

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat No 11282Y Form **990** (2016)

**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 THE PARENT ENTITY OF ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY 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 \$ 0 including grants of \$ 0 ) (Revenue \$ 95,409,176 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 0

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	No
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	Yes
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**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 ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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.	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

**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
<b>1a</b>	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		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ THOMAS P LICHENWALNER 801 OSTRUM STREET BETHLEHEM, PA 180151000 (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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 - DIRECTOR	55 0 ..... 0 0	X		X				0	181,731	11,453
(2) JOHN M DALY MD VICE CHAIRMAN - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
(3) DAVID M LOBACH JR VICE CHAIRMAN - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
(4) RICHARD A ANDERSON DIRECTOR - PRESIDENT/CEO SLUHN	55 0 ..... 0 0	X		X				0	2,156,617	318,921
(5) FAUST E CAPOBIANCO DIRECTOR	1 0 ..... 0 0	X						0	0	0
(6) ROBERT S GAYNER MD DIRECTOR	1 0 ..... 0 0	X						0	0	0
(7) ROBERT J GREY DIRECTOR	1 0 ..... 0 0	X						0	0	0
(8) KOSTAS KALOGEROPOULOS DIRECTOR	1 0 ..... 0 0	X						0	0	0
(9) DAVID MUETHING DIRECTOR	1 0 ..... 0 0	X						0	0	0
(10) ROBERT A OSTER DIRECTOR	1 0 ..... 0 0	X						0	0	0
(11) DANIEL P PETROZZO DIRECTOR	1 0 ..... 0 0	X						0	0	0
(12) ROBERT D RUMFIELD DIRECTOR	1 0 ..... 0 0	X						0	0	0
(13) CHARLES D SAUNDERS MD DIRECTOR	1 0 ..... 0 0	X						0	0	0
(14) LUANNE B STAUFFER DIRECTOR	1 0 ..... 0 0	X						0	0	0
(15) KRISTINA W WARNER DIRECTOR	1 0 ..... 0 0	X						0	0	0
(16) DAVID M YEN MD DIRECTOR	1 0 ..... 0 0	X						0	0	0
(17) JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER	55 0 ..... 0 0			X				0	929,861	134,287

**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) THOMAS P LICHTENWALNER SVP FINANCE & CFO	55 0 0 0			X				0	950,801	211,434
(19) ROBERT L WAX ESQ SVP GENERAL COUNSEL	55 0 0 0			X				0	591,844	82,964
(20) CAROL A KUPLER RN MSN SVP CNO & PRESIDENT SLHB	55 0 0 0			X				0	586,225	109,564
(21) ROBERT E MARTIN SVP NETWORK DEVELOPMENT	55 0 0 0			X				0	550,280	160,434
(22) ROCHELLE M SCHALLER SVP HUMAN RESOURCES	55 0 0 0			X				0	342,746	33,408
(23) ALDO CARMONA SVP CLINICAL INT (EFF 7/7/16)	55 0 0 0			X				0	21,069	0

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	0	6,311,174	1,062,465

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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> . . . . .	Yes	
<b>5</b> 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> . . . . .		No

**Section B. Independent Contractors**

<b>1</b> 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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		



**Part VIII** **Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . .		0

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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**Program Service Revenue**

<b>2a</b> EQUITY IN NET INCOME OF ST LUKE'S	Business Code				
<b>b</b> UNIVERSITY HEALTH NETWORK AFFILIATES	900099	95,409,176	95,409,176		
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		95,409,176			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
<b>4</b> Income from investment of tax-exempt bond proceeds		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)	0	0			
<b>d</b> Net rental income or (loss) . . . . .			0		
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .			0		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
Miscellaneous Revenue	Business Code				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			0		
<b>12 Total revenue.</b> See Instructions . . . . .			95,409,176	95,409,176	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	0	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
<b>9</b> Other employee benefits.	0			
<b>10</b> Payroll taxes.	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	0			
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	0			
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	0			
<b>17</b> Travel.	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	0			
<b>23</b> Insurance.	0			
<b>24</b> 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.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	0	0	0	0
<b>26</b> 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		0	<b>4</b>	0
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		0	<b>8</b>	0
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		0	<b>9</b>	0
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>		<b>10c</b>	0
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	554,053,919	<b>13</b>	674,120,820	
	<b>14</b>	Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	554,053,919	<b>16</b>	674,120,820		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		0	<b>17</b>	0
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		0	<b>25</b>	0
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets	479,270,057	<b>27</b>	591,521,007	
	<b>28</b>	Temporarily restricted net assets . . . . .	38,999,631	<b>28</b>	44,500,501	
	<b>29</b>	Permanently restricted net assets	35,784,231	<b>29</b>	38,099,312	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	554,053,919	<b>33</b>	674,120,820		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	554,053,919	<b>34</b>	674,120,820		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	95,409,176
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	0
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	95,409,176
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	554,053,919
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	21,728,886
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,928,839
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	674,120,820

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?	Yes	
<b>b</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	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2384282  
**Name:** ST LUKE'S HEALTH NETWORK INC

Form 990 (2016)

**Form 990, Part III, Line 4a:**  
ST LUKE'S HEALTH NETWORK IS THE TAX-EXEMPT PARENT ENTITY OF THE ST LUKE'S UNIVERSITY HEALTH NETWORK. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF MULTIPLE HOSPITALS AND NUMEROUS AFFILIATED HEALTHCARE ORGANIZATIONS THAT PROVIDE EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES THROUGHOUT PENNSYLVANIA AND NEW JERSEY. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKE'S HEALTH NETWORK INC

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
23-2384282

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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

1
- 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		
(A) ST LUKE'S HOSPITAL OF BETHLEHEM PA	231352213	3	Yes		0	0
Total	1				0	0

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	<b>Yes</b>
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	<b>No</b>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	<b>No</b>
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	<b>No</b>
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	<b>No</b>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	<b>No</b>
<b>7</b> 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>	<b>7</b>	<b>No</b>
<b>8</b> 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>	<b>8</b>	<b>No</b>
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	<b>No</b>
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	<b>No</b>
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	<b>No</b>
<b>10a</b> 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>	<b>10a</b>	<b>No</b>
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
<b>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>	Yes	
<b>2</b> 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>		
<b>2</b>		No

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> 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>			
<b>2a</b>			
<b>b</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>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>			
<b>a</b> 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>3a</b>			
<b>b</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>			
<b>3b</b>			

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

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 HEALTH NETWORK INC	Employer identification number 23-2384282
--	--

**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	
2	Political expenditures	▶ \$
3	Volunteer hours	

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
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?

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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 THE PARENT OF THE ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA 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 (3) A PERCENTAGE OF TOTAL COMPENSATION OF TWO ST LUKE'S UNIVERSITY HEALTH NETWORK SENIOR MANAGEMENT PERSONNEL. NO AMOUNT WAS ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2017.



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131030258	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization ST LUKE'S HEALTH NETWORK INC				Employer identification number 23-2384282	
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.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	74,783,862	73,803,247	69,615,118	63,270,613	48,153,083
b Contributions	5,429,546	3,693,901	4,933,111	9,472,742	13,678,204
c Net investment earnings, gains, and losses	6,462,125	534,710	4,290,277	1,491,862	1,326,105
d Grants or scholarships					
e Other expenditures for facilities and programs	4,075,720	3,247,996	5,035,259	4,620,099	-113,221
f Administrative expenses					
g End of year balance	82,599,813	74,783,862	73,803,247	69,615,118	63,270,613

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

46 130 %

b

Permanent endowment

53 870 %

c

Temporarily restricted endowment

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

(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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				

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) AFFILIATES	674,120,820	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	674,120,820	

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

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.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2016

**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.

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

**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.

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

**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

# Supplemental Information

Return Reference	Explanation
<p>SCHEDULE D, PART V, QUESTION 4</p>	<p>THE ORGANIZATION IS THE PARENT ENTITY OF ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY 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, 2017 AND JUNE 30, 2016, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETWORKS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORKS ENDOWMENT FUNDS: THE NETWORKS ENDOWMENT CONSISTS OF APPROXIMATELY \$38,099,312 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$90,579,031 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 ENDOWMENTS 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&amp;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 APPROPRIATE 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% PER YEAR OVER THE PREVIOUS YEARS SPENDING.</p>

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ST LUKE'S HEALTH NETWORK INC	Employer identification number 23-2384282
--	--

Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in 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	<b>1b</b>	
<b>2</b> 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 in line 1a?	<b>2</b>	
<b>3</b> 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	Yes
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	Yes
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SAMUEL R GIAMBER MD CHAIRMAN - DIRECTOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	163,731 -----	0 -----	18,000 -----	10,005 -----	1,448 -----	193,184 -----	0 -----
2 RICHARD A ANDERSON DIRECTOR - PRESIDENT/CEO SLUHN	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	1,072,889 -----	527,678 -----	556,050 -----	305,205 -----	13,716 -----	2,475,538 -----	249,135 -----
3 JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	576,882 -----	230,764 -----	122,215 -----	112,584 -----	21,703 -----	1,064,148 -----	0 -----
4 THOMAS P LICHTENWALNER SVP FINANCE & CFO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	485,423 -----	192,335 -----	273,043 -----	203,703 -----	7,731 -----	1,162,235 -----	167,870 -----
5 ROBERT L WAX ESQ SVP GENERAL COUNSEL	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	378,311 -----	147,036 -----	66,497 -----	60,765 -----	22,199 -----	674,808 -----	0 -----
6 CAROL A KUPLEN RN MSN SVP CNO & PRESIDENT SLHB	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	359,039 -----	144,653 -----	82,533 -----	96,358 -----	13,206 -----	695,789 -----	0 -----
7 ROBERT E MARTIN SVP NETWORK DEVELOPMENT	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	330,443 -----	138,860 -----	80,977 -----	144,881 -----	15,553 -----	710,714 -----	0 -----
8 ROCHELLE M SCHALLER SVP HUMAN RESOURCES	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	243,062 -----	96,114 -----	3,570 -----	18,550 -----	14,858 -----	376,154 -----	0 -----

**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
See Additional Data	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2384282  
**Name:** ST LUKE'S HEALTH NETWORK INC

**Part III, Supplemental Information**

Return Reference	Explanation
CORM FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2016 FORMS W-2

