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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST LUKE'S HEALTH NETWORK INC

% THOMAS P LICHTENWALNER

Doing business as

ST LUKE'S UNIVERSITY HEALTH NETWORK

Number and street (or P O box if mail is not delivered to street address)

801 OSTRUM STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BETHLEHEM, PA 18015

F Name and address of principal officer

THOMAS P LICHTENWALNER

801 OSTRUM STREET

BETHLEHEM, PA 18015

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

23-2384282

E Telephone number

(484) 526-4000

G Gross receipts \$ 142,714,017

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SLHN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE IN A NON-DISCRIMINATORY MANNER

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

THOMAS P LICHTENWALNER SVP FINANCE/CFO

Type or print name and title

2019-05-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Scott J Mariani

Preparer's signature

Scott J Mariani

Date

Check ☐ if self-employed

PTIN

P00642486

Firm's name ▶ WithumSmithBrown PC

Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400

Phone no (973) 898-9494

Whippany, NJ 079811070

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 (2017)

**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 \$ 142,714,017 )  
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 \$ 0 including grants of \$ 0 ) (Revenue \$ 142,714,017 )

**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b>	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? If "Yes," complete Schedule C, Part I	<b>3</b>	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? If "Yes," complete Schedule C, Part II	<b>4</b> 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? If "Yes," complete Schedule C, Part III	<b>5</b>	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? If "Yes," complete Schedule D, Part I	<b>6</b>	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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> 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? If "Yes," complete Schedule D, Part VI	<b>11a</b>	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? If "Yes," complete Schedule D, Part VII	<b>11b</b>	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? If "Yes," complete Schedule D, Part VIII	<b>11c</b> 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? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	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)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	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? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	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.	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	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?	1c	
<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.	2a	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).	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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.	3b	
<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)?	4a	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?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<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?	6a	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?	6b	
<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?	7a	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<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?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<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.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<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.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<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.	13a	
<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.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**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>1b</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?	Yes	
<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?		No
<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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</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>10b</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>11b</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>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</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>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</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>16b</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

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

**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

[illegible]

[illegible]

<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	12,378,373	1,934,170

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

<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>	<b>3</b>		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>	<b>4</b>	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>	<b>5</b>		No

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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

**Program Service Revenue**

<b>2a</b> EQUITY IN NET INCOME OF ST LUKE'S	Business Code				
<b>b</b> UNIVERSITY HEALTH NETWORK AFFILIATES	900099	142,714,017	142,714,017		
<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 . . . . .		142,714,017			

**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 . . . . .		142,714,017	142,714,017		

**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			
<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	0	0	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>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 . . . . .	674,120,820	<b>13</b>	833,151,088
	<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) . . . . .	674,120,820	<b>16</b>	833,151,088	
<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 . . . . .	591,521,007	<b>27</b>	739,515,171
	<b>28</b> Temporarily restricted net assets . . . . .	44,500,501	<b>28</b>	49,452,110
	<b>29</b> Permanently restricted net assets . . . . .	38,099,312	<b>29</b>	44,183,807
	<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> . . . . .	674,120,820	<b>33</b>	833,151,088	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	674,120,820	<b>34</b>	833,151,088	

**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>	142,714,017
<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>	142,714,017
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	674,120,820
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,797,785
<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>	8,518,466
<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>	833,151,088

**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?		No
<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		

# Additional Data

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

Form 990 (2017)

**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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SAMUEL R GIAMBER MD ..... CHAIRMAN - TRUSTEE	55 0 ..... 0 0	X		X				0	181,256	11,432
JOHN M DALY MD ..... VICE CHAIRMAN - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
DAVID M LOBACH JR ..... VICE CHAIRMAN - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
RICHARD A ANDERSON ..... TRUSTEE-PRESIDENT/CEO-SLUHN	55 0 ..... 0 0	X		X				0	2,656,111	259,859
FAUST E CAPOBIANO ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT GAYNER MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT J GREY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
DAVID MUETHING ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
DANIEL P PETROZZO ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT D RUMFIELD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
LUANNE B STAUFFER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
KRISTINA W WARNER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
DAVID M YEN MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
KOSTAS KALOGEROPOULOS ..... TRUSTEE (TERMED 4/1/18)	1 0 ..... 0 0	X						0	0	0
ROBERT A OSTER ..... TRUSTEE (TERMED 10/31/17)	1 0 ..... 0 0	X						0	0	0
CHARLES D SAUNDERS MD ..... TRUSTEE (TERMED 10/31/17)	1 0 ..... 0 0	X						0	0	0
JOEL D FAGERSTROM ..... EVP & CHIEF OPERATING OFFICER	55 0 ..... 0 0			X				0	1,028,141	177,648
THOMAS P LICHTENWALNER ..... SVP FINANCE & CFO	55 0 ..... 0 0			X				0	1,150,832	190,792
JEFFREY A JAHRE MD ..... SVP MEDICAL & ACADEMIC AFFAIRS	55 0 ..... 0 0			X				0	725,746	32,162
ROBERT L WAX ESQ ..... SVP & GENERAL COUNSEL	55 0 ..... 0 0			X				0	659,618	98,140





**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

**2017**

**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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☒

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

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
<b>Total</b>	1				0	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>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		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</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 <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</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 <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</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 <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</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 <span>▶ <input type="checkbox"/></span>	
18	<b>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 <span>▶ <input type="checkbox"/></span>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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>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>		No
<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>		No
<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>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>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>		No
<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>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>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>		No
<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>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		

**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>	<b>No</b>
	<b>11b</b>	<b>No</b>
	<b>11c</b>	<b>No</b>

**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>	<b>Yes</b>
<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>	<b>No</b>

**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 ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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>		

<b>Section B - Minimum Asset Amount</b>		(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>		

<b>Section C - Distributable Amount</b>			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>		

- 7** ☐ 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

Additional Data

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

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

Facts And Circumstances Test



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶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

**2017**

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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 <b>Form 1120-POL</b> 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-
1				
2				
3				
4				
5				
6				

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		No	
<b>i</b>	Other activities?	Yes		
<b>j</b>	Total. Add lines 1c through 1i		No	
<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>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 PAID TO THE SYSTEM'S SENIOR VICE PRESIDENT/GENERAL COUNSEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. NO AMOUNT WAS ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2018.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134024119

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

11

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

1b

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) 2017

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	82,599,813	74,783,862	73,803,247	69,615,118	63,270,613
b Contributions	7,500,488	5,429,546	3,693,901	4,933,111	9,472,742
c Net investment earnings, gains, and losses	4,702,309	6,462,125	534,710	4,290,277	1,491,862
d Grants or scholarships					
e Other expenditures for facilities and programs	1,166,693	4,075,720	3,247,996	5,035,259	4,620,099
f Administrative expenses					
g End of year balance	93,635,917	82,599,813	74,783,862	73,803,247	69,615,118

2

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

a

Board designated or quasi-endowment

47 190 %

b

Permanent endowment

52 810 %

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	833,151,088	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	833,151,088	

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.

