AND DID NOT RESUME UNTIL JULY 20. DURING THE YEAR, 843 VOLUNTEERS PROVIDED MORE THAN 60,302 VOLUNTEER HOURS. ST. LUKE'S ALLENTOWN CAMPUS ===== SL-ALLENTOWN WAS FOUNDED IN 1945 AS THE ALLENTOWN OSTEOPATHIC MEDICAL CENTER AND IS LOCATED IN THE WEST END OF THE CITY OF ALLENTOWN. IN 1997, THE NOT-FOR-PROFIT MEDICAL CENTER ENTERED INTO A MERGER WITH ST. LUKE'S UNIVERSITY HEALTH NETWORK. SL-ALLENTOWN HAS 163 LICENSED BEDS AND IS ACCREDITED BY THE JOINT COMMISSION. IN FY'20, THERE WERE 12,479 ADMISSIONS AND OBSERVATIONS, 249,420 OUTPATIENT REGISTRATIONS AND 52,842 EMERGENCY DEPARTMENT VISITS. ONE OF THE MORE SIGNIFICANT FACILITY IMPROVEMENTS INCLUDED THE RENOVATION AND OPENING OF A NEW MEDICAL SURGICAL UNIT ON THE FIFTH FLOOR. THE ALLENTOWN CAMPUS ALSO INVESTED IN THE ESTABLISHMENT OF A CARE NOW WALK-IN CENTER WITH A RADIOLOGY SUITE IN HAMBURG, PA AND MADE UPGRADES TO VARIOUS PIECES OF MEDICAL EQUIPMENT INCLUDING ULTRASOUND MACHINES, ROBOTIC EQUIPMENT FOR THE OPERATING ROOM, A UROLOGY CAMERA SYSTEM, PUMPS AND X-RAY EQUIPMENT THAT WILL PROVIDE BETTER PATIENT CARE. ALSO, IN FY'20, SL-ALLENTOWN: - FINISHED WORK ON ITS NINTH OPERATING ROOM (HYBRID ROOM). - FINISHED WORKING ON RENOVATING THE SURGICAL PROCESSING DEPARTMENT. - STARTED WORK ON ED/OBGYN/NICU EXPANSION. - STARTED WORK ON EXPANDING THE INTEGRATED HEALTH CAMPUS. IN ADDITION, THE CAMPUS ADDED TWO NEW MEDICAL OFFICE BUILDINGS IN MACUNGIE AND FOGELSVILLE AND BEGAN WORK ON A NEW HEALTH AND FITNESS FACILITY ON UNION BOULEVARD, AS WELL AS RENOVATIONS AT OUR CANCER CENTER IN ALLENTOWN. ST. LUKE'S ALLENTOWN CAMPUS HAS INVESTED MORE THAN \$185 MILLION IN TECHNOLOGIC AND FACILITY IMPROVEMENTS SINCE SLA JOINED THE NETWORK. SLUHN'S INVESTMENT IN SL-ALLENTOWN'S OUTPATIENT SERVICES INCLUDE: - ST. LUKE'S WEST END MEDICAL CENTER, A 107,000-SQUARE-FOOT OUTPATIENT CENTER OFFERING WALK-IN CARE, OCCUPATIONAL MEDICINE, LAB, IMAGING, SPORTS & HUMAN PERFORMANCE FITNESS CENTER, MAMMOGRAPHY, TWO GI ENDOSCOPY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LABS AND PHYSICAL THERAPY. PHYSICIAN PRACTICES INCLUDE ORTHOPEDIC, PEDIATRIC, PAIN MANAGEMENT, GASTROENTEROLOGY, OB/GYN, UROLOGY AND NEUROSURGERY. - AN OUTPATIENT CANCER CENTER AT THE INTEGRATED HEALTH CAMPUS IN SOUTH WHITEHALL TOWNSHIP. THE CENTER PROVIDES AN INVITING ENVIRONMENT WHERE PATIENTS CAN RECEIVE HIGH QUALITY, COMPASSIONATE, COMPREHENSIVE AND COORDINATED OUTPATIENT CANCER CARE. ADDITIONAL OUTPATIENT SERVICES INCLUDE: CENTER FOR NEUROSCIENCE, SLEEP DISORDERS CENTER, CENTER FOR UROLOGY, WEIGHT LOSS (BARIATRIC) PROGRAM. SL-ALL ENTOWN'S BARIATRIC SURGERY PROGRAM HAS BEEN DESIGNATED AN ACCREDITED CENTER OF THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM. OTHER OUTPATIENT FACILITIES NEAR SL-ALLENTOWN CAMPUS INCLUDE ST. LUKE'S FAMILY HEALTH CENTER, WOMEN'S HEALTH CENTER, ST. LUKE'S PERINATAL CENTER, ST. LUKE'S WOMEN'S IMAGING CENTER, WHITEHALL HEALTH CENTER AND HAMBURG HEALTH CENTER AS WELL AS SPECIALTY ST. LUKE'S PHYSICIAN PRACTICES FOR ORTHOPEDICS, CARDIOLOGY, NEUROLOGY, PULMONOLOGY, NEPHROLOGY AND GENERAL SURGERY.