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 3	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 DIRECTORS 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 DIRECTORS 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 ----- 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 2016 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 2016 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 B(III) - OTHER COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THESE INDIVIDUALS HAVE SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, \$249,135 AND THOMAS P LICHTENWALNER, \$167,870 ADDITIONALLY, THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATED TO VESTED CAPITAL ACCUMULATION FOR POST-RETIREMENT DEATH BENEFITS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, \$255,331, JOEL D FAGERSTROM, \$103,645, THOMAS P LICHTENWALNER, \$86,040, ROBERT L WAX, ESQ , \$66,212, CAROL A KUPLEN, RN, MSN, \$63,543 AND ROBERT E MARTIN, \$61,342 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, \$286,655, JOEL D FAGERSTROM, \$101,984, THOMAS P LICHTENWALNER, \$185,153, ROBERT L WAX, ESQ , \$46,190, CAROL A KUPLEN, RN, MSN, \$77,808 AND ROBERT E MARTIN, \$126,331

**Part III, Supplemental Information**

Return Reference	Explanation
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 INCLUDE 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

**Part III, Supplemental Information**

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

**Part III, Supplemental Information**

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, \$249,135 AND THOMAS P LICHTENWALNER, \$167,870



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<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <div>Department of the Treasury <del>Internal Revenue Service</del> Name of the organization ST LUKE'S HEALTH NETWORK INC</div>	<b>Supplemental Information to Form 990 or 990-EZ</b>  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  ▶ Attach to Form 990 or 990-EZ.  ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b> <b>Open to Public Inspection</b>
		<b>Employer identification number</b>  23-2384282	