1. (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 ☐

**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, 2018 AND JUNE 30, 2017, 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 \$44,183,807 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$97,925,511 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

<b>Schedule J</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Compensation Information</b>  <b>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.</b>	OMB No 1545-0047  <div>2017</div> <div>Open to Public Inspection</div>
	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			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<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			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<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?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
<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?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III			
<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?		<b>6b</b>	Yes
If "Yes," on line 6a or 6b, describe in Part III			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		<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>	

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.

[illegible]

**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
CORM FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2017 FORMS W-2
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 TRUSTEES. THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. BONUS/INCENTIVE ----- 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 2017 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 2017 FORM W-2. COMPENSATION REPORTED ON PRIOR 990 ----- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION.
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 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. ANDERSON, \$286,655 AND THOMAS P. LICHTENWALNER, \$185,153. 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 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. ANDERSON, \$532,321, JOEL D. FAGERSTROM, \$99,948, THOMAS P. LICHTENWALNER, \$178,364, JEFFREY A. JAHRE, \$77,885, ROBERT L. WAX, ESQ., \$63,901, ROBERT E. MARTIN, \$59,176, CAROL A. KUPLEN, RN, MSN, \$63,056, FRANK FORD, \$47,963, EDWARD R. NAWROCKI, \$57,575, DEAN W. EVANS, \$55,555 AND WILLIAM E. MOYER, \$44,905. 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 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. ANDERSON, \$229,338, JOEL D. FAGERSTROM, \$143,846, THOMAS P. LICHTENWALNER, \$163,851, ROBERT L. WAX, ESQ., \$63,700, ROBERT E. MARTIN, \$172,868, CAROL A. KUPLEN, RN, MSN, \$88,201, FRANK FORD, \$369,506, EDWARD R. NAWROCKI, \$78,611, DEAN W. EVANS, \$129,202 AND WILLIAM E. MOYER, \$34,094.
SCHEDULE J, PART I, QUESTIONS 6A AND 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN INCLUDES JCAHO, DEPARTMENT OF HEALTH AND TRAUMA CENTER ACCREDITATIONS, EVIDENCE BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES SUCH AS PATIENT SATISFACTION, MORTALITY RATE, LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST PER ADJUSTED DISCHARGE AND FINALLY NET INCOME.
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2017 WHICH WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2017 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.
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 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. ANDERSON, \$286,655 AND THOMAS P. LICHTENWALNER, \$185,153.

**Additional Data**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SAMUEL R GIAMBER MD CHAIRMAN - TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	163,256	0	18,000	9,982	1,450	192,688	0
1RICHARD A ANDERSON TRUSTEE-PRESIDENT/CEO- SLUHN	(i)	0	0	0	0	0	0	0
	(ii)	1,127,505	661,545	867,061	248,238	11,621	2,915,970	286,655
2JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	620,607	288,296	119,238	158,696	18,952	1,205,789	0
3THOMAS P LICHTENWALNER SVP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	506,778	242,557	401,497	182,751	8,041	1,341,624	185,153
4JEFFREY A JAHRE MD SVP MEDICAL & ACADEMIC AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	446,581	182,959	96,206	18,900	13,262	757,908	0
5ROBERT L WAX ESQ SVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	409,841	185,426	64,351	78,550	19,590	757,758	0
6ALDO CARMONA MD SVP CLINICAL INTEGRATION	(i)	0	0	0	0	0	0	0
	(ii)	480,955	139,536	19,904	6,750	13,463	660,608	0
7ROBERT E MARTIN SVP NETWORK DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	384,862	175,114	72,621	191,768	14,714	839,079	0
8CAROL A KUPLEN RN MSN SVP CNO & PRESIDENT SLHB	(i)	0	0	0	0	0	0	0
	(ii)	369,217	178,984	82,346	107,101	10,854	748,502	0
9ROCHELLE M SCHALLER SVP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	282,854	117,781	3,290	18,900	11,613	434,438	0
10FRANK FORD CHIEF INTEG OFFICER(EFF 12/17)	(i)	0	0	0	0	0	0	0
	(ii)	290,953	122,669	69,773	388,406	11,158	882,959	0
11DENNIS J DOUGHERTY PRESIDENT/CEO ST LUKE'S PT	(i)	0	0	0	0	0	0	0
	(ii)	310,246	502,148	3,810	14,850	10,550	841,604	0
12CHAD T BRISENDINE VP & CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	596,897	163,620	18,270	10,800	19,352	808,939	0
13EDWARD R NAWROCKI PRESIDENT, EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	353,344	148,785	76,265	97,511	22,474	698,379	0
14DEAN W EVANS SVP, SLCN (EFF 2/1/2018)	(i)	0	0	0	0	0	0	0
	(ii)	339,843	160,194	75,535	148,102	1,728	725,402	0
15WILLIAM E MOYER PRESIDENT, WEST REGION	(i)	0	0	0	0	0	0	0
	(ii)	253,534	137,724	45,595	52,994	11,049	500,896	0

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKE'S HEALTH NETWORK INC

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

23-2384282

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PAGE 1, BOX C	PLEASE NOTE, IN ADDITION TO THE D/B/A INCLUDED ON PAGE 1 OF THIS FORM 990, THIS ORGANIZATION ALSO FILED THE FOLLOWING FICTITIOUS NAME WITH THE COMMONWEALTH OF PENNSYLVANIA AND OPERATES UNDER THE FOLLOWING ST LUKE'S CARE NOW