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>COMMUNITY OUTREACH ----- APART FROM NEW DEVELOPMENTS AND PROJECTS, THE ALLENTOWN SERVICE AREA CONTINUED TO OFFER ESTABLISHED PROGRAMS, SUCH AS THE READING ROCKS TUTORING PROGRAM, THE ANNUAL BOOK DRIVE AND DR. SEUSS DAY. MEANWHILE, THE MEDICAL VANS CONTINUE TO VISIT TWO MIDDLE SCHOOLS AND WILLIAM ALLEN HIGH SCHOOL ON A WEEKLY BASIS. IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-ALLENTOWN ANNUALLY REACHES MORE THAN 83,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. COMMUNITY OUTREACH HIGHLIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING PROGRAMS. - THE CHPM MEDICAL VAN TEAM WAS DEPLOYED THROUGHOUT THE YEAR, MEETING THE NEEDS OF STUDENTS IN THE ALLENTOWN SCHOOL DISTRICT. ALTHOUGH THE YEAR WAS CUT SHORT, THE TEAM STILL COMPLETED 689 MEDICAL VISITS IN ALLEN HIGH SCHOOL, RAUB MIDDLE SCHOOL, TREXLER MIDDLE SCHOOL AND NEWCOMER ACADEMY. THE TEAM ALSO PROVIDED 102 VISION SERVICES TO STUDENTS. THE SCHOOL YEAR WAS CURTAILED IN THE MIDDLE OF MARCH DUE TO COVID-19, BUT THIS DID NOT STOP THE MOBILE HEALTH TEAM FROM SERVING STUDENTS. IT CONTINUED TO CONNECT STUDENTS AND FAMILIES TO IMPORTANT SERVICES, SUCH AS HELPING THEM OBTAIN HEALTH INSURANCE. - CHPM RAN THE ANNUAL READING ROCKS PROGRAM AT UNION TERRACE AND MCKINLEY ELEMENTARY SCHOOLS DURING THE FALL OF 2019 WITH 26 CHILDREN AND VOLUNTEERS PARTICIPATING OVER THE SIX-WEEK PROGRAM. FIRST AND SECOND GRADERS WERE MATCHED WITH VOLUNTEERS WHO TUTORED THE CHILDREN IN READING TO IMPROVE THEIR READING SCORES. - CHPM AND THE FAMILY MEDICAL RESIDENTS HOSTED THREE WALK WITH THE DOC EVENTS AT RAUB MIDDLE SCHOOL IN THE FALL OF 2019. AN AVERAGE ATTENDANCE OF 30 STUDENTS AND TEACHERS PARTICIPATED AND MET WITH A FAMILY MEDICINE DOCTOR TO DISCUSS HEALTH ISSUES THAT RELATED TO ADOLESCENTS. VOLUNTEERS ----- IN FY'20, THE SL-BETHLEHEM VOLUNTEER PROGRAM WAS PAUSED ON MARCH 20 AND DID NOT RESUME UNTIL JULY 20. THROUGHOUT THE YEAR, 217 VOLUNTEERS PROVIDED MORE THAN 19,790 VOLUNTEER HOURS. ADDRESSING COVID IN OUR COMMUNITY ----- CHPM AND OUR PARISH NURSE TEAM WORKED CLOSELY WITH REPRESENTATIVES OF LEHIGH AND NORTHAMPTON COUNTIES, ALLENTOWN AND BETHLEHEM CITIES, AS WELL AS LEHIGH VALLEY HEALTH NETWORK'S STREET MEDICINE TEAM, TO DESIGN AND IMPLEMENT A PROCESS TO HOUSE COVID-POSITIVE PATIENTS WHO WERE HOMELESS. SHARING THE PROCESS WITH OUR INPATIENT CARE MANAGEMENT AND OUTPATIENT CARE MANAGEMENT TEAMS, THE PARTNERS WERE ABLE TO PLACE COVID-POSITIVE PATIENTS INTO A HOTEL WHERE THEY COULD QUARANTINE FOR 14 DAYS. DURING THIS TIME, THEY WERE MONITORED BY THE SLUHN PARISH NURSE TEAM AND PROVIDED FOOD BY MEALS ON WHEELS. NINETEEN PATIENTS WERE PLACED AND THE MAJORITY EITHER TRANSITIONED INTO MORE PERMANENT HOUSING OR MOVED TO INPATIENT REHABILITATION CENTERS, WHERE THEIR ADDICTION PROBLEMS COULD BE ADDRESSED. THE TEAM WILL CONTINUE TO WORK THROUGH THIS PROCESS TH</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ROUGH THE FALL AND WINTER MONTHS. - CHPM STAFF WORKED WITH THE MARKETING DEPARTMENT AND