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== FOUNDED IN 1872 TO CARE FOR WORKERS AT THE STEEL FOUNDRIES IN BETHLEHEM, ST LUKES UNIVERSITY HEALTH NETWORK IS A FULLY INTEGRATED, REGIONAL, NON-PROFIT NETWORK PROVIDING SERVICES AT SEVEN HOSPITALS AND NEARLY 300 OUTPATIENT SITES THE NETWORKS SERVICE AREA INCLUDES 10 COUNTIES LEHIGH, NORTHAMPTON, CARBON, SCHUYLKILL, BUCKS, MONTGOMERY , BERKS AND MONROE COUNTIES IN PENNSYLVANIA AND WARREN AND HUNTERDON COUNTIES IN NEW JERSEY DEDICATED TO ADVANCING MEDICAL EDUCATION, ST LUKES IS A MAJOR TEACHING HOSPITAL THE ONLY ONE IN THE GREATER LEHIGH VALLEY IN PARTNERSHIP WITH TEMPLE UNIVERSITY, ST LUKES CREATED THE REGION'S FIRST AND ONLY REGIONAL MEDICAL SCHOOL CAMPUS IT ALSO OPERATES THE NATION'S LONGEST CONTINUOUSLY OPERATING SCHOOL OF NURSING, ESTABLISHED IN 1884, AND 23 FULLY ACCREDITED GRADUATE MEDICAL EDUCATIONAL PROGRAMS WITH 189 RESIDENTS REPEATEDLY, ST LUKES HAS EARNED TRUENS 100 TOP MAJOR TEACHING HOSPITAL AND 50 TOP CARDIOVASCULAR PROGRAM DESIGNATIONS, IN ADDITION TO OTHER HONORS FOR CLINICAL EXCELLENCE ST LUKES, UTILIZING THE EPIC ELECTRONIC MEDICAL RECORD (EMR) SYSTEM, IS A MULTI-YEAR RECIPIENT OF THE MOST WIRELESS AWARD RECOGNIZING THE BREADTH OF ST LUKES INFORMATION TECHNOLOGY APPLICATIONS SUCH AS TELEHEALTH , ONLINE SCHEDULING AND ONLINE PRICING INFORMATION ST LUKES IS ALSO RECOGNIZED AS ONE OF THE STATES LOWEST COST PROVIDERS MISSION ===== THE MISSION OF ST LUKE'S UNIVERSITY HEALTH NETWORK IS 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, REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR HEALTHCARE THE MISSION WILL BE ACCOMPLISHED BY - 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 HEALTHCARE 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'S SERVICE AREA VISION ===== IN COMPARISON TO NATIONAL BENCHMARKS, ST LUKE'S WILL ACHIEVE TOP DECILE PERFORMANCE IN QUALITY AND SAFETY MEASURES, PROVIDE EXCEPTIONAL SERVICE, AND BE PERCEIVED AS EASY TO USE BY ALL WHO ACCESS OR PROVIDE OUR SERVICES VALUES ===== "PCRAFT" VALUES ARE THE GUIDING CORE PRINCIPLES OF ST LUKES HEALTH CARE TEAM, THE QUALITIES WE STRIVE FOR WITH EVERY ENCOUNTER PRIDE, CARING, RESPECT, ACCOUNTABILITY, FLEXIBILITY AND TEAMWORK ARE THE QUALITIES OUR TEAM WILL DELIVER EVERY TIME PCRAFT VALUES SHOULD ALWAYS BE ON DISPLAY DURING A ROUTINE CHECKUP AT THE DOCTOR'S OFFICE , IN A ST LUKES CARE NOW FACI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>LITY, IN THE EMERGENCY DEPARTMENT, DURING A SAME-DAY PROCEDURE OR A COMPLEX SURGERY AS A PATIENT OR PROSPECTIVE EMPLOYEE, YOU CAN COUNT ON EVERY MEMBER OF THE ST LUKES TEAM TO DISPLAY PCRAFT VALUES IN EVERY SITUATION STRATEGIC FOCUS ===== PEOPLE AND RELATIO NSHIPS PHYSICIANS, EMPLOYEES AND VOLUNTEERS - OUR MOST IMPORTANT ASSETS SIMPLICITY CONT INUE TO SIMPLIFY MANAGEMENT STRUCTURE AND PROMOTE EFFICIENCY AND EFFECTIVENESS INTEGRITY TRANSPARENT, ACCOUNTABLE MANAGEMENT AND ONGOING ADHERENCE TO OUR MANAGEMENT PHILOSOPHY Q UALITY FOCUS ON CLINICAL PROCESS IMPROVEMENTS USING NATIONAL BENCHMARKS AND APPROPRIATELY SHARE THE OUTCOMES OF OUR ONGOING FOCUS ON QUALITY AND PERFORMANCE IN THE TOP DECILE IN NATIO NAL PAY-FOR-PERFORMANCE PROGRAMS COST PERFORM IN THE TOP DECILE IN THOMSON CRITERIA FOR COST-EFFECTIVE MANAGEMENT AND CONTINUE TO BE REGION'S LOW-COST TERTIARY HOSPITAL ST LUKE 'S HOSPITAL OF BETHLEHEM, PA =====</p> <p>ST LUKES UNIVERSITY HEA LTH NETWORKS LARGEST HOSPITAL CAMPUS IS ST LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM, AND C OMPRISES A BETHLEHEM AND ("SL-BETHLEHEM") AND ALLENTOWN ("SL-ALLENTOWN") LOCATION, BOTH IN LEHIGH COUNTY ST LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT T O ITS CHARITABLE PURPOSES, ST LUKE'S UNIVERSITY HOSPITAL PROVIDES MEDICALLY NECESSARY HEA LTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COL OR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S UNIVERSITY HOSPITA L OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN THE IRS REVENUE RULING 69- 545 BETHLEHEM CAMPUS ----- SL-BETHLEHEM IS A JOINT COMMISSION-ACCREDITED, NOT- FOR-PROFIT, TERTIARY CARE, TEACHING HOSPITAL LOCATED IN BETHLEHEM, PA, FOUNDED IN 1872 SL -BETHLEHEM OFFERS MORE THAN 90 MEDICAL SPECIALTIES AND HAS 452 LICENSED ACUTE CARE AND REH AB BEDS IN FY '17, THERE WERE 26,485 ADMISSIONS AND OBSERVATIONS, 386,179 OUTPATIENT REGI STRATIONS AND 52,208 ED VISITS THE OLDER ADULT BEHAVIORAL HEALTH UNIT TREATS ADULTS 60 YE ARS OF AGE AND OVER IN A SECURE AND INTIMATE SETTING CREATED TO ADDRESS THE UNIQUE BEHAVIO RAL HEALTH NEEDS OF OLDER ADULTS THE UNIT OPERATES AT 84 PERCENT OF CAPACITY ADDITIONAL SENIOR SERVICES INCLUDE THE CENTER FOR POSITIVE AGING, SENIOR SURGICAL PROGRAM, LONG-TERM CARE FACILITY NETWORKING AND NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER (NICHE) DESIGN ATION IN FY'16, SL-BETHLEHEM INVESTED MORE THAN \$16 9 MILLION IN TECHNOLOGIC AND FACILITY IMPROVEMENTS INVESTMENTS INCLUDED THE ACQUISITION OF THE MEDICAL OFFICE BUILDING ADJACEN T TO THE HOSPITAL COMPLEX, FIT OUT OF THE BETHLEHEM SPORTS MEDICINE AND REHABILITATION CEN TER AND COMPLETED RENOVATION TO TWO INPATIENT NURSING FLOORS INFRASTRUCTURAL IMPROVEMENTS WERE MADE TO THE HOSPITAL ROOF THROUGH THE REPLACEMENT OF THE COPING STONES, COMBINED WIT H VARIOUS HEATING, VENTILATION</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AND AIR CONDITIONING IMPROVEMENTS, ALONG WITH OTHER GENERAL CONSTRUCTION PROJECTS NEW TECHNOLOGICAL INVESTMENTS INCLUDED AN MRI UPGRADE AND RELATED ROOM RENOVATION, CARDIAC CATH LAB MAC UPGRADES, THE PURCHASE OF PULSE OXIMETER MONITORING EQUIPMENT, RADIATION ONCOLOGY HDR EQUIPMENT, ARCTIC SUN WARMER UNITS AND VARIOUS OTHER EQUIPMENT SUPPORTING THE OR, PHYSICAL THERAPY AND NUMEROUS OTHER DEPARTMENTS COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-BETHLEHEM ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS 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 SINCE JOINING ST LUKE'S, THE 131-LICENSED BED, JOINT COMMISSION ACCREDITED SL-ALLENTOWN HAS EXPERIENCED SIGNIFICANT IN OBSERVATIONS AND ADMISSIONS (FY17 - 10,584) AND ED VISITS (FY17 - 45,978) AND OUTPATIENT REGISTRATIONS (FY17 184,706) REGISTRATIONS (FY17 184,706) ST LUKE'S ALLENTOWN CAMPUS HAS INVESTED MORE THAN \$170 MILLION IN TECHNOLOGICAL AND FACILITY IMPROVEMENTS SINCE SLA JOINED THE NETWORK IN FY'16, THESE IMPROVEMENTS INCLUDED \$2.5 MILLION TO OPERATIONALIZE A GI/ENDO SUITE WITH TWO GI LABS AT OUR WEST END MEDICAL CENTER, AND TO DEMOLISH OUR ANNEX BUILDING AND REPLACE IT WITH A MEDICAL OFFICE BUILDING IN SCHEDULED FOR FY19 AN ADDITIONAL \$2 MILLION WAS USED TO REPLACE A MAIN AIR HANDLER UNIT, TO START A PROJECT TO OPERATIONALIZE OUR EIGHTH OPERATING ROOM AND TO UPGRADE VARIOUS PIECES OF MEDICAL EQUIPMENT INCLUDING ULTRASOUND EQUIPMENT, ANESTHESIA MACHINES, PUMPS AND X-RAY EQUIPMENT THAT WILL PROVIDE BETTER PATIENT CARE A FIVE-STORY ADDITION, OPENED IN JUNE 2003, INCLUDED A 10,000 SQUARE FOOT EMERGENCY DEPARTMENT EXPANSION, FIVE STATE-OF-THE-ART OPERATING ROOM SUITES, SOME OF THE MOST ADVANCED IMAGING TECHNOLOGY FROM GE HEALTHCARE, THE ADDITION OF A 10-BED INTENSIVE CARE UNIT AND VARIOUS SUPPORT DEPARTMENTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKE'S HAS ADDED OUTPATIENT FACILITIES IN CLOSE PROXIMITY TO THE SL-ALLENTOWN TO MEET THE COMMUNITY'S HEALTHCARE NEEDS THESE INCLUDE ST LUKE'S FAMILY HEALTH CENTER, WOMEN'S HEALTH CENTER, ST LUKE'S PERINATAL CENTER AND ST LUKE'S WOMEN'S IMAGING CENTER, AS WELL AS SPECIALTY ST LUKE'S PHYSICIAN PRACTICES FOR ORTHOPEDICS, CARDIOLOGY, NEUROLOGY, PULMON OLOGY, NEPHROLOGY AND GENERAL SURGERY IN DECEMBER 2011, SL-ALLENTOWN ACQUIRED A 107,000 S Q FT FACILITY IN A HIGHLY VISIBLE AREA ADJACENT TO THE CITY OF ALLENTOWN FOR DEVELOPMENT OF ST LUKE'S WEST END MEDICAL CENTER, AN OUTPATIENT FACILITY TO SUPPORT SL-ALLENTOWN TH IS CENTER OPENED IN MAY 2013 WITH A TOTAL INVESTMENT THRU NOVEMBER 2014 OF \$18 1 MILLION CURRENT SERVICES INCLUDE WALK-IN CARE, OCCUPATIONAL MEDICINE, LAB, IMAGING, SPORTS &amp; HUMAN PERFORMANCE FITNESS CENTER, MAMMOGRAPHY, TWO GI ENDOSCOPY LABS, AND PHYSICAL THERAPY PHY SICIAN PRACTICES INCLUDING ORTHOPAEDIC, PEDIATRIC, PAIN MANAGEMENT, GASTROENTEROLOGY, OB/G YN, UROLOGY, AND NEUROSURGERY COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE C OMMUNITIES IT SERVES, SL-ALLENTOWN ANNUALLY REACHES MORE THAN 83,000 PEOPLE THROUGH ITS CO MMUNITY OUTREACH ENDEAVORS THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR ANDERSON CAMPUS</p> <p>===== ST LUKE'S HOSPI TAL ANDERSON CAMPUS ("SL-ANDERSON") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 108- LICENSED BED ACUTE CARE HOSPITAL LOCATED AND PROVIDING CARE PRIMARILY TO RESIDENTS OF NORT HAMPTON AND MONROE COUNTIES IN PENNSYLVANIA AND WARREN COUNTY IN NEW JERSEY IN FY'17, SL- ANDERSON PROVIDED CARE FOR 281,000 PEOPLE ANNUALLY AND 25,300 PATIENT ENCOUNTERS WERE MEDI CAID AND 5,500 PATIENT ENCOUNTERS WERE SELF-PAY SL-ANDERSON IS RECOGNIZED BY THE IRS AS A N INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITA BLE PURPOSES, SL-ANDERSON PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDU ALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, SL- ANDERSON OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINES IN THE IRS REVENUE RULING 69-545 SL-ANDERSON OPENED ON NOVEMBER 7, 2011 AND WAS THE FIRST NEW, NON-REPLACEMENT HOSPITAL IN PENNSYLVANIA IN MORE THAN FOUR DECADES SL-AND ERSON IS LOCATED ON A 500-ACRE SITE OWNED BY ST LUKE'S UNIVERSITY HEALTH NETWORK IN ADDI TION TO SL-ANDERSON, THE FIRST PHASE OF SITE DEVELOPMENT INCLUDES AN OUTPATIENT CANCER CEN TER AND A MEDICAL OFFICE BUILDING THE MEDICAL OFFICE BUILDING PROVIDES IMAGING, PHYSICAL THERAPY, LABORATORY AND OTHER OUTPATIENT TESTING, HEALTH AND FITNESS CENTER AND OFFICES FO R A WIDE RANGE OF PHYSICIAN SPECIALISTS, INCLUDING A NEWLY EXPANDED HEART AND VASCULAR CEN TER AT THE MEDICAL OFFICE BUILDING WE OFFER SUPPORT CLASSES FOR MEMBERS OF THE COMMUNITY THE FOLLOWING CLASSES ARE OFFERED CONSISTENTLY - ST LUKE'S HOSPICE - GRIEF AND LOSS - L IVING WELL WITH DIABETES CLASS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- WESCOE FOUNDATION FOR PULMONARY FIBROSIS SUPPORT GROUP - ST LUKE'S BARIATRIC PEP RALLY - HEALTHY AGING SERIES - BETTER BREATHERS SUPPORT GROUP - LA LECHE LEAGUE OVER THE PAST FOUR YEARS, SL-ANDERSON BEGAN EXPANSION OF FREEMANSBURG AVENUE, THE PRIMARY ACCESS TO THE HOSPITAL CAMPUS, AT A TOTAL COST OF \$40 MILLION WHEN THE PROJECT IS COMPLETED AS OF FEBRUARY 2018, THE FIRST TWO PHASES OF A THREE PHASE PROJECT ARE COMPLETE SL-ANDERSON IS SERVICED ORIENTED WITH A GOAL TO REDUCE PATIENT AND FAMILY STRESS AND ANXIETY AND TO PROVIDE A CALM AND REASSURING ENVIRONMENT BY MEETING, AND OFTEN EXCEEDING, THEIR PERSONAL NEEDS SOFTER LIGHTING IS USED IN THE HALLWAYS AND THE DECOR IS DONE IN RELAXING EARTH TONES, AVAILABLE AMENITIES INCLUDE FLAT SCREEN TELEVISIONS, FREE WIFI SERVICE, DAILY NEWSPAPER DELIVERY, IPADS TO CONNECT TO THE INTERNET, A RECLINER AND COMFORTABLE SOFA BED IN EVERY ROOM AND AN AFTERNOON TEA SERVICE SL-ANDERSON ALSO FOCUSES ON MAKING ITS SERVICES EASY TO ACCESS FOR EXAMPLE, MRI APPOINTMENTS ARE AVAILABLE ON SATURDAYS AND SUNDAY AND ALL-DIGITAL MAMMOGRAPHY IS OFFERED AT 6 30 AM TO ACCOMMODATE WORKING WOMEN ST LUKE'S UNIVERSITY HEALTH NETWORK PARTNERED WITH THE RODALE INSTITUTE TO DEVELOP AN ORGANIC FARM LOCATED ON THE ANDERSON CAMPUS THE FARM IS USED TO PROVIDE LOCALLY GROWN ORGANIC PRODUCE IN NETWORK CAFETERIAS AND WILL BE SERVED TO PATIENTS, EMPLOYEES, AND VISITORS WORKING WITH THE RODALE INSTITUTE TO DEVELOP THE ST LUKE'S RODALE INSTITUTE ORGANIC FARM ALLOWS ST LUKE'S TO CONTINUE PROVIDING PATIENTS WITH A HOLISTIC HEALTHCARE EXPERIENCE THAT CREATES A POSITIVE ATMOSPHERE FOR HEALTH AND HEALING BY PROVIDING PATIENTS, VISITORS, AND STAFF MEMBERS WITH LOCAL GROWN ORGANIC PRODUCE, ST LUKE'S DEMONSTRATES A COMMITMENT TO THE ENVIRONMENT AND PROMOTING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE COMMUNITY EXCESS PRODUCE IS SOLD TO STAFF MEMBERS AND THE COMMUNITY ALLOWING THESE INDIVIDUALS TO MAKE HEALTHY EATING CHOICES IN THEIR OWN HOMES, CONTRIBUTING TO HEALTHIER LIFESTYLES IN FY16 AND FY17 THE ORGANIC FARM INCREASED THE NUMBER OF VARIETIES OF PRODUCE TO 100 THE ST LUKES RODALE INSTITUTE ORGANIC FARM HAS DOUBLED ITS ACREAGE TO NOW SPAN 11.5 ACRES IN FY17 THE ST LUKES RODALE INSTITUTE ORGANIC FARM IS ADDING A CERTIFIED ORGANIC DESIGNATION AND GROWING CUT FLOWERS TO FURTHER DIVERSIFY THE FARMS CROPS THE COST OF THE FARM IN FY17 WAS \$172,000 IN SUMMER OF 2017 SL-ANDERSON OPENED A NEW \$26 MILLION SPECIALTY PAVILION THAT EXPANDS THE BREADTH OF OFFERING AT THE ST LUKES ANDERSON CAMPUS TO INCLUDE AMBULATORY SURGERY, UROLOGY, OB/GYN SERVICES, GASTROENTEROLOGY AND LABORATORY SERVICES THE SPECIALTY PAVILION ALSO INCLUDES 25,000 SQUARE FEET OF SHELL SPACE TO ACCOMMODATE FUTURE EXPANSION THIS FACILITY WILL SERVICE THE GREATER LEHIGH VALLEY COMMUNITY AND WAS DESIGNED WITH CONVENIENCE IN MIND IT IS LOCATED JUST OFF ROUTE 33, AND IT IS SURROUNDED BY AMPLE, NEARBY PARKING THE LATEST EXPANSION STRENGTHENS ST LUKES POSITION AS THE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>REGIONS LEADER IN PROVIDING EASY ACCESS TO HEALTHCARE SERVICES COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES SL-ANDERSON ANNUALLY REACHES MORE THAN 12,500 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC ===== CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC ("ST LUKE'S MINERS MEMORIAL HOSPITAL" AKA "SL-MINERS") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 44-LICENSED BED ACUTE CARE HOSPITAL AND 48-BED SKILLED NURSING FACILITY LOCATED IN COALDALE, PENNSYLVANIA, IN SCHUYLKILL COUNTY NEAR THE CARBON COUNTY BORDER PROVIDING CARE PRIMARILY TO RESIDENTS OF SCHUYLKILL, CARBON AND LOWER LUZERNE COUNTIES IN NORTHEASTERN PENNSYLVANIA PURSUANT TO ITS CHARITABLE PURPOSES, SL-MINERS 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 IN FISCAL YEAR 2017, SL-MINERS PATIENT CARE INCLUDED MORE THAN 2,900 OBSERVATIONS AND ADMISSIONS, MORE THAN 86,000 OUTPATIENT VISITS AND 15,000 ED VISITS AND IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FOUNDED IN 1910, SL-MINERS WAS ACQUIRED BY NATIONALLY RECOGNIZED ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK") IN 2000 AND CELEBRATED ITS 100TH YEAR OF COMMUNITY SERVICE IN OCTOBER 2010 SINCE JOINING THE NETWORK, SL-MINERS ADMISSIONS HAVE INCREASED BY NEARLY 19 PERCENT THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO 190 PHYSICIANS ACROSS 25 MEDICAL SPECIALTIES THE HOSPITAL IS ACCREDITED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION AND A CHEST PAIN CENTER BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE THE NETWORK HAS INVESTED APPROXIMATELY \$32.1 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS AT SL-MINERS SINCE 2000, INCLUDING OUTPATIENT CENTERS WHICH OFFER ADVANCED TECHNOLOGY AND PHYSICIAN SERVICES, FURTHER ENHANCING PATIENTS' ABILITY TO EASILY ACCESS STATE-OF-THE-ART HEALTHCARE SL-MINERS IS LOCATED IN COALDALE, A MEDICALLY UNDERSERVED AREA THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF VARIOUS MEDICAL SERVICES SERVICES SL-MINERS OPERATED THREE FEDERALLY DESIGNATED RURAL HEALTH CLINICS IN HOMETOWN, MCADOO, AND NESQUEHONING, SERVING OVER 13,000 PATIENT VISITS IN FY'17 THE CENTERS TREAT PATIENTS OF ALL AGES, OFFERING EXCEPTIONAL QUALITY CARE CLOSE TO HOME IN FEBRUARY 2015, THE MCADOO RURAL HEALTH CLINIC SUFFERED DEVASTATING WATER DAMAGE FROM THE ADJACENT PROPERTY AND WAS FORCED TO CLOSE DESPITE EFFORTS BY SL-MINERS, THE RURAL CLINIC WAS NOT PERMITTED TO REOPEN IN A DIFFERENT LOCATION DUE TO MCADOO DESIGNATED AS "URBANIZED" IN THE 2010 US CENSUS ATTEMPTS TO SEEK AN EXCEPTION FROM CMS SO PRIMARY CARE COULD CONTINUE FOR THE MCADOO RURAL HEALTH PATIENTS WERE UNSUCCESSFUL</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKE'S MINERS REHABILITATION AND NURSING CENTER IS A FULLY ACCREDITED, 48-BED HOSPITAL-BASED, SKILLED NURSING FACILITY LOCATED ON THE FIFTH FLOOR OF THE HOSPITAL. INDIVIDUALIZE D SHORT-TIME REHABILITATION AND LONG-TERM CARE SERVICES ARE PROVIDED. IN 2016, THE MINERS CAMPUS EXPANDED ACCESS TO HEALTH CARE SERVICES BY BUILDING THE WEST PENN MEDICAL OFFICE. SERVICES AT THIS LOCATION INCLUDE A ST LUKES CARE NOW, DIAGNOSTIC IMAGING, LAB AND PHYSICAL THERAPY. COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-MINERS ANNUALLY REACHES MORE THAN 3,200 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. ST LUKES QUAKERTOWN HOSPITAL ===== ST LUKES QUAKERTOWN HOSPITAL ("SL-QUAKERTOWN") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 62-BED LICENSED ACUTE CARE HOSPITAL LOCATED IN QUAKERTOWN, BUCKS COUNTY, PENNSYLVANIA. SL-QUAKERTOWN PROVIDES SERVICES PRIMARILY TO RESIDENTS OF UPPER BUCKS COUNTY, UPPER MONTGOMERY COUNTY AND SOUTHERN LEHIGH COUNTY. PURSUANT TO ITS CHARITABLE PURPOSES, SL-QUAKERTOWN PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION ANNUALLY PROVIDES CARE FOR NEARLY 100,000 PATIENTS AND IS RECOGNIZED AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. OF ITS NEARLY 16,000 ANNUAL EMERGENCY DEPARTMENT PATIENTS, APPROXIMATELY 16% ARE MEDICAID RECIPIENTS AND 52% ARE SELF-PAY/ UNINSURED. ESTABLISHED IN 1929, SL-QUAKERTOWN WAS ACQUIRED BY NATIONALLY RECOGNIZED ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK") IN 1995. THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO MORE THAN 370 PHYSICIANS ACROSS 47 MEDICAL SPECIALTIES. ST LUKES QUAKERTOWN HOSPITAL HOUSES ONE OF ONLY TWO BEHAVIORAL HEALTH UNITS IN BUCKS COUNTY. THE BEHAVIORAL HEALTH UNIT PROVIDES EFFECTIVE PSYCHIATRIC CARE IN A SAFE AND THERAPEUTIC ENVIRONMENT FOR PEOPLE WITH A WIDE VARIETY OF MENTAL AND BEHAVIORAL HEALTH ISSUES INCLUDING ANGER MANAGEMENT, ANXIETY DISORDERS, BIPOLAR DISORDER, DEPRESSION, OBSSSSIVE COMPULSIVE DISORDER (OCD), POST-TRAUMATIC STRESS DISORDER (PTSD), AND WORK/LIFE BALANCE. THE UNIT MEETS THE GROWING DEMAND FOR BEHAVIORAL HEALTH SERVICES WHILE KEEPING PATIENTS NEAR FAMILY, FRIENDS AND SUPPORT SYSTEMS THROUGHOUT THEIR TREATMENT. COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, ST LUKES QUAKERTOWN HOSPITAL ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. INVESTING MORE THAN \$40,000 ANNUALLY, THE HOSPITAL REGULARLY OFFERS A VARIETY OF FREE HEALTH SCREENINGS/SERVICES AT HOSPITAL AND COMMUNITY HOSTED EVENTS. ST LUKE'S WARREN HOSPITAL, INC ===== ST LUKE'S WARREN HOSPITAL, INC ("SL-WARREN") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 198-LICENSED BED ACUTE CARE H</p>



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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HOSPITAL LOCATED IN PHILLIPSBURG, WARREN COUNTY, NEW JERSEY, PROVIDING CARE PRIMARILY TO RESIDENTS OF WARREN AND HUNTERDON COUNTIES IN NEW JERSEY, AND THE CITY OF EASTON IN NORTHAMPTON COUNTY, PENNSYLVANIA. SL-WARREN ANNUALLY PROVIDES CARE FOR MORE THAN 5,400 OBSERVATIONS AND ADMISSIONS, MORE THAN 97,900 OUTPATIENT VISITS AND 27,000 ED VISITS AND IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SL-WARREN PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICE TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. FOUNDED IN 1923, SL-WARREN WAS ACQUIRED BY NATIONALLY RECOGNIZED ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK") IN 2012. SL-WARREN PROVIDES PATIENTS WITH ACCESS TO MORE THAN 277 PHYSICIANS ACROSS 45 MEDICAL SPECIALTIES. SL-WARREN IS CERTIFIED AS A PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES. THE ST. LUKES WARREN CAMPUS IS PART OF ST. LUKES INTEGRATED NETWORK CANCER PROGRAM (INCP) WHICH IS ACCREDITED WITH COMMENDATION BY THE AMERICAN COLLEGE OF SURGEONS. SL-WARREN OFFERS HYPERBARIC OXYGEN SERVICES, ACCREDITED BY THE UNDERSEA AND HYPERBARIC MEDICAL SOCIETY. THE HOSPITAL RECEIVED ADDITIONAL PAYMENT IN THE CMS VALUE-BASED PURCHASING PROGRAM, PERFORMING BETTER THAN PEER HOSPITALS IN NEW JERSEY. SL-WARREN CONTINUES TO PARTICIPATE IN THE NEW JERSEY DEPARTMENT OF HEALTH &amp; SENIORS SERVICES PUBLIC REPORTING INITIATIVE. PERFORMANCE IMPROVEMENT TEAMS WORK TO CONTINUOUSLY IMPROVE THE PROCESS OF CARE PROVIDED TO PATIENTS SUFFERING A HEART ATTACK, PATIENTS WITH PNEUMONIA OR HEALTH FAILURE AND THOSE UNDERGOING SURGICAL PROCEDURES. THE NETWORK HAS INVESTED APPROXIMATELY \$62.9 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS AT SL-WARREN SINCE 2012. THIS INCLUDES \$37.5 MILLION IN FACILITY IMPROVEMENTS AND EXPANSIONS (NEW ICU, NEW INFUSION CENTER, NEW MEDICAL/SURGICAL UNITS, RENOVATIONS TO OPERATING ROOMS, RENOVATIONS TO EMERGENCY DEPARTMENT, EXPANSION/RELOCATION OF OUTPATIENT THERAPY, OUTPATIENT RADIOLOGY, OUTPATIENT LAB, AND ORTHOPEDIC SERVICES AT WASHINGTON OUTPATIENT CENTER AND HILLCREST PLAZA), \$4.6 MILLION FOR TWO CT SCANNERS, AN MRI, AND TWO NUCLEAR IMAGING CAMERAS, ALL OFFERING THE LATEST AVAILABLE GE TECHNOLOGY (\$1.2 MILLION FOR RELATED CONSTRUCTION/RENOVATIONS), \$3.8 MILLION FOR IT UPGRADES, \$1.65 MILLION FOR A NEW EMERGENCY GENERATOR, AND \$15.35 MILLION IN OTHER FACILITY IMPROVEMENTS AND EQUIPMENT. COMMUNITY OUTREACH. IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-WARREN ANNUALLY REACHES MORE THAN 14,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. ST. LUKES HOSPITAL MONROE CAMPUS ===== ST. LUKES HOSPITAL MONROE CAMPUS ("SL-MONROE") THE FIRST NEW ACUTE-CARE, NON-REPLACEMENT HOSPITAL MONROE COUNTY HAS SEEN IN 100 Y</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EARS, COMPRISES FOUR STORIES AND 180,000 SQUARE FEET IN FY17 SL-MONROE PROVIDED CARE FOR 3746 ADMISSIONS AND OBSERVATIONS, 27,520 ED VISITS, AND 35,707 OUTPATIENT VISITS AND IS RE COGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SL-MONROE PROVIDES 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 MOREOVER, SL-MONROE OPERATES CONSISTENT LY WITH THE FOLLOWING CRITERIA OUTLINES IN THE IRS REVENUE RULING 69-545 DEMAND FOR SERVI CES NECESSITATED A NEW THREE-FLOOR 37,500-SQUARE-FOOT CANCER CENTER AND MEDICAL OFFICE BUI LDING LOCATED AT 200 ST LUKES LANE ADJACENT TO THE HOSPITAL THE \$22 MILLION BUILDING OPE NED IN NOVEMBER 2017 AND EXPANDS THE BREADTH OF OFFERINGS AT ST LUKES MONROE CAMPUS TO IN CLUDE MEDICAL, SURGICAL AND GYNCOLOGIC ONCOLOGY, RADIATION THERAPY, INFUSION (CHEMOTHERAP Y), IMAGING, ORTHOPEDICS AND A SLEEP LAB WITH THE ADDITION OF THESE SERVICES, ST LUKE'S MONROE CAMPUS EMPLOYS OVER 600 PEOPLE A VARIAN TRUEBEAM LINEAR ACCELERATOR IN THE CANCER CENTER OFFERS PATIENTS THE LATEST TECHNOLOGY IN RADIATION THERAPY THIS BRAND-NEW DEVICE F EATURES ADVANCED RADIATION-SPARING TECHNOLOGIES LIKE OSMS WHICH STOPS TREATMENT IF A PATIE NT MOVES AS WELL AS A "6 DEGREES OF FREEDOM PERFECT PITCH COUCH" WHICH ALLOWS THERAPISTS T O POSITION A PATIENT IN THE EXACT PERFECT SPOT FOR OPTIMAL TREATMENT AND COMFORT COMMUNIT Y OUTREACH IN APRIL 2017, ST LUKES MONROE CAMPUS HIRED A COMMUNITY HEALTH LIAISON MANAGE R TO BUILD EFFECTIVE PARTNERSHIPS TO IMPROVE THE HEALTH OUTCOMES AND TO OVERSEE THE VARIOU S PROGRAMS AND INITIATIVES TO DO SO DURING THE REMAINDER OF 2017, THE COMMUNITY HEALTH LI AISON MANAGER MET WITH NUMEROUS COMMUNITY STAKEHOLDERS TO CONTINUE BUILDING COMMUNITY RELA TIONSHIPS STARTED BY HOSPITAL STAFF, AND TO CONTINUE SYSTEMATICALLY EVALUATING THE FOUR LO CAL SCHOOL DISTRICTS IN ORDER TO IDENTIFY THE DISTRICT WITH THE GREATEST NEED STARTED BY HOSPITAL STAFF, AND TO CONTINUE SYSTEMATICALLY EVALUATING THE FOUR LOCAL SCHOOL DISTRICTS IN ORDER TO IDENTIFY THE DISTRICT WITH THE GREATEST NEED THEN IN DECEMBER 2017, ST LUKES MONROE CAMPUS ADOPTED THE POCONO MOUNTAIN SCHOOL DISTRICT ("PMSD") PMSD HAD THE LOWEST S OCIO-ECONOMIC STATUS AND THIRD GRADE READING LEVELS AMONG THE FOUR DISTRICTS, ALONG WITH T HE HIGHEST LEVEL OF FREE AND REDUCED LUNCH RATES, AMONG OTHER FACTORS THROUGH OUR EFFORTS AND INITIATIVES WE WILL PARTNER WITH THE SCHOOL DISTRICT AND OTHER COMMUNITY AGENCIES TO IMPROVE ACCESS TO CARE, INCREASE OPPORTUNITIES FOR HEALTHY LIVING INITIATIVES, AND WORK TO ADDRESS MENTAL HEALTH ISSUES, AND THUS IMPROVE OVERALL CHILD HEALTH, CONSISTENT WITH THE FIRST FOUR PRIORITY AREAS OF THE CHNA</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AFFILIATION - LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY =====</p> <p>===== ACCORDING TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, OUR NATION FACES AN ANTICIPATED SHORTAGE OF 91,000 PHYSICIANS BY 2020 AND 140,000 BY 2025 TO ENSURE CONTINUED REGIONAL ACCESS TO PHYSICIANS, ST LUKE'S AND THE LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY (LKSOM) DEVELOPED THE FIRST AND ONLY MEDICAL SCHOOL CAMPUS IN THE GREATER LEHIGH VALLEY TEMPLE/ST LUKES SCHOOL OF MEDICINE ENROLLED STUDENTS COMPLETE THE FIRST YEAR AT TEMPLE, FOLLOWED BY YEARS TWO, THREE AND FOUR AT ST LUKE'S UNIVERSITY HOSPITAL IN BETHLEHEM THE INAUGURAL CLASS GRADUATED IN MAY 2015 THE SCHOOL EXPECTS TO GRADUATE 300 PHYSICIANS IN TEN YEARS OF WHICH THE SCHOOL HOPES TO RETAIN 50 PERCENT IN THE GREATER LEHIGH VALLEY THE COURSES AND COMPETENCIES OF THIS PROGRAM ARE IDENTICAL TO THE REQUIREMENTS FOR STUDENTS TRAINING THE FULL FOUR YEARS AT THE TEMPLE CAMPUS IN PHILADELPHIA STUDENTS APPLYING TO THE PROGRAM ARE INTERVIEWED AT ST LUKE'S BY ST LUKE'S PHYSICIANS WHO ARE FACULTY MEMBERS OF LKSOM CLINICAL MEDICAL SKILLS, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, MULTICULTURALISM, SOCIOECONOMIC AND SOCIAL AND ETHICAL ISSUES ARE TAUGHT THROUGHOUT THE FOUR YEARS ST LUKE'S PHYSICIANS, WHO ARE FACULTY MEMBERS OF LKSOM, TEACH THE FIRST YEAR DOCTORING COURSE IN PHILADELPHIA ST LUKE'S IS ALSO A COMPREHENSIVE CLINICAL TEACHING CAMPUS FOR LKSOM APPROXIMATELY 16 THIRD AND FOURTH-YEAR MEDICAL STUDENTS ENROLLED AT THE TEMPLE CAMPUS MAY COMPLETE THEIR CLINICAL ROTATIONS AT ST LUKE'S UNIVERSITY HOSPITAL ST LUKE'S ALSO TRAINS STUDENTS FROM THE PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE AND OTHER MEDICAL SCHOOLS THAT ROTATE ON ELECTIVES AT ST LUKE'S GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS</p> <p>===== ST LUKE'S HAS A LONG HISTORY OF INVOLVEMENT IN MEDICAL EDUCATION, ESPECIALLY GRADUATE MEDICAL EDUCATION, AND IS ONE OF ONLY 400 MEMBERS OF THE PRESTIGIOUS COUNCIL OF TEACHING HOSPITALS ST LUKE'S IS DEDICATED TO QUALITY MEDICAL EDUCATION COUPLED WITH COMPASSIONATE PATIENT-CENTERED, TECHNOLOGICALLY SOPHISTICATED CARE THE GOAL OF ST LUKE'S GRADUATE MEDICAL EDUCATION PROGRAM IS TO TRAIN YOUNG PHYSICIANS WHO WILL HAVE THE KNOWLEDGE AND SKILLS TO ENTER PRIVATE PRACTICE AND/OR GO INTO FELLOWSHIPS FOR FURTHER TRAINING MEDICAL EDUCATION PROGRAMS ARE CONDUCTED PRIMARILY AT THE BETHLEHEM, ALLENTOWN AND WARREN CAMPUSES EACH YEAR, MORE THAN 180 INTERNS, RESIDENTS AND FELLOWS TRAIN AT ST LUKE'S 23 FULLY ACCREDITED PROGRAMS WHICH INCLUDE DENTAL, EMERGENCY MEDICINE (DUALY ACCREDITED ALLOPATHIC AND OSTEOPATHIC), FAMILY MEDICINE (DUALY ACCREDITED ALLOPATHIC AND OSTEOPATHIC AT BETHLEHEM AND WARREN), GENERAL SURGERY, INTERNAL MEDICINE (DUALY ACCREDITED ALLOPATHIC AND OSTEOPATHIC), OB-GYN, ORTHOPEDIC PHYSICAL THERAPY, ORTHOPEDIC SURGERY, PHARMACY, PEDIATRIC MEDICINE AND SURGERY</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ESIDENCIES, AND CARDIOVASCULAR DISEASE, GERIATRIC MEDICINE, HOSPICE AND PALLIATIVE CARE MEDICINE, PODIATRIC DERMATOLOGY, SPORTS MEDICINE AND SURGICAL CRITICAL CARE FELLOWSHIPS MORE THAN 200 MEMBERS OF ST LUKE'S MEDICAL STAFF HOLD FACULTY APPOINTMENTS AT PRESTIGIOUS MEDICAL SCHOOLS INCLUDING THE LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY, THE UNIVERSITY OF PENNSYLVANIA AND PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE ST LUKE'S ALSO CONDUCTS POSTGRADUATE CONTINUING MEDICAL EDUCATION THROUGH ITS SPONSORSHIP OF MORE THAN 500 ANNUAL CONTINUING MEDICAL EDUCATION PROGRAMS FOR PHYSICIANS, NURSES AND ANCILLARY HEALTHCARE PROFESSIONALS ST LUKE'S OFFERS CLINICAL ROTATIONS IN THE FOLLOWING ADVANCED PRACTITIONER PROGRAMS CERTIFIED REGISTERED NURSE ANESTHETIST PROGRAM, CERTIFIED REGISTERED NURSE PRACTITIONERS PROGRAMS (ENROLLEES FROM DESALES UNIVERSITY, DREXEL UNIVERSITY, UNIVERSITY OF PENNSYLVANIA, WALDEN UNIVERSITY, GEORGETOWN UNIVERSITY, TEMPLE UNIVERSITY, THOMAS JEFFERSON UNIVERSITY AND OTHERS), EMERGENCY MEDICINE PA/NP FELLOWSHIPS, TRAUMA/SURGICAL CRITICAL CARE PA/NP FELLOWSHIPS, PHYSICIAN ASSISTANT PROGRAM (ENROLLEES FROM DESALES, DREXEL, KING'S COLLEGE, PENNSYLVANIA, ARCADIA, SALUS UNIVERSITY AND OTHERS) AND THE ONLY FORMAL PHYSICIAN ASSISTANT OBSERVER PROGRAMS ST LUKE'S SERVES AS A MAJOR TRAINING SITE FOR UNDERGRADUATE AND GRADUATE NURSING STUDENTS FROM ST LUKE'S SCHOOL OF NURSING, MORAVIAN COLLEGE, DESALES UNIVERSITY, CEDAR CREST COLLEGE, NORTHAMPTON COMMUNITY COLLEGE, LEHIGH CARBON COMMUNITY COLLEGE, BUCKS COUNTY COMMUNITY COLLEGE AND THE PENNSYLVANIA STATE UNIVERSITY'S LEHIGH VALLEY CAMPUS ST LUKE'S SERVES AS A MAJOR TRAINING SITE FOR ALLIED HEALTH ADVANCED PRACTITIONERS MORE THAN 300 ALLIED HEALTH STUDENTS ANNUALLY SPEND MORE THAN 63,400 HOURS AT ST LUKE'S - AN AVERAGE OF 250 HOURS PER STUDENT ALLIED HEALTH PROFESSIONALS WORK IN TEAMS TO FACILITATE FUNCTIONALITY OF THE HEALTHCARE SYSTEM THROUGH PROVISION OF A RANGE OF DIAGNOSTIC, TECHNICAL, THERAPEUTIC AND DIRECT PATIENT CARE AND SUPPORT SERVICES ALLIED HEALTH PROFESSIONALS TRAIN IN MANY DISCIPLINES INCLUDING LAB, MEDICAL ASSISTANTS, MRI, NUCLEAR MEDICINE, PHLEBOTOMY, PHYSICAL &amp; OCCUPATIONAL THERAPY, ATHLETIC TRAINERS, RADIOLOGY AND RESPIRATORY CARE STUDENTS FROM 22 COLLEGES, UNIVERSITIES AND TECHNICAL INSTITUTES ARE ENROLLED IN ST LUKE'S PROGRAMS ST LUKE'S ALSO TRAINS STUDENTS IN SURGICAL TECHNOLOGY IN ITS OWN SCHOOL OF SURGICAL TECHNOLOGY ADDITIONAL EDUCATION PROGRAMS INCLUDE PASTORAL CARE AND HOSPITAL ADMINISTRATION INTERNSHIPS ST LUKE'S ALSO ROUTINELY HOSTS HIGH SCHOOL STUDENT FOR HEALTH CARE CAREER EXPLORATION OBSERVATIONAL EXPERIENCES ST LUKE'S SCHOOL OF NURSING == ===== ST LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM, PENNSYLVANIA WAS THE FOURTH HOSPITAL IN THE COUNTRY TO OPERATE A SCHOOL FOR NURSES ESTABLISHED IN 1884, ST LUKE'S SCHOOL OF NURSING IS THE NATION'S OLDEST HOSPITAL-BASED, DIPLOMA NURSING SCHOOL IN CONTINUOUS OPERATION MORE THAN</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AN 4,000 NURSING STUDENTS HAVE SUCCESSFULLY COMPLETED THE PROGRAM ST LUKE'S SCHOOL OF NURSING IS APPROVED BY THE PENNSYLVANIA STATE BOARD OF NURSING AND IS FULLY ACCREDITED BY THE ACCREDITATION COMMISSION FOR EDUCATION IN NURSING MORE THAN 150 STUDENTS ARE ENROLLED IN THE 20-MONTH PROGRAM AWARDS &amp; ACCREDITATIONS ===== AT ST LUKES OUR VISION IS TO LEAD THE REGION IN CLINICAL QUALITY AND SAFETY PERFORMANCE ST LUKES HAS BEEN HONORED WITH MORE THAN 120 HEALTHCARE QUALITY AWARDS INCLUDING BUT NOT LIMITED TO 2017 CENTERS FOR MEDICARE AND MEDICAID SERVICES HOSPITAL COMPARE RATINGS -----</p> <p>----- ST LUKES UNIVERSITY HEALTH NETWORKS HOSPITALS WERE AWARDED FIVE STARS IN THE 2017 CENTERS FOR MEDICARE AND MEDICAID SERVICES ("CMS") NATIONAL RATINGS OF HOSPITALS ST LUKES UNIVERSITY HEALTH NETWORK WAS RATED HIGHER THAN ANY OTHER HEALTH SYSTEM IN THE REGION EVERY ST LUKES HOSPITAL ELIGIBLE FOR RATING RECEIVED AT LEAST FOUR OUT OF A POSSIBLE FIVE STARS AND THREE RECEIVED FIVE STARS THE ONLY HOSPITALS IN THE LEHIGH VALLEY TO RECEIVE A FIVE-STAR RATING IN CMS NATIONAL RATINGS OF HOSPITALS WERE * ST LUKES HOSPITAL ANDERSON CAMPUS * ST LUKES HOSPITAL MINERS CAMPUS * ST LUKES HOSPITAL WARREN CAMPUS NATIONALLY, 31.28 PERCENT (1,555) OF HOSPITALS RATED RECEIVED FOUR-STAR RATINGS, INCLUDING * ST LUKES UNIVERSITY HOSPITAL BETHLEHEM * ST LUKES HOSPITAL ALLENTOWN CAMPUS * ST LUKES HOSPITAL QUAKERTOWN CAMPUS HOSPITALS COMPARE RATINGS THAT SUMMARIZE 57 QUALITY MEASURES OVER SEVEN CATEGORIES THAT INCLUDE MORTALITY, SAFETY OF CARE, READMISSION, PATIENT EXPERIENCE, EFFECTIVENESS OF CARE, TIMELINESS OF CARE AND EFFICIENT USE OF MEDICAL IMAGING THE HOSPITAL COMPARE STAR RATING IS INTENDED TO HELP CONSUMERS CHOOSE THE BEST HOSPITAL AND HIGHEST QUALITY CARE BECKERS HOSPITAL REVIEW TOP 100 LIST OF HOSPITALS WITH GREAT HEART PROGRAMS -----</p> <p>----- ST LUKES UNIVERSITY HEALTH NETWORK HAS BEEN NAMED TO THE 2016 EDITION OF BECKERS HOSPITAL REVIEW LIST, "100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS" THE HOSPITALS ON THIS LIST LEAD THE NATION IN CARDIOVASCULAR HEALTHCARE MANY HAVE PIONEERED GROUND-BREAKING PROCEDURES AND ARE STILL PIONEERING BREAKTHROUGHS TODAY ALL HAVE RECEIVED RECOGNITIONS FOR TOP-OF-THE-LINE PATIENT CARE IN ORDER TO DEVELOP THIS LIST, THE BECKER'S HOSPITAL REVIEW EDITORIAL TEAM EXAMINED SEVERAL REPUTABLE RANKING AND AWARD AGENCIES, INCLUDING U.S. NEWS &amp; WORLD REPORT RANKINGS FOR CARDIOLOGY AND HEART SURGERY, TRUENHEALTH ANALYTICS' CARDIOVASCULAR HOSPITAL RANKINGS, CARECHEX RANKINGS FOR CARDIAC CARE, BLUE DISTINCTION CENTERS FOR CARDIAC CARE, STAR RATINGS FROM THE SOCIETY OF THORACIC SURGEONS, HEALTHGRADES CARDIOLOGY AWARDS AND MAGNET DESIGNATION HOSPITALS INCLUDED IN THIS LIST HAVE RECEIVED MARKS OF DISTINCTION FROM THESE ORGANIZATIONS</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKE'S BETHLEHEM EARNED A THREE-STAR RATING FROM THE SOCIETY OF THORACIC SURGEONS ----- THE HOSPITAL INCLUDES A HEART RHYTHM CENTER AND ACCREDITED CHEST PAIN CENTER AND IS DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY BLUE CROSS BLUE SHIELD TRUVEN 100 TOP HOSPITAL (MAJOR TEACHING HOSPITALS) AWARD ----- THIS AWARD IDENTIFIES THE NATIONS BEST PROVIDERS FOR INPATIENT HOSPITAL CARE SELECTED FROM MORE THAN 3,000 HOSPITALS THE 100 TOP HOSPITALS ACHIEVE THE FOLLOWING - SIGNIFICANTLY HIGHER SURVIVAL, - FEWER COMPLICATIONS, - LOWER HOSPITAL READMISSIONS, - LOWER HOSPITAL LENGTH OF STAY, - GREATER PATIENT SATISFACTION, AND - LOWER COST OF CARE ST LUKES UNIVERSITY HOSPITAL IS A 5-TIME RECIPIENT OF THIS PRESTIGIOUS AWARD, AND IS 1 OF 15 MAJOR TEACHING HOSPITALS IN THE NATION TO BE NAMED A 100 TOP HOSPITAL TRUVEN HEALTH ANALYTICS, AN IBM COMPANY, IS A MULTINATIONAL HEALTH CARE COMPANY THAT DELIVERS UNBIASED INFORMATION, ANALYTIC TOOLS, BENCHMARKS, RESEARCH AND SERVICES TO THE HEALTH CARE INDUSTRY TRUVEN 50 TOP CARDIOVASCULAR AWARD ----- THIS AWARD IDENTIFIES THE NATIONS BEST PROVIDERS OF CARDIOVASCULAR CARE SELECTED FROM MORE THAN 1,000 HOSPITALS IN THE U.S. THE 50 TOP CARDIOVASCULAR ACHIEVE SIGNIFICANTLY HIGHER SURVIVAL, FEWER COMPLICATIONS, LOWER HOSPITAL READMISSIONS, LOWER HOSPITAL LENGTH OF STAY AND LOWER COST OF CARE ST LUKES IS A 6-TIME RECIPIENT OF THIS OUTSTANDING RECOGNITION STAGE 7 DESIGNATION ON THE HIMSS ANALYTICS EMR ADOPTION MODEL ----- ST LUKES IS THE FIRST NETWORK IN LEHIGH VALLEY TO EARN THE PRESTIGIOUS DESIGNATION AT ALL OF ITS HOSPITALS, INCLUDING THE ST LUKES WARREN CAMPUS, WHICH IS THE FIRST HOSPITAL IN NEW JERSEY TO ACHIEVE STAGE 7 LESS THAN 5 PERCENT OF U.S. HOSPITALS HAVE REACHED STAGE 7, WHICH IS THE HIGHEST STAGE ON HIMSS ANALYTICS SCALE HIMSS ANALYTICS, A SUBSIDIARY OF THE HEALTH INFORMATION MANAGEMENT SYSTEMS SOCIETY, IS A HEALTHCARE RESEARCH AND ADVISORY FIRM FOR HEALTHCARE ORGANIZATIONS AND GOVERNMENTS WORLDWIDE FOLLOWING A RIGOROUS REVIEW PROCESS, HIMSS ANALYTICS GRADES HOSPITALS ON THEIR APPLICATION OF ELECTRONIC MEDICAL RECORDS THE STAGE 7 DESIGNATION RECOGNIZES ST LUKES EXTENSIVE AND CREATIVE USE OF ELECTRONIC MEDICAL RECORDS TO ESTABLISH BETTER SERVICE AND HIGHER QUALITY CARE AT LOWER COSTS AMERICAN COLLEGE OF CARDIOLOGY CHEST PAIN CENTER WITH PRIMARY PCI ACCREDITATION ----- THE AMERICAN COLLEGE OF CARDIOLOGY (ACC) HAS RECOGNIZED ST LUKES FOR ITS DEMONSTRATED EXPERTISE AND COMMITMENT IN TREATING PATIENTS WITH CHEST PAIN ST LUKES WAS AWARDED CHEST PAIN CENTER ACCREDITATION WITH PRIMARY PCI BASED ON RIGOROUS ONSITE EVALUATION OF THE STAFFS ABILITY TO EVALUATE, DIAGNOSE AND TREAT PATIENTS WHO MAY BE EXPERIENCING A HEART ATTACK U.S. NEW</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>S &amp; WORLD REPORT BEST HOSPITALS STUDY ----- ST LU KES HAS BEEN NAMED AS HIGH PERFORMER IN DIABETES &amp; ENDOCRINOLOGY, GASTROENTEROLOGY &amp; GI SU RGERY, GERIATRICS, NEPHROLOGY, NEUROLOGY &amp; NEUROSURGERY, ORTHOPEDICS, PULMONARY AND UROLOG Y U S NEWS EVALUATES HOSPITALS IN THE FOLLOWING - INPATIENT VOLUME, - USE OF KEY TECHNO LOGIES, - SURVIVAL, - PHYSICIAN REPUTATION SCORE, - PATIENT SAFETY, AND - NURSE STAFFING THE GOAL OF THE U S NEWS &amp; WORLD REPORT BEST HOSPITALS STUDY IS TO DETERMINE WHICH HOSPIT ALS PROVIDE THE BEST CARE FOR THE SICKEST PATIENTS WITH THE MOST COMPLICATED MEDICAL CONDI TIONS AND SURGICAL PROCEDURES THE JOINT COMMISSION TOP PERFORMER ON KEY QUALITY MEASURES RECOGNITION ----- THIS RE COGNITION IS GIVEN TO HOSPITALS FOR ACHIEVING EXCELLENCE IN PROVIDING EVIDENCE-BASED CARE FOR HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGERY LEAPFROG HOSPITAL SAFETY SCORE --- ----- THE LEAPFROG GROUP IS A NATIONAL COALITION OF LARGE EMPLOYERS, WHICH PUBLISHES A BIANNUAL HOSPITAL SAFETY SCORE ST LUKES HAS BEEN THE RECIPIENT OF "A" RATINGS FROM LEAPFROG THE SAFETY SCORE RATES HOSPITALS IN THE USE OF ELECTRONIC MEDICAL RECORD, ICU PHYSICIAN STAFFING, MEDICATION SAFETY, INFECTIONS AND ERROR PREVENTION BLUE D ISTINCTION CENTERS FOR CARDIAC CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS DESIGNATION SIGNIFIES THAT YOUR FACILITYS CARDIAC PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUAL ITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTIO N CENTERS ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CAR E BLUE DISTINCTION CENTERS FOR MATERNITY CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS DESIGNATION SIGNIFIES THAT YOUR FACI LITYS MATERNITY PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERIN G SPECIALTY CARE WOMENS CHOICE AWARD AS ONE OF AMERICAS BEST HOSPITALS FOR OBSTETRICS --- ----- ST LUKES UNIVERSITY HEALTH NETWORKS ALLENTOWN AND BETHLEHEM CAMPUSES HAVE RECEIVED WOMENS CHOICE AWARDS FOR BE ING AMONG AMERICAS BEST HOSPITALS FOR OBSTETRICS THIS EVIDENCE-BASED DESIGNATION IS THE O NLY AWARD THAT IDENTIFIES THE COUNTRYS BEST HEALTHCARE INSTITUTIONS BASED ON ROBUST CRITER IA THAT CONSIDER FEMALE PATIENT SATISFACTION, CLINICAL EXCELLENCE AND WHAT WOMEN SAY THEY WANT FROM A HOSPITAL THE LIST OF OVER 400 AWARD WINNERS, INCLUDING ST LUKES, REPRESENTS HOSPITALS THAT OFFER EXCEPTIONAL OBSTETRIC SERVICES WHICH RANKED ABOVE THE NATIONAL AVERAG E FOR PATIENT SAFETY, THEREBY</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SUPPORTING A WOMANS DECISION WHEN CHOOSING THE BEST FOR HER MATERNITY NEEDS AMERICAN HEAR T/STROKE GET WITH THE GUIDELINES TARGET, STROKE GOLD PLUS HONOR ROLL ELITE ----- THE AWARD RECOGNIZES HOSPITALS THA T DEMONSTRATE 85 PERCENT OR GREATER COMPLIANCE IN EACH OF THE 7 GET WITH THE GUIDELINES ST ROKE ACHIEVEMENT MEASURES FOR 24 CONSECUTIVE MONTHS AMERICAN COLLEGE OF SURGERY COMMISSIO N ON CANCER (ACOS COC) COC ACCREDITATION ----- THE ACOS COC ACCREDITATION RECOGNIZES A CANCER PROGRAM THAT MEETS THE FOLLO WING STANDARDS - COMPREHENSIVE CARE INCLUDING A COMPLETE RANGE OF STATE-OF-THE-ART SERVIC ES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPT IONS - INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS - ACCE SS TO PREVENTION AND EARLY DETECTION PROGRAMS, CANCER EDUCATION, AND SUPPORT SERVICES - A CANCER REGISTRY THAT OFFERS LIFELONG PATIENT FOLLOW-UP - ONGOING MONITORING AND IMPROVEM ENTS IN CANCER CARE HOSPITAL AND HEALTH ASSOCIATION OF PENNSYLVANIA ("HAP") ACHIEVEMENT A WARDS PROGRAM ----- EAC H YEAR HAP HONORS HOSPITALS AND HEALTH SYSTEMS FOR THEIR INNOVATION, CREATIVITY, AND COMMI TMENT TO PATIENT CARE THROUGH ITS ACHIEVEMENT AWARDS PROGRAM ST LUKES HAS WON 13 HAP ACH IEVEMENT AWARDS IN A 5 YEAR PERIOD (2010 2014), OUTPACING EVERY OTHER HOSPITAL AND HEALTH SYSTEM IN PA PREMIER QUEST AWARD FOR HIGH-VALUE HEALTHCARE ----- THIS NATIONAL AWARD RECOGNIZES HOSPITALS THAT ACHIEVED TOP PERFORMANCE IN SEVEN CATEGORIES COST AND EFFICIENCY, INPATIENT AND OUTPATIENT EVIDENCE-BASED CARE, MORTA LITY, SAFETY, PATIENT EXPERIENCE AND APPROPRIATE HOSPITAL USE PREMIER, INC IS A HEALTHCA RE PERFORMANCE IMPROVEMENT ALLIANCE OF NEARLY 3,400 U S HOSPITALS PREMIER IS AN INDUSTRY LEADER, WHICH HAS CREATED THE MOST COMPREHENSIVE DATABASE OF ACTIONABLE DATA, BEST PRACTI CE AND COST REDUCTION STRATEGIES THE QUEST COLLABORATIVE INCLUDES OVER 370 HOSPITALS NATI ONALLY WHICH HAVE COMMITTED TO SAVE LIVES, SAFELY REDUCE THE COST OF CARE, DELIVER THE MOS T EFFECTIVE CARE, IMPROVE PATIENT SAFETY AND INCREASE PATIENT SATISFACTION</p>



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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NATIONAL COMMITTEE FOR QUALITY ASSURANCE ----- NCQA PATIENT-CENTERED MEDICAL HOME RECOGNITION IS AWARDED TO PHYSICIAN PRACTICES, WHICH MEET STANDARDS PROVEN THROUGH RESEARCH TO PROVIDE SAFER AND HIGHER QUALITY PRIMARY PATIENT CARE ST LUKES UNIVERSITY HEALTH NETWORK HAS MORE PHYSICIAN PRACTICES THAT ARE NCQA RECOGNIZED THAN ANY OTHER AREA HOSPITAL ACCREDITED CENTER OF EXCELLENCE FOR BARIATRIC SURGERY -----</p> <p>----- AN ACCREDITED BARIATRIC SURGERY PROGRAM IS ONE, WHICH MEETS RIGOROUS REQUIREMENTS INCLUDING EVIDENCE-BASED CLINICAL CARE, HIGH QUALITY CLINICAL OUTCOMES AND STRICT PHYSICAL ENVIRONMENT OF CARE STANDARDS THE ACCREDITATION IS VOLUNTARY AND IS CONDUCTED BY THE AMERICAN COLLEGE OF SURGEONS METABOLIC AND BARIATRIC SURGERY ACCREDITATION QUALITY IMPROVEMENT PROGRAM ST LUKES ALLENTOWN CAMPUS HAS BEEN MBSAQIP ACCREDITED SINCE 2010 AMERICAN COLLEGE OF RADIOLOGY CENTER OF EXCELLENCE -----</p> <p>----- ST LUKES REGIONAL BREAST CENTER OFFERS DIAGNOSTIC IMAGING EXCLUSIVELY AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY FACILITIES THAT RECEIVE ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY HAVE VOLUNTARILY GONE THROUGH A RIGOROUS REVIEW PROCESS TO ENSURE NATIONALLY-ACCEPTED HIGH PRACTICE STANDARDS HAVE BEEN MET THIS REVIEW PROCESS INCLUDES AN EVALUATION OF STAFF QUALIFICATIONS, FACILITY EQUIPMENT AND QUALITY ASSURANCE BEST HOME HEALTH TOP 20% SUPERIOR PERFORMER AWARDS -----</p> <p>----- ST LUKES VISITING NURSE ASSOCIATION HAS EARNED THE SHPBEST SUPERIOR PERFORMER AWARD FOR HOME HEALTH AND HOSPICE THE ANNUAL SHPBEST PROGRAM WAS CREATED TO ACKNOWLEDGE HOME HEALTH AND HOSPICE PROVIDERS THAT CONSISTENTLY PROVIDE HIGH QUALITY SERVICE TO PATIENTS, FAMILIES AND CAREGIVERS OF PATIENTS RECEIVING HOME HEALTH AND HOSPICE CARE WITH THE LARGEST HHCAHPS BENCHMARK IN THE NATION, SHP IS IN A UNIQUE POSITION TO IDENTIFY AND RECOGNIZE ORGANIZATIONS THAT HAVE MADE PATIENT SATISFACTION A PRIORITY AND HAVE BEEN REWARDED FOR THEIR EFFORTS WITH HIGH MARKS ON THE HHCAHPS SURVEY SHPBEST AWARD RECIPIENTS ARE DETERMINED BY RANKING THE OVERALL SCORE FOR ALL SHP HHCAHPS CLIENTS PROVIDERS THAT RANK IN THE TOP 5% RECEIVE THE PREMIER PERFORMER AWARD AND PROVIDERS THAT RANK IN THE TOP 20% RECEIVE THE SUPERIOR PERFORMER AWARD</p>

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Return Reference	Explanation
CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	THE ORGANIZATION IS THE PARENT ENTITY OF THE ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT NO FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS") ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION IN CONJUNCTION WITH THIS SERVICE, ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATION IS THE PARENT ENTITY OF ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) 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 DIRECTORS 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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<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION 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, DIRECTORS, BOARD COMMITTEE MEMBERS AND SENIOR MANAGERS 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 DIRECTOR DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE DIRECTOR'S POTENTIAL CONFLICT MAY BE DISCLOSED TO THE ORGANIZATION'S GOVERNING BODY, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE DIRECTOR'S PARTICIPATION ON THE BOARD AFTER CONSULTATION AND DISCUSSION THE BOARD OF DIRECTORS MAY TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE NETWORK'S CONFLICT OF INTEREST POLICY

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	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 DIRECTORS 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 DIRECTORS 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 A MORE DETAILED DESCRIPTION

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Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	ST LUKE'S UNIVERSITY HEALTH NETWORK, OF WHICH THIS ENTITY IS THE PARENT, 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	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM RELATED ORGANIZATIONS PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	ROBERT P ZIMMEL, FORMER OFFICER OF THE ORGANIZATION, RECEIVED FEDERAL FORM W-2, BOX 5 TAXABLE MEDICARE WAGES IN THE AMOUNT OF \$329,377 FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2016 HIS BOX 5, TAXABLE MEDICARE WAGES ARE COMPRISED OF THE FOLLOWING B(I) BASE COMPENSATION = \$0 B(II) BONUS COMPENSATION = \$0 B(III) OTHER REPORTABLE COMPENSATION = \$329,377 OTHER REPORTABLE COMPENSATION INCLUDES TOTAL SEVERANCE PAYMENTS RECEIVED IN THE AMOUNT OF \$329,377 IN ADDITION, HE RECEIVED NON-TAXABLE HEALTH AND WELFARE BENEFITS IN THE AMOUNT OF \$6,143 IN ACCORDANCE WITH IRS RULES AND REGULATIONS, THESE NON-TAXABLE BENEFITS WERE NOT RECOGNIZED AS COMPENSATION ON HIS 2016 FORM W-2 NON-TAXABLE BENEFITS WERE NOT RECOGNIZED AS COMPENSATION ON HIS 2016 FORM W-2



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Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>THE ORGANIZATION IS THE PARENT ENTITY OF THE 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 DIRECTOR 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 DIRECTORS OF OTHER RELATED ORGANIZATIONS IN 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 BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY AND PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK, NOT SOLELY THIS ORGANIZATION.</p>

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Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CONTRIBUTIONS/DONATIONS RECEIVED - TEMPORARILY RESTRICTED - \$2,097,820, - PLEDGES RECEIVED - TEMPORARILY RESTRICTED - (\$2,769,448), - NEW PLEDGES - TEMPORARILY RESTRICTED - \$4,688,158, - NET LOSS FROM INVESTMENTS - TEMPORARILY RESTRICTED - (\$81,117), - NET ASSETS RELEASED (PLEDGES) FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT (BUILDING FUND) - TEMPORARILY RESTRICTED - (\$3,727), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT - TEMPORARILY RESTRICTED - (\$199,891), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - TEMPORARILY RESTRICTED - (\$1,260,262), - INCOME TRANSFERRED FROM OPERATIONS - TEMPORARILY RESTRICTED - \$81,117, - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - TEMPORARILY RESTRICTED - (\$75,783), - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - TEMPORARILY RESTRICTED - (\$69,148), - APPRECIATION TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED - \$4,940,416, - INCOME TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED - \$422,822, - OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS - TEMPORARILY RESTRICTED - (\$2,216,782), - CONTRIBUTIONS/DONATIONS RECIEVED - PERMANENTLY RESTRICTED - \$1,482,164, - INCOME FROM INVESTMENTS - PERMANENTLY RESTRICTED - \$1,656,130, - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - PERMANENTLY RESTRICTED - (\$484,195), - APPRECIATION TRANSFER FROM TEMPORARILY RESTRICTED - PERMANENTLY RESTRICTED - (\$4,940,416), AND - INCOME TRANSFER TO TEMPORARILY RESTRICTED - PERMANENTLY RESTRICTED - (\$339,019)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY OF ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2017 AND JUNE 30, 2016, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. AN UNQUALIFIED 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	THIS ORGANIZATION IS THE PARENT ENTITY OF ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), 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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131030258	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization ST LUKE'S HEALTH NETWORK INC			Employer identification number 23-2384282

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ST LUKE'S HEALTH NETWORK INSURANCE COMP 801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150	FINANCIAL VEHICLE	VT	NA	C CORP					No
<b>(2)</b> ST LUKE'S PHYSICIAN HOSPITAL ORG INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818	HEALTHCARE SVcs	PA	NA	C CORP					No
<b>(3)</b> HILLCREST EMERGENCY SERVICES PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976	HEALTHCARE SVcs	NJ	NA	C CORP					No
<b>(4)</b> TWO RIVERS ENTERPRISES INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606	REAL ESTATE	NJ	SLHN INC	C CORP	61,466	2,220,841	100 000 %	Yes	
<b>(5)</b> ST LUKE'S WARREN PHYSICIAN GROUP PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316	HEALTHCARE SVcs	NJ	NA	C CORP					No
<b>(6)</b> ST LUKE'S EIGHTH & EATON HOLDINGS INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-7192801	INACTIVE	PA	SLHN INC	C CORP	0	0	100 000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

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

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

[illegible]



**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	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 IN THE ORDINARY COURSE OF BUSINESS ST LUKE'S HOSPITAL OF BETHLEHEM PA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE NETWORK, INCLUDING THIS ORGANIZATION THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED



Additional Data

Software ID:  
Software Version:  
EIN: 23-2384282  
Name: ST LUKE'S HEALTH NETWORK INC

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
(1)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352213	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC	Yes	
(1)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352203	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC	Yes	
(2)  801 OSTRUM STREET BETHLEHEM, PA 18015 25-1550350	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC	Yes	
(3)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2543924	INACTIVE	PA	501(C)(3)	170B1AIII	SLHN INC	Yes	
(4)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2179542	HEALTH SVCS	PA	501(C)(3)	170B1AIII	SLHN INC	Yes	
(5)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2380812	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	SLHN INC	Yes	
(6)  801 OSTRUM STREET BETHLEHEM, PA 18015 24-0795497	HEALTH SVCS	PA	501(C)(3)	509(A)(1)	BETHLEHEM		No
(7)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2418254	INACTIVE	PA	501(C)(3)	509(A)(2)	VNA		No
(8)  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-1494454	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	slhn inc	Yes	
(9)  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-2522476	INACTIVE	NJ	501(C)(3)	509(A)(1)	SLWH INC		No
(10)  801 OSTRUM STREET BETHLEHEM, PA 18015 45-4394739	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC	Yes	
(11)  801 OSTRUM STREET BETHLEHEM, PA 18015 46-5143606	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC	Yes	