**990 Schedule O, Supplemental Information**

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 (SLUHN) IS A FULLY INTEGRATED, REGIONAL, NON-PROFIT NETWORK OF MORE THAN 15,000 EMPLOYEES PROVIDING SERVICES AT 10 HOSPITALS AND MORE THAN 320 OUTPATIENT SITES WITH ANNUAL NET REVENUE GREATER THAN \$2 BILLION, THE NETWORKS SERVICE AREA INCLUDES 10 COUNTIES LEHIGH, NORTHAMPTON, BERKS, BUCKS, CARBON, MONTGOMERY, MONROE AND SCHUYLKILL COUNTIES IN PENNSYLVANIA AND WARREN AND HUNTERDON COUNTIES IN NEW JERSEY DEDICATED TO ADVANCING MEDICAL EDUCATION, ST LUKES IS THE PREEMINENT TEACHING HOSPITAL IN CENTRAL-EASTERN PENNSYLVANIA IN PARTNERSHIP WITH TEMPLE UNIVERSITY, ST LUKES CREATED THE REGIONS FIRST AND ONLY REGIONAL MEDICAL SCHOOL CAMPUS IT ALSO OPERATES THE NATIONS LONGEST CONTINUOUSLY OPERATING SCHOOL OF NURSING, ESTABLISHED IN 1884, AND 28 FULLY ACCREDITED GRADUATE MEDICAL EDUCATIONAL PROGRAMS WITH 226 RESIDENTS AND FELLOWS ST LUKES IS THE ONLY HEALTH CARE SYSTEM IN CENTRAL-EASTERN PENNSYLVANIA TO EARN MEDICARES FIVE-STAR RATING (THE HIGHEST) FOR QUALITY, EFFICIENCY AND PATIENT SATISFACTION IN 2018, ST LUKES WAS NAMED A TOP HOSPITAL IN THE TEACHING HOSPITAL CATEGORY BY THE LEAPFROG GROUP IT HAS REPEATEDLY EARNED THE 100 TOP MAJOR TEACHING HOSPITAL DESIGNATION FROM IBM WATSON HEALTH (FORMERLY TRUVEN HEALTH ANALYTICS) SIX TIMES TOTAL AND FOUR YEARS IN A ROW INCLUDING 2018 IT HAS ALSO BEEN CITED BY IBM WATSON HEALTH AS A 50 TOP CARDIOVASCULAR PROGRAM UTILIZING THE EPIC ELECTRONIC MEDICAL RECORD (EMR) SYSTEM FOR BOTH INPATIENT AND OUTPATIENT SERVICES, THE NETWORK IS A MULTI-YEAR RECIPIENT OF THE MOST WIRED AWARD RECOGNIZING THE BREADTH OF THE SLUHNS 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 ST LUKES UNIVERSITY HEALTH NETWORKS LARGEST HOSPITAL CAMPUS IS ST LUKES UNIVERSITY HOSPITAL OF BETHLEHEM, AND COMPRISES A BETHLEHEM AND ("SL-BETHLEHEM") AND ALLENTOWN ("SL-ALLENTOWN") LOCATION, BOTH IN LEHIGH COUNTY ST LUKES UNIVERSITY HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, ST LUKES UNIVERSITY HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKES UNIVERSITY HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINES IN THE IRS REVENUE RULING 69-545 - ST LUKES UNIVERSITY HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, - ST LUKES UNIVERSITY HOSPITAL OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, - ST LUKES UNIVERSITY</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>UNIVERSITY HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, - CONTROL OF ST LUKE'S UNIVERSITY HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF ST LUKE'S HEALTH NETWORK, INC, DBA ST LUKE'S UNIVERSITY HEALTH NETWORK BOTH BOARDS COMPRISE A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AS WELL AS PHYSICIANS ON THE HOSPITAL/NETWORK MEDICAL STAFF, AND - SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF ST LUKE'S UNIVERSITY HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF ST LUKE'S UNIVERSITY HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY MISSION ===== THE MISSION OF ST LUKE'S UNIVERSITY HOSPITAL, BETHLEHEM PA IS TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST-EFFECTIVE HEALTHCARE TO RESIDENTS OF THE COMMUNITIES SERVED REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY ST LUKE'S 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, REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR THEIR CARE 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 419 LICENSED ACUTE CARE AND REHAB BEDS IN FY '18, THERE WERE 27,672 ADMISSIONS AND OBSERVATIONS, 399,713 OUTPATIENT REGISTRATIONS AND 50,932 ED VISITS IN FY '18, SL-BETHLEHEM INVESTED MORE THAN \$20.0 MILLION IN EQUIPMENT AND FACILITY IMPROVEMENTS INVESTMENTS INCLUDED THE PURCHASE OF A NEW MEDICAL HELICOPTER WHICH DELIVERS AIR MEDICAL SERVICES AS A COLLABORATION BETWEEN ST LUKES AND GEISINGER THE UNIVERSITY HOSPITAL PURCHASED A NEW DA VINCI ROBOT FOR MINIMALLY INVASIVE SURGERIES FACILITY IMPROVEMENTS INCLUDED AN UPGRADE OF THE CHILL WATER PLANT, PARKING DECK REPAIRS, COMBINED WITH UPGRADES TO THE ELEVATOR SYSTEMS IN THE HOSPITAL WE INVESTED IN MASIMO PULSE OXIMETER MONITORING EQUIPMENT WHICH IS CONTINUOUS OXIMETRY TECHNOLOGY INFORMING CLINICIANS OF POTENTIAL PATIENT DECOMPENSATION INVESTMENTS WERE MADE