COMMUNITY PARTNERS TO DISTRIBUTE OVER 5000 FLYERS AND POSTERS IN FOUR DIFFERENT LANGUAGES TO SPREAD THE MESSAGE ABOUT SOCIAL DISTANCING AND STAYING SAFE DURING THE PANDEMIC. - CHPM ALLENTOWN STAFF HAVE BEEN INTEGRAL MEMBERS OF COMMUNITY COVID RESPONSE COMMITTEES INCLUDING THE UNITED WAYS' WEEKLY COMMUNITY RESPONSE & CORE STRATEGIC RESPONSE TEAM, HOUSING PREVENTION COMMITTEE, AND THE ALLENTOWN HUNGER TASK FORCE AND LEHIGH FOOD POLICY COMMITTEES. ALL THE COMMITTEES FOCUSED EFFORTS ON SERVING THE COMMUNITY DURING THE PANDEMIC. - CHPM'S SCHOOL COORDINATOR AND AFTER SCHOOL COORDINATOR AT RAUB MIDDLE SCHOOL CONTINUED TO SERVE THEIR STUDENTS AND FAMILIES EVEN WHEN THE SCHOOLS WERE CLOSED. THEY SERVED AS VITAL MEMBERS OF THE SCHOOL TEAM, MAKING SURE THEIR FAMILIES WERE GETTING THE FOOD AND SUPPLIES THAT THEY NEEDED. THEY HAVE HELPED APPROXIMATELY 200 FAMILIES RECEIVE ADDITIONAL FOOD, GAVE OUT 400 BOXES OF FOOD, 200 BAGS OF HYGIENE PRODUCTS AND OTHER NECESSITIES, AND HAVE CONNECTED MORE THAN 30 FAMILIES TO ADDITIONAL ELECTRONIC BENEFITS TRANSFER (EBT) BENEFITS THROUGH AN ACCESS CARD. - MOBILE YOUTH HEALTH TEAM CONTINUED TO SERVE STUDENTS AND FAMILIES DURING COVID, INCLUDING CONNECTING FAMILIES TO HEALTH INSURANCE AND VISION CARE. THE MOBILE YOUTH HEALTH TEAM AND CHPM STAFF HAVE ALSO PARTNERED WITH THE ALLENTOWN HEALTH BUREAU AND ALLENTOWN SCHOOL DISTRICT TO HOST A VACCINE CLINIC AT THE END OF THE SUMMER. THE GOAL IS TO VACCINATE STUDENTS WHO ARE AT RISK OF NOT BEING ALLOWED IN SCHOOL BECAUSE THEY HAVE NOT RECEIVED REQUIRED VACCINES IN TIME. LAST YEAR, OVER 1,000 ASD STUDENTS WERE NOT PERMITTED IN SCHOOL DUE TO LACK OF VACCINES. THIS YEAR IT IS EVEN MORE CRITICALLY IMPORTANT BECAUSE OF COVID. NATIONAL RATES OF VACCINES FOR CHILDREN ARE DOWN BY 30%. ST. LUKE'S UNIVERSITY HEALTH NETWORK'S COVID-19 PANDEMIC RESPONSE =====</p> <p>===== THE COVID-19 PANDEMIC HAS HAD A TREMENDOUS IMPACT ON SLUHN, ITS HOSPITALS, OUTPATIENT LOCATIONS - AND MOST IMPORTANTLY PATIENTS AND STAFF. THE ST. LUKE'S TEAM HAS PULLED TOGETHER TO MEET THESE CHALLENGES AND TO CONTINUALLY IMPROVE UNDERSTANDING OF THE DISEASE AND HOW TO TREAT IT. THIS HAS YIELDED CLINICAL PROTOCOLS THAT HAVE EFFECTIVELY REDUCED THE LENGTH OF STAY AND IMPROVED OUTCOMES FOR COVID PATIENTS. MEANWHILE, SLUHN IS IN CONSTANT CONTACT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE AND LOCAL HEALTH DEPARTMENTS IN PENNSYLVANIA AND NEW JERSEY FOR THE LATEST INFORMATION. SLUHN HAS ADOPTED AN EMERGENCY PLAN IN CASE OF A COVID-19 OUTBREAK. SLUHN HAS EXCELLENT RELATIONSHIPS WITH KEY HEALTHCARE AND PUBLIC HEALTH PARTNERS IN THE COMMUNITIES IT SERVES AND HAS AN EXTENSIVE EMERGENCY CONTACT LIST OF KEY PARTNERS THAT IS ACCESSIBLE IN MISSION CRITICAL LOCATIONS. THROUGHOUT THE PANDEMIC, SLUHN AND ITS HOSPITALS HAVE BEEN LEADERS IN TREATING COVID PATIENTS BY: - ESTABLISHING ONE OF</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>PENNSYLVANIA'S FIRST OUTPATIENT COVID-19 TREATMENT PROGRAMS - A MONOCLONAL ANTIBODY INFUSION CENTER AT ST. LUKE'S EASTON CAMPUS. THE SERVICE OFFERS PATIENTS BAMLANIVIMAB, AN EXPERIMENTAL DRUG DEVELOPED BY ELI LILLY, ENABLING CERTAIN HIGH-RISK PATIENTS TO RECOVER IN THE COMFORT OF THEIR HOMES, THEREBY PREVENTING SLUHN HOSPITALS FROM BEING OVERWHELMED DURING A SURGE. A SECOND INFUSION CENTER OPENED AT ST. LUKE'S WARREN CAMPUS. - BECOMING ONE OF THE FIRST HEALTH SYSTEMS WORLDWIDE TO USE MASIMO SAFETYNET, A CLOUD-BASED PATIENT MANAGEMENT PLATFORM, TO HELP CLINICIANS CARE FOR PATIENTS REMOTELY. THE PLATFORM UTILIZES A WIRELESS SENSOR TO MONITOR PATIENTS' VITAL SIGNS AND PROVIDE DOCTORS WITH CLINICAL DATA TO INFORM TREATMENT DECISIONS SUCH AS WHEN TO USE A VENTILATOR. - PARTNERING WITH MICROSOFT TO STREAMLINE WORKFLOW ENHANCING EFFICIENCY AND HEALTHCARE DELIVERY TO PATIENTS. THE TELEHEALTH FUNCTION OF MICROSOFT TEAMS HAS ALSO FACILITATED PERSONAL AND SAFE INTERACTIONS BETWEEN DOCTORS AND PATIENTS IN THE HOSPITAL SETTING USING DIGITAL TABLETS. THIS "VIRTUAL ROUNDING" REDUCES PROVIDER AND STAFF EXPOSURE TO THE VIRUS, LIMITS UNNEEDED USE OF PPE AND ALLOWS FAMILY MEMBERS TO 'VISIT' HOSPITALIZED LOVED ONES WITHOUT RISKING CONTAMINATION. REDUCED POTENTIAL EXPOSURE TO COVID-19 BY: - IMPROVING ITS CAPACITY TO PROVIDE VIRTUAL VISITS THROUGH PROVIDER AND PATIENT EDUCATION. - LEVERAGING WORK FROM HOME CAPABILITIES. INCREASED AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE) BY: - PARTNERING AS AN INVESTOR-OWNER WITH PREMIER, INC. TO BETTER ACCESS TO PPE. - PARTNERING WITH LEHIGH UNIVERSITY TO EXTEND THE USE OF EXISTING PPE BY USING A HIGH-THROUGHPUT UV STERILIZATION SYSTEM TO DECONTAMINATE 200 N95 MASKS. - THE SYSTEM USES ULTRAVIOLET LIGHT TO CAUSE CHANGES IN THE DNA AND RNA OF VIRUSES AND OTHER PATHOGENS, INCLUDING THE CORONAVIRUS, EFFECTIVELY DEACTIVATING THEM. - DEVELOPING 3D MODELING CAPABILITY SENT TO A 3D PRINTER TO CREATE CUSTOM N95 RESPIRATOR MASKS, REGULAR MASKS, STETHOSCOPES, AND FACE SHIELDS FOR FRONT-LINE EMPLOYEES. EDUCATED STAFF AND THE PUBLIC ABOUT COVID BY: - DEVELOPING INTERNAL AND EXTERNAL WEBSITES TO KEEP EMPLOYEES AND THE PUBLIC AT LARGE UP TO DATE ON INFORMATION RELATED TO COVID AND VACCINES. - DEPLOYING HEALTH, WELLNESS AND SAFETY MESSAGING THROUGH ALL PAID MEDIA OUTLETS AND SOCIAL MEDIA.</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ADDRESSED COMMUNITY NEEDS BY: - ENGAGING ST. LUKE'S COMMUNITY HEALTH AND PREVENTIVE MEDICINE DEPARTMENT (CHPM), THE PARISH NURSE TEAM AND OTHER SLUHN REPRESENTATIVES TO WORK CLOSELY WITH REPRESENTATIVES OF LEHIGH AND NORTHAMPTON COUNTIES, ALLENTOWN AND BETHLEHEM CITIES, MEALS ON WHEELS AND OTHER HEALTH PROVIDERS AND COMMUNITY ORGANIZATIONS TO DESIGN AND IMPLEMENT A PROCESS TO HOUSE COVID-POSITIVE PATIENTS WHO WERE HOMELESS, MONITOR THEM AND PROVIDE THEM FOOD. - CONTINUING TO USE SLUHN'S MOBILE YOUTH HEALTH TEAM TO SERVE STUDENTS AND FAMILIES DURING COVID, INCLUDING CONNECTING FAMILIES TO HEALTH INSURANCE AND VISION CARE. - CONNECTING CHPM AND HOSPITAL REPRESENTATIVES WITH SCHOOL OFFICIALS TO PROVIDE STUDENTS WITH MEALS AND ADDITIONAL FOOD EVEN WHEN THE SCHOOLS WERE CLOSED.

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Return Reference	Explanation
CORE FORM, PART III; QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

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Return Reference	Explanation
CORE FORM, PART V; QUESTIONS 1A & 1B AND CORE FORM, PART VII	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE ST. LUKE'S UNIVERSITY HEALTH NETWORK. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE ST. LUKE'S HOSPITAL & HEALTH NETWORK VIA AN INTERCOMPANY ACCOUNT. IN ADDITION, THIS ORGANIZATION ISSUES FORMS W-2 TO INDIVIDUALS WHO PROVIDE SERVICES AT VARIOUS AFFILIATES WITHIN THE NETWORK. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION FILES THE APPLICABLE FORMS WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES PERSONNEL COSTS AND ALL ASSOCIATED BENEFITS TO THE APPROPRIATE AFFILIATES WITHIN THE ST. LUKE'S HOSPITAL & HEALTH NETWORK VIA AN INTERCOMPANY ACCOUNT.

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Return Reference	Explanation
CORE FORM, PART VI, QUESTION 3; PART VII AND SCHEDULE J	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THIS ORGANIZATION OUTSOURCED ALL OF ITS FINANCE FUNCTIONS INCLUDING BUT NOT LIMITED TO, ACCOUNTING, FINANCE, PAYROLL, ACCOUNTS PAYABLE AND TAX, TO ST. LUKE'S HEALTH NETWORK, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THOMAS P. LICHTENWALNER IS THE SENIOR VICE PRESIDENT OF FINANCE/CHIEF FINANCIAL OFFICER OF THE NETWORK. MR. LICHTENWALNER RECEIVES A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA. HOWEVER, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. MR. LICHTENWALNER'S REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION.

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	ST. LUKE'S HEALTH NETWORK, INC. IS THE SOLE MEMBER OF THIS ORGANIZATION. ST. LUKE'S HEALTH NETWORK, INC. HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE ST. LUKE'S UNIVERSITY HEALTH NETWORK FINANCE COMMITTEE WAS UPDATED AS TO THIS ORGANIZATION'S CURRENT YEAR FORM 990 PRIOR TO FILING. ST. LUKE'S HEALTH NETWORK, INC. BOARD OF TRUSTEES HAS DELEGATED TO THE FINANCE COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE NETWORK. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE NETWORK'S FINANCE PERSONNEL, INCLUDING ITS SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT OF FINANCE, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER NETWORK INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE NETWORK'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE NETWORK'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE NETWORK'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE ST. LUKE'S HEALTH NETWORK, INC. FINANCE COMMITTEE. THEREAFTER, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THE NETWORK HAS A WRITTEN CONFLICT OF INTEREST POLICY AND REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THAT POLICY. THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES, BOARD COMMITTEE MEMBERS AND SENIOR MANAGEMENT ANNUALLY. THE NETWORK'S COMPLIANCE DEPARTMENT, INCLUDING ITS CORPORATE COMPLIANCE OFFICER AND SENIOR VICE PRESIDENT/GENERAL COUNSEL, ASSUME RESPONSIBILITY FOR THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRES AND ENFORCEMENT WITH THE POLICY. IF A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT MAY BE DISCLOSED TO THE ORGANIZATION'S GOVERNING BODY, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD. AFTER CONSULTATION AND DISCUSSION THE BOARD OF TRUSTEES MAY TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE NETWORK'S CONFLICT OF INTEREST POLICY.</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. COMPENSATION REVIEW EXECUTIVE COMPENSATION FOR THE NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS. TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF TRUSTEES. THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. PLEASE REFER TO THE SCHEDULE J, PART III RESPONSE TO SCHEDULE J, PART I, QUESTION 3 FOR ADDITIONAL INFORMATION.

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Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. ST. LUKE'S HEALTH NETWORK, INC. HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA.

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>SAMUEL R. GIAMBER, M.D. AND RICHARD A. ANDERSON ARE VOTING MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES, AN UNCOMPENSATED POSITION. NEITHER OF THESE INDIVIDUALS ARE COMPENSATED FOR SERVING AS VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY. DR. GIAMBER IS AN EMPLOYED PHYSICIAN AND RECEIVES A FEDERAL FORM W-2 FROM ST. LUKE'S PHYSICIAN GROUP, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. MR. ANDERSON IS THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE NETWORK AND RECEIVES A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA. HOWEVER, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. DR. GIAMBER AND MR. ANDERSON'S REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION.</p>

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THE NETWORK IS THE SOLE MEMBER OF THE ORGANIZATION AND IS A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. MESSRS. KUPLEN AND MOYER RECEIVE A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA. THESE INDIVIDUALS ARE LISTED AS OFFICERS ON THIS ORGANIZATION'S FORM 990. ADDITIONALLY, THESE INDIVIDUALS CURRENTLY SERVE IN A NETWORK ROLE FOR ST. LUKE'S UNIVERSITY HEALTH NETWORK. THEIR RESPECTIVE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIPS ARE WITH ST. LUKE'S HEALTH NETWORK. ACCORDINGLY, THEIR RESPECTIVE REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION. MESSRS. FAGERSTROM, DOUGHERTY, JAHRE, WAX AND CARMONA RECEIVE A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA. THESE INDIVIDUALS ARE REPORTED AS THE TOP FIVE HIGHEST COMPENSATED EMPLOYEES ON THIS ORGANIZATION'S FORM 990. THESE INDIVIDUALS CURRENTLY SERVE IN NETWORK ROLES FOR ST. LUKE'S UNIVERSITY HEALTH NETWORK. THEIR RESPECTIVE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIPS ARE WITH ST. LUKE'S HEALTH NETWORK. ACCORDINGLY, THEIR RESPECTIVE REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION.</p>

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	FRANK FORD, A FORMER OFFICER OF THIS ORGANIZATION, IS STILL EMPLOYED WITHIN THE ST. LUKE'S UNIVERSITY HEALTH NETWORK. MR. FORD IS THE PRESIDENT OF SACRED HEART HOSPITAL OF ALLENTOWN; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION. MR. FORD'S REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION.

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	RICHARD A. ANDERSON, THOMAS P. LICHTENWALNER AND JOEL D. FAGERSTROM ARE OFFICERS OF AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF ST. LUKE'S UNIVERSITY HEALTH NETWORK, INC; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. ALTHOUGH MESSRS. ANDERSON, LICHTENWALNER AND FAGERSTROM RECEIVE A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA, THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. ACCORDINGLY, ST. LUKE'S HEALTH NETWORK, INC. FILED A 2019 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MESSRS. ANDERSON, LICHTENWALNER AND FAGERSTROM COMPENSATION IN EXCESS OF \$1M.

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	DEAN EVANS IS THE SENIOR VICE PRESIDENT FOR VALUE BASED INSURANCE AND PAYER RELATIONS FOR ST. LUKE'S HEALTH NETWORK, INC. MR. EVANS WAS PREVIOUSLY REPORTED ON THE ORGANIZATION'S PRIOR YEAR FORM 990, CORE FORM, PART VII AND SCHEDULE J. UPON REVIEW OF HIS ROLE, DUTIES AND RESPONSIBILITIES, IT WAS DETERMINED THAT HE DOES NOT SATISFY THE CRITERIA TO BE A KEY EMPLOYEE OF THIS ORGANIZATION UNDER (1) FORM 990 RULES, REGULATIONS AND INSTRUCTIONS; (2) APPLICABLE STATE LAW; OR (3) THE ORGANIZATION'S GOVERNING DOCUMENTS. ACCORDINGLY, HE HAS NOT BEEN INCLUDED ON THIS 2019 FORM 990 AS EITHER A KEY EMPLOYEE OR FORMER KEY EMPLOYEE NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990. PRIOR YEARS FORMS 990 WERE NOT AMENDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE NETWORK INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE NETWORK. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS WITHIN THE NETWORK, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK; NOT SOLELY THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR BALANCES PREVIOUSLY REPORTED TO CONFORM TO THE CURRENT YEAR PRESENTATION. THE RESTATEMENT HAD NO EFFECT ON THE ORGANIZATION'S NET ASSETS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - RESTRUCTURING COSTS - (\$245,588); - PRE-ACQUISITION/MERGER COSTS - (\$1,080,052); - PENSION ANNUITY SETTLEMENT COST - (\$132,703); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE - PPE - \$1,059,595; - CHANGE IN PENSION ACCUMULATED BENEFIT OBLIGATION - \$22,263,625; - OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS - (\$398,310); - PLEDGES RECEIVED - (\$1,715,730); - NET ASSETS RELEASED FROM RESTRICTIONS - PPE - (\$877,300); - NET ASSETS RELEASED FROM RESTRICTIONS OPERATIONS - (\$1,901,284); - NET ASSETS RELEASED FROM RESTRICTIONS (PLEDGES) - PPE (BUILDING FUND) - (\$40,000); - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - (\$36,719); - ENDOWMENT SPENDING POLICY TRANSFER TO DONOR RESTRICTED - \$71,140; - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - (\$326,397); - GAIN (LOSS) ON REFINANCING - (\$1,136,788); AND - CHANGE IN FMV OF TOTAL RETURN SWAPS - (\$30,609,992).

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETOWRK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE NETWORK'S FINANCE COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A NETWORK WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number

23-1352213

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
(1) ST LUKE'S AIRMED LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 27-4643964	INACTIVE	PA	0	0	BETHLEHEM
(2) ST LUKE'S HOMESTAR SERVICES LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 26-0369246	HEALTH SVCS.	PA	57,929,361	15,682,572	BETHLEHEM
(3) POCONO MRI IMAGING AND DIAGNOSTIC CENTER 1110 ST LUKES WAY ALLENTOWN, PA 18109 20-4960982	INACTIVE	PA	0	0	BETHLEHEM
(4) EVANTAGE HEALTH LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109	INACTIVE	PA	0	0	BETHLEHEM
(5) ST LUKE'S CARE LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 81-1085699	HEALTH SVCS.	PA	6,603,275	76,071	BETHLEHEM
(6) ST LUKE'S SHARED SAVINGS PLAN LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 81-2846547	INACTIVE	PA	0	0	BETHLEHEM

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.

See Additional Data Table

(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

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE ST. LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Additional Data

Software ID:

Software Version:

EIN: 23-1352213

Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 AIRMED LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 27-4643964	INACTIVE	PA	0	0	BETHLEHEM
ST LUKE'S HOMESTAR SERVICES LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 26-0369246	HEALTH SVCS.	PA	57,929,361	15,682,572	BETHLEHEM
POCONO MRI IMAGING AND DIAGNOSTIC CENTER 1110 ST LUKES WAY ALLENTOWN, PA 18109 20-4960982	INACTIVE	PA	0	0	BETHLEHEM
EVANTAGE HEALTH LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109	INACTIVE	PA	0	0	BETHLEHEM
ST LUKE'S CARE LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 81-1085699	HEALTH SVCS.	PA	6,603,275	76,071	BETHLEHEM
ST LUKE'S SHARED SAVINGS PLAN LLC 1110 ST LUKES WAY ALLENTOWN, PA 18109 81-2846547	INACTIVE	PA	0	0	BETHLEHEM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2384282	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	NA		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 45-4394739	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 46-5143606	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-1352203	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 25-1550350	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2380812	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2179542	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2543924	INACTIVE	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2418254	INACTIVE	PA	501(C)(3)	509(A)(2)	VNA		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 24-0795497	HEALTH SVCS.	PA	501(C)(3)	509(A)(1)	SLB	Yes	
1110 ST LUKES WAY ALLENTOWN, PA 18109 22-1494454	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 24-0795436	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2473899	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2328297	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-1352208	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 83-3200970	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18042 84-4475996	INACTIVE	PA	501(C)(3)	HOSPITAL	SLHN		No