IN SCOPE REPLACEMENTS THROUGHOUT THE HOSPITAL, DIGITAL X-RAY AND ULTRASOUND EQUIPMENT AND IMAGE ROUTING TECHNOLOGY, AS WELL AS 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OUTREACH ENDEAVORS THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR ALLENTOWN CAMPUS ----- SL-ALLENTOWN WAS FOUND ED 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 INCREASES IN OBSERVATIONS AND ADMISSIONS (FY18 11,791) AND ED VISITS (FY18 55,000) AND OUTPATIENT REGISTRATIONS (FY18 209,212) IN FY18, SL-ALLENTOWN INVESTED APPROXIMATELY \$130 MILLION IN EQUIPMENT, CAMPUS FACILITY IMPROVEMENTS AND OUTPATIENT FACILITIES ONE OF THE MORE SIGNIFICANT FACILITY IMPROVEMENTS INCLUDED THE RENOVATION AND OPENING OF A NEW MEDICAL SURGICAL UNIT ON THE 5TH FLOOR THE ALLENTOWN CAMPUS ALSO INVESTED IN THE ESTABLISHMENT OF A CARE NOW SITE WITH A RADIOLOGY SUITE IN HAMBURG, PA AND MADE UPGRADES TO VARIOUS PIECES OF MEDICAL EQUIPMENT INCLUDING ULTRASOUND MACHINES, ROBOTIC EQUIPMENT FOR THE OPERATING ROOM, A RADIOLOGY CAMERA SYSTEM, PUMPS AND X-RAY EQUIPMENT THAT WILL PROVIDE BETTER PATIENT CARE ST LUKE'S ALLENTOWN CAMPUS HAS INVESTED MORE THAN \$170 MILLION IN TECHNOLOGIC AND FACILITY IMPROVEMENTS SINCE SLA JOINED THE NETWORK \$25 MILLION TO OPERATIONALIZE A GI/ENDO SUITE WITH TWO GI LABS AT OUR WEST END MEDICAL CENTER 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>IN JANUARY 2007, ST LUKE'S NATIONALLY-RECOGNIZED CARDIOVASCULAR PROGRAM WAS INTRODUCED AT SL-ALLENTOWN THE COMPREHENSIVE PROGRAM INCLUDES EMERGENCY CARE FOR HEART ATTACKS, PROVIDES 24 HOUR-A-DAY, SEVEN DAYS-A-WEEK, CARDIAC TESTING, CARDIAC CATHETERIZATION ELECTROPHYSIOLOGY STUDIES AND OTHER CARDIAC PROCEDURES BY SOME OF THE MOST EXPERIENCED PHYSICIANS IN THE REGION SL-ALLENTOWN'S BARIATRIC SURGERY PROGRAM HAS BEEN DESIGNATED AN ACCREDITED CENTER OF THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM SL-ALLENTOWN PROVIDES EXTENSIVE EDUCATION AND SUPPORT PROGRAMS FOR BARIATRIC PATIENTS IN AUGUST 2007, ST LUKE'S OPENED AN OUTPATIENT CANCER CENTER AT THE INTEGRATED HEALTH CAMPUS IN SOUTH WHITEHALL TOWNSHIP, ADJACENT TO ALLENTOWN THE CENTER PROVIDES A VERY COMFORTABLE, INVITING ENVIRONMENT WHERE PATIENTS CAN RECEIVE HIGH QUALITY, COMPASSIONATE, COMPREHENSIVE AND COORDINATED OUTPATIENT CANCER CARE UNDER ONE ROOF ADDITIONAL OUTPATIENT SERVICES AT THE INTEGRATED HEALTH CAMPUS INCLUDE CENTER FOR NEUROSCIENCE, SLEEP DISORDERS CENTER, CENTER FOR UROLOGY, WEIGHT LOSS (BARIATRIC) PROGRAM SL-ALLENTOWN DOUBLED ITS SIZE AND THE SIZE OF THE EMERGENCY DEPARTMENT IN SEPTEMBER 2008 THE RENOVATION ADDED SIX NEW ICU BEDS FOR CRITICAL CARE PATIENTS, 22 NEW MEDICAL/SURGICAL BEDS, TWO CARDIAC CATHETERIZATION LABORATORIES, A 680 SQ FT OPEN HEART OPERATING ROOM SUITE AND A POST ANESTHESIA UNIT (SURGICAL RECOVERY AREA) THE NEW BEGINNINGS BIRTHING CENTER UNDERWENT A SIGNIFICANT RENOVATION AND EXPANSION IN THE SUMMER OF 2009 FIFTEEN PRIVATE POST-PARTUM ROOMS WERE ADDED TO ACCOMMODATE MORE THAN 1,400 ANNUAL BIRTHS IN SPRING OF 2010, A NEW 32 MEDICAL-SURGICAL UNIT WAS OPENED, AS WELL AS A NEW WOUND MANAGEMENT CENTER WITH TWO NEW HYPERBARIC CHAMBERS, AND IN EARLY APRIL, A HOMESTAR RETAIL PHARMACY WAS ADDED TO FILL PRESCRIPTIONS FOR PATIENTS, VISITORS AND EMPLOYEES ST LUKE'S HAS ADDED OUTPATIENT FACILITIES IN CLOSE PROXIMITY TO THE SL-ALLENTOWN TO MEET THE COMMUNITY'S HEALTH CARE NEEDS THESE INCLUDE ST LUKE'S FAMILY HEALTH CENTER, WOMEN'S HEALTH CENTER, ST LUKE'S PERINATAL CENTER, ST LUKE'S WOMEN'S IMAGING CENTER, WHITEHALL HEALTH CENTER AND HAMBURG HEALTH CENTER AS WELL AS SPECIALTY ST LUKE'S PHYSICIAN PRACTICES FOR ORTHOPEDICS, CARDIOLOGY, NEUROLOGY, PULMONOLOGY, NEPHROLOGY AND GENERAL SURGERY THE PEDIATRIC CLINIC WAS EXPANDED AND ENHANCED IN 2012 IN DECEMBER 2011, SL-ALLENTOWN ACQUIRED A 107,000 SQ 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 THIS CENTER OPENED IN MAY 2013 WITH A TOTAL INVESTMENT THROUGH 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 PHYSICIAN PRACTICES INCLUDING ORTHOPEDIC, PEDIATRIC, PAIN MANAGEMENT, GASTROENTEROLOGY,</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OB/GYN, UROLOGY, AND NEUROSURGERY ADDITIONALLY, A NEW \$9 6 MILLION, 360-SPACE PARKING DEC K AND HOSPITAL LOBBY AT SL-ALLENTOWN WERE ADDED IN APRIL 2013 THESE NEW FACILITIES IMPROV E ACCESS FOR PATIENTS AND VISITORS AN ADDITIONAL OPERATING ROOM WAS ADDED IN NOVEMBER 201 3 COMMUNITY OUTREACH IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES SL-ALL ENTOWN ANNUALLY REACHES MORE THAN 83,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGH OUT THE YEAR ANDERSON CAMPUS ----- ST LUKE'S HOSPITAL ANDERSON CAMPUS ("SL-AND ERSON") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 108-LICENSED BED ACUTE CARE HOSP ITAL LOCATED AND PROVIDING CARE PRIMARILY TO RESIDENTS OF NORTHAMPTON AND MONROE COUNTIES IN PENNSYLVANIA AND WARREN COUNTY IN NEW JERSEY IN FY '18, SL-ANDERSON PROVIDED CARE FOR 210,000 PEOPLE ANNUALLY WITH 23,300 PATIENT ENCOUNTERS BEING MEDICAID AND 4,300 PATIENT EN COUNTERS BEING SELF-PAY THE GROSS CHARGES FOR MEDICAID ARE \$116,350M AND FOR SELF-PAY ARE \$16,950M THE OPERATIONS OF SL-ANDERSON, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SL-AND ERSON IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF T HE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTERES T BEING SERVED OTHER THAN INCIDENTALLY SL-ANDERSON OPENED ON NOVEMBER 7, 2011 AND WAS THE FIRST NEW, NON-REPLACEMENT HOSPITAL IN PENNSYLVANIA IN MORE THAN FOUR DECADES SL-ANDERSO N IS LOCATED ON A 500-ACRE SITE OWNED BY ST LUKE'S UNIVERSITY HEALTH NETWORK IN ADDITION TO SL-ANDERSON, THE FIRST PHASE OF SITE DEVELOPMENT INCLUDED A CANCER CENTER AND A MEDICA L OFFICE BUILDING THE MEDICAL OFFICE BUILDING PROVIDES IMAGING, PHYSICAL THERAPY, LABORAT ORY AND OTHER OUTPATIENT TESTING, HEALTH AND FITNESS CENTER AND OFFICES FOR A WIDE RANGE O F PHYSICIAN SPECIALISTS, INCLUDING CARDIAC SERVICES AND A PULMONARY REHABILITATION CENTER WE OFFER SUPPORT CLASSES FOR MEMBERS OF THE COMMUNITY THE FOLLOWING CLASSES ARE OFFERED CONSISTENTLY - ST LUKE'S HOSPICE - GRIEF AND LOSS - LIVING WELL WITH DIABETES CLASS - WE SCOE FOUNDATION FOR PULMONARY FIBROSIS SUPPORT GROUP - ST LUKE'S BARIATRIC PEP RALLY - HE ALTHY AGING SERIES - BETTER BREATHERS SUPPORT GROUP - LA LECHE LEAGUE OVER THE PAST SIX YE ARS, SL-ANDERSON BEGAN EXPANSION OF FREEMANSBURG AVENUE, THE PRIMARY ACCESS TO THE HOSPITA L CAMPUS, AT A TOTAL COST OF \$43 MILLION WHEN THE PROJECT IS COMPLETED AS OF THE END OF F ISCAL YEAR 2018, THE FIRST TWO PHASES OF A THREE PHASE PROJECT ARE COMPLETE SL-ANDERSON I S SERVICE ORIENTED WITH A GOAL TO REDUCE PATIENT AND FAMILY STRESS AND ANXIETY AND TO PROV IDE A CALM AND REASSURING ENVIRONMENT BY MEETING, AND OFTEN EXCEEDING, THEIR PERSONAL NEED S SOFTER LIGHTING IS USED IN THE HALLWAYS AND THE DCOR IS DONE IN RELAXING EARTH TONES, A VAILABLE AMENITIES INCLUDE FL</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AT SCREEN TELEVISIONS, FREE WI-FI SERVICE, DAILY NEWSPAPER DELIVERY, LUXURIOUS ROBES, 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, MANY SERVICES INCLUDING IMA GING OFFER EXTENDED HOURS ON THE WEEKENDS AND IN THE EVENINGS ST LUKE'S UNIVERSITY HEALTH H NETWORK PARTNERED WITH THE RODALE INSTITUTE TO DEVELOP AN ORGANIC FARM LOCATED ON THE AN DERSON CAMPUS THE FARM IS USED TO PROVIDE LOCALLY GROWN ORGANIC PRODUCE IN NETWORK CAFETE RIAS AND WILL BE SERVED TO PATIENTS, EMPLOYEES, AND VISITORS WORKING WITH THE RODALE INST ITUTE TO DEVELOP THE ST LUKE'S RODALE INSTITUTE ORGANIC FARM ALLOWS ST LUKE'S TO CONTINU E 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 PROMOTI NG 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 FY17 AND FY18 THE ORGANIC FAR M INCREASED THE NUMBER OF VARIETIES OF PRODUCE TO 100 THE ST LUKES RODALE INSTITUTE ORGA NIC FARM HAS DOUBLED ITS ACREAGE TO NOW SPAN 11 5 ACRES IN FY17 THE ST LUKES RODALE INST ITUTE ORGANIC FARM ADDED A CERTIFIED ORGANIC DESIGNATION AND GROWING CUT FLOWERS TO FURTHER DIVERSIFY THE FARMS CROPS THE COST OF THE FARM IN FY18 WAS \$198,000 IN AUGUST OF 2017 SL-ANDERSON OPENED A NEW \$26 MILLION SPECIALTY PAVILION THAT EXPANDS THE BREADTH OF OFFERI NG AT THE ST LUKES ANDERSON CAMPUS TO INCLUDE AMBULATORY SURGERY, UROLOGY, OB/GYN SERVICE S, GASTROENTEROLOGY AND LABORATORY SERVICES 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 LU KES POSITION AS THE REGIONS LEADER IN PROVIDING EASY ACCESS TO HEALTHCARE SERVICES FUTURE EXPANSION PLANS AT SL-ANDERSON WAS APPROVED BY BETHLEHEM TOWNSHIP COMMISSIONERS IN SEPTEMBER OF 2017 FOR A JANUARY 2020 OPENING DATE, THE NEW FOUR FLOOR - 180,000 SQUARE FOOT WOM EN &amp; BABIES PAVILION IS AN EXPANSION OF OUR OBSTETRICS AND GRADUATE MEDICAL EDUCATION PROG RAM, AS WELL AS A 36 BED MEDICAL/SURGICAL SUITE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE NEW PAVILION WILL HOUSE THE THIRD LABOR AND DELIVERY UNIT IN THE ST LUKES NETWORK AND WILL INCLUDE A LEVEL THREE NEONATAL INTENSIVE CARE UNIT (NICU) AND A 32-ROOM POST-PARTUM UNIT, 16-BASSINET NURSERIES, AS WELL AS, 19 SEMI-PRIVATE AND EIGHT PRIVATE NICU ROOMS OFFERING FAMILY-FRIENDLY SPACES DESIGNED FOR COMFORT AND CONVENIENCE. THE PERSONALIZED AND COMPASSIONATE EXPERIENCE THAT PATIENTS HAVE COME TO EXPECT FROM ST LUKES, WILL BE DELIVERED AT THE NEW PAVILION. WE ANTICIPATE SERVING A HIGH MEDICAID AND SELF-PAY POPULATION IN OUR NEW LABOR AND DELIVERY UNIT. ST LUKES GRADUATE MEDICAL EDUCATION PROGRAM AT SL-ANDERSON WILL BEGIN IN JULY 2019 WITH CONTINUED GROWTH THROUGH 2024. SL-ANDERSON WILL HAVE 120 RESIDENTS ON CAMPUS BY 2024 WITH PLANNED RESIDENCY PROGRAMS IN DERMATOLOGY, NEUROLOGY, PSYCHIATRY, INTERNAL MEDICINE, EMERGENCY MEDICINE AND FAMILY MEDICINE. OVERWHELMING DEMAND WAS THE PRIMARY DRIVER FOR FUTURE EXPANSION. THROUGHOUT ITS DEVELOPMENT, SL-ANDERSON CONTINUES TO OFFER THE COMMUNITY VALUED ACCESS TO THE MOST MODERN HEALTH CARE. ST LUKES HAS A LONG STANDING HISTORY IN THE COMMUNITY AND TAKES VERY SERIOUSLY ITS COMMITMENT TO PROVIDING THE PEOPLE WHO LIVE IN THE COMMUNITY WITH THE VERY BEST HEALTH CARE. SPORTS MEDICINE ONE HUNDRED PERCENT (100%) OF THE SPORTS MEDICINE RELATIONS DEPARTMENT NET EXPENSE AS REPORTED ON NETWORKS SCHEDULE H 990 FORM. THIS IS REPORTED AS A COMMUNITY BENEFIT. FOR ST LUKES ANDERSON CAMPUS, SPORTS MEDICINE PROGRAMS REACH 27,620 STUDENTS IN SIX DIFFERENT HIGH SCHOOLS AND MIDDLE SCHOOLS IN THE ANDERSON REGION. A TOTAL OF 11 ATHLETIC TRAINERS SERVE THESE SCHOOLS BY PROVIDING PREVENTATIVE, EVALUATION AND REHABILITATION SERVICES TO ALL DISTRICT STUDENT ATHLETES. THROUGH THE ST LUKES SPORTS MEDICINE PROGRAM, EDUCATIONAL PROGRAMMING IS PROVIDED IN ALL OF THE SCHOOLS THROUGHOUT THE DISTRICTS AND THE ATHLETIC TRAINERS WORK COLLABORATIVELY WITH THE ST LUKES OCCUPATIONAL MEDICINE AND COMMUNITY HEALTH DIVISIONS TO PROVIDE SERVICES OR OFFER EDUCATION TO THOSE EMPLOYEES. ATHLETIC TRAINERS REGULARLY ENGAGE IN MARKETING EFFORTS TO PROMOTE THE ST LUKES NETWORK AND BUILD THE ST LUKES BRAND. THE INITIAL PROGRAM DEFICIT IS \$300,471 FOR SCHOOLS FEEDING INTO ANDERSON CAMPUS. THIS MODEL DOES NOT INCLUDE OTHER REVENUES RECEIVED FROM CLUB, YOUTH SPORTS, AND RELATED ACTIVITIES (TOURNAMENTS) FOR WHICH A FEE IS CHARGED. ADDITIONALLY, THIS DOES NOT INCLUDE DOWNSTREAM REVENUE GENERATED BY ATHLETIC TRAINER RELATIONSHIPS IN THE SCHOOLS WITHIN THE ANDERSON CAMPUS REGION. COMMUNITY OUTREACH. IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-ANDERSON ANNUALLY REACHES MORE THAN 6,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. MONROE CAMPUS -----</p> <p>--- ST LUKES HOSPITAL MONROE CAMPUS ("SL-MONROE") THE FIRST NEW ACUTE-CARE, NON-REPLACEMENT HOSPITAL MONROE COUNTY HAS SEEN IN 100 YEARS, COMPRISES FOUR STORIES AND 180,000</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SQUARE FEET THE \$100-MILLION HOSPITAL BUILDING HAS 90 PRIVATE PATIENT ROOMS, INCLUDING 12 BEDS FOR CRITICAL CARE PATIENTS ALL ARE SPACIOUS AND BEAUTIFULLY DECORATED TO PROMOTE HEALING THE HOSPITAL ALSO FEATURES STATE-OF-THE-ART OPERATING AND PROCEDURE ROOMS, A HELIPAD, A LARGE AND EFFICIENT EMERGENCY ROOM, A CARDIAC CATHETERIZATION LAB AND THE MOST MODERN MEDICAL TECHNOLOGIES FROM GE HEALTHCARE CLOSE TO MAJOR ROADWAYS, SL-MONROE HAS THE SIGNATURE FOUNTAIN FEATURE AND A WALKING TRAIL NESTLED IN A BEAUTIFUL, NATURAL SETTING TO PROMOTE WELLNESS IN THE COMMUNITY IN FY18 SL-MONROE PROVIDED CARE FOR 5,744 ADMISSIONS AND OBSERVATIONS, 45,628 ED VISITS, AND 78,683 OUTPATIENT VISITS THE OPERATIONS OF SL-MONROE, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SL-MONROE IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY ON OCTOBER 3, 2016, SL-MONROE OPENED ITS DOORS TO THE COMMUNITY BECOMING THE SEVENTH HOSPITAL IN THE ST LUKES HEALTH NETWORK, THE NEW HOSPITAL PROVIDES ACUTE INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE THE NEW CAMPUS HAS AN ANNUAL CAPACITY FOR 10,000 INPATIENT AND OBSERVATION ADMISSIONS AND HAS A 33 BED EMERGENCY DEPARTMENT WITH AN ANNUAL CAPACITY FOR 62,000 VISITS GOOD SHEPHERD REHABILITATION NETWORK OPENED A 12-BED 13,000-SQUARE-FOOT INPATIENT REHABILITATION UNIT IN JANUARY OF 2017 ON THE FOURTH FLOOR OF THE HOSPITAL THE GOOD SHEPHERD UNIT PROVIDES INPATIENT REHABILITATION FOR PATIENTS WHO HAVE EXPERIENCED STROKE, MAJOR-MULTI TRAUMAS, COMPLEX JOINT REPLACEMENTS, AMPUTATION, SEVERE ARTHRITIS, MULTIPLE SCLEROSIS AND OTHER PHYSICAL AND NEUROLOGICAL CONDITIONS GOOD SHEPHERD REHABILITATION AT ST LUKES MONROE CAMPUS OFFERS SPECIALIZED REHABILITATION CARE IN BEAUTIFULLY-APPOINTED PRIVATE ROOMS AND IS THE MOST COMPREHENSIVE UNIT OF ITS TYPE IN THE MONROE COUNTY AREA THE UNIT OPERATES UNDER THE GOOD SHEPHERD REHABILITATION HOSPITAL LICENSE FROM THE DAY IT OPENED, SL-MONROE HAS BEEN EMBRACED BY THE PUBLIC ADMISSIONS AND ED VISITS HAVE CONSISTENTLY EXCEEDED PROJECTIONS, FY'18 ADMISSIONS WERE 25 PERCENT BETTER THAN PROJECTED AND FY'18 ED VISITS WERE 32 PERCENT BETTER THAN PROJECTED DEMAND FOR SERVICES NECESSITATED A NEW THREE-FLOOR 37,500-SQUARE-FOOT CANCER CENTER AND MEDICAL OFFICE BUILDING LOCATED AT 200 ST LUKES LANE ADJACENT TO THE HOSPITAL THE \$22 MILLION BUILDING OPENED IN NOVEMBER 2017 AND EXPANDS THE BREADTH OF OFFERINGS AT ST LUKES MONROE CAMPUS TO INCLUDE MEDICAL, SURGICAL AND GYNECOLOGIC ONCOLOGY, RADIATION THERAPY, INFUSION (CHEMOTHERAPY), IMAGING, ORTHOPEDICS AND A SLEEP LAB WITH THE ADDITION OF THESE SERVICES, ST LUKE'S MONROE CAMPUS WILL BE EMPLOYING OVER 600 PEOPLE A VARIAN TRUEBEAM LINEAR ACCELERATOR IN THE CANCER CENTER OFFERS PATIENTS THE LATEST TECHNOLOGY IN</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>RADIATION THERAPY THIS BRAND-NEW DEVICE FEATURES ADVANCED RADIATION-SPARING TECHNOLOGIES LIKE OSMS WHICH STOPS TREATMENT IF A PATIENT MOVES AS WELL AS A "6 DEGREES OF FREEDOM PER FECT PITCH COUCH" WHICH ALLOWS THERAPISTS TO POSITION A PATIENT IN THE EXACT PERFECT SPOT FOR OPTIMAL TREATMENT AND COMFORT IN MARCH OF 2018, ST LUKES UNIVERSITY HEALTH NETWORK O PENED ITS SECOND DIAGNOSTIC BREAST IMAGING FACILITY, SPECIFICALLY DESIGNED TO SERVE MONROE COUNTY AND SURROUNDING AREA PATIENTS IN NEED OF ROUTINE AND ADVANCED DIAGNOSTIC MAMMOGRAM S AND TESTING THIS STATE-OF-THE-ART FACILITY OFFERS ADVANCED TECHNOLOGIES SUCH AS LOW-DOS E 3D MAMMOGRAPHY, AUTOMATED BREAST ULTRASOUND (ABUS) AND MORE PATIENTS BENEFIT FROM HAVIN G HIGHLY-SKILLED RADIOLOGISTS READING THEIR TEST RESULTS IMMEDIATELY PATIENTS WITH AN ABN ORMAL FINDING ARE ABLE TO HAVE A BIOPSY RIGHT AWAY, HELPING TO REDUCE THE FEAR AND ANXIETY OF WAITING THE ST LUKES MONROE REGIONAL BREAST CENTER INCLUDES THE MOST ADVANCED, COMPU TER-AIDED SOFTWARE TO HELP IN DIAGNOSING BREAST ANOMALIES AND THE LATEST DIGITAL AND 3D MA MMOGRAPHY EQUIPMENT FROM GE HEALTHCARE INCLUDING SENSORYSUITE SENSORYSUITE IS DESIGNED TO SOOTHE THE SENSES (SIGHT, SCENT AND SOUND) IN ORDER TO PROVIDE A CALMER, INTERACTIVE MAMM OGRAM EXPERIENCE WOMEN HAVE THEIR CHOICE OF HAVING THEIR MAMMOGRAM WITH BEACH, GARDEN OR RAINFOREST IMAGERY TO CALM THE PATIENT DURING TESTING THE REGIONAL BREAST CENTER WILL ALS O HAVE THE REGIONS FIRST PRISTINA WITH DUETATM MAMMOGRAPHY DUETA IS AN INDUSTRY-FIRST, PA TIENT-ASSISTED COMPRESSION DEVICE WHICH GIVES PATIENTS A SENSE OF CONTROL DURING THEIR MAM MOGRAMS SL-MONROE IS SERVICE 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 DCOR IS DONE IN REL AXING EARTH TONES, AVAILABLE AMENITIES INCLUDE FLAT SCREEN TELEVISIONS, FREE WIFI SERVICE , DAILY NEWSPAPER DELIVERY AND A RECLINER AND COMFORTABLE SOFA BED IN EVERY ROOM MONROE C OMMUNITY OUTREACH IN FY18 MONROE CAMPUS SERVED SENIORS IN THE COMMUNITY WITH A HEALTHY, L OW-COST OPTION FOR DINNER THE OLDER ADULT MEALS AT ST LUKES MONROE CAMPUS OFFER SENIORS 65+ A FRESHLY PREPARED DINNER SEVEN DAYS/WEEK FOR UNDER \$4 OLDER ADULTS ENJOY AFFORDABLE, HEALTHY EATING AND THE OPPORTUNITY TO MEET AND ENGAGE WITH OTHER OLDER ADULTS IN THE SURR OUNDING COMMUNITY IN ADDITION, MONROE CAMPUS HAD 1700 VOLUNTEER HOURS TOTAL AND THE TOTAL VOLUNTEER COUNT FOR FY18 WAS 32 IN APRIL AND OCTOBER OF 2018 ST LUKES MONROE CAMPUS HOS TED NATIONAL DRUG TAKEBACK DAY AND A TOTAL OF 247 POUNDS OF VARIOUS MEDICATIONS WERE COLLE CTED</p>



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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKES UNIVERSITY HEALTH NETWORK PARTNERS WITH LOCAL SCHOOLS AND COMMUNITIES TO IMPROVE THE HEALTH OF STUDENTS THROUGH OUR ADOPT A SCHOOL PROGRAM THE ST LUKE'S ADOPT A SCHOOL PROGRAM SUPPORTS THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITY AREAS THAT ARE IDENTIFIED AT EACH CAMPUS BY COLLECTING AND ANALYZING DATA AND COMMUNITY INPUT BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES IN APRIL 2017, ST LUKES MONROE CAMPUS HIRED A COMMUNITY HEALTH LIAISON MANAGER TO BUILD EFFECTIVE PARTNERSHIPS TO IMPROVE THE HEALTH OUTCOMES AND TO OVERSEE THE VARIOUS PROGRAMS AND INITIATIVES TO DO SO DURING THE REMAINDER OF 2017, THE COMMUNITY HEALTH LIAISON MANAGER MET WITH NUMEROUS COMMUNITY STAKEHOLDERS TO CONTINUE BUILDING COMMUNITY RELATIONSHIPS 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 - WEST (PMSDW) PMSDW HAD THE LOWEST SOCIO-ECONOMIC STATUS AND THIRD GRADE READING LEVELS AMONG THE FOUR DISTRICTS, ALONG WITH THE 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 CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC ----- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC ("ST LUKE'S MINERS MEMORIAL HOSPITAL" AKA "SL-MINER'S") 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 IN FISCAL YEAR 2018, SL-MINERS PATIENT CARE INCLUDED 3272 OBSERVATIONS AND ADMISSIONS, MORE THAN 114,876 OUTPATIENT VISITS AND 19,393 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-MINERS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY 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 THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO 606 PHYSICIANS ACROSS 30 MEDICAL SPECIALTIES THE HOSPITAL IS ACCREDITED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION AND A CHEST PAIN CENTER BY THE SOCIE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>TY OF CARDIOVASCULAR PATIENT CARE IN FY16, THE HOSPITAL RECEIVED THE HAP ACHIEVEMENT AWARD VISION OF THE FUTURE FOR CONNECTING STUDENTS TO VISION SHUTTLE CARE THROUGH COMMUNITY PARTNERSHIPS IN A RURAL SETTING THE HOSPITAL WAS ALSO NAMED 2018 RURAL HEALTH PROGRAM OF THE YEAR BY PA OFFICE OF RURAL HEALTH FOR USING INNOVATIVE APPROACHES, ENSURING ACCESS, PROVIDING COMMUNITY RESOURCES AND DEMONSTRATING A SIGNIFICANT BENEFIT TO THE RURAL POPULATION THE NETWORK HAS INVESTED APPROXIMATELY \$36.1 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 IN 2016 THE HOSPITAL IMPLEMENTED THE EPIC, ELECTRONIC MEDICAL RECORD SYSTEM AND OPENED A NEW 28-BED UNIVERSAL CARE UNIT THAT FEATURES PRIVATE ROOMS, PRIVATE BATHROOMS AND A STATE-OF-THE-ART CALL BELL AND ELECTRONIC WHITEBOARD SYSTEM IN 2017, A \$16 MILLION EMERGENCY DEPARTMENT RENOVATION WAS COMPLETED THAT INCLUDED ADDING TWO DEDICATED ROOMS FOR BEHAVIORAL HEALTH PATIENTS THE IMAGING DEPARTMENT WAS ALSO RENOVATED INCLUDING THE PURCHASE OF NEW DIGITAL X-RAY EQUIPMENT IN ADDITION, 4K CAPABLE VIDEO EQUIPMENT FOR THE OPERATING ROOM AND AN UPGRADED NURSE CALL SYSTEM FOR THE SKILLED NURSING FLOOR WERE PURCHASED SL-MINERS IS LOCATED IN COALDALE, A MEDICALLY UNDERSERVED AREA THE HOSPITAL RECEIVED A 5 STAR RATING FROM CMS IN 2017 THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES - DIRECT ACCESS TO ORTHOPEDIC SURGEONS PROVIDING THE MOST ADVANCED DIAGNOSIS, TREATMENT AND REHABILITATION FOR PATIENTS WITH MUSCULO SKELETAL DISORDERS AND INJURIES, - DIRECT ACCESS TO A HIGHLY TRAINED CARDIAC TEAM WHICH INCLUDES EXPERIENCED AND SKILLED CARDIOLOGISTS, CARDIAC AND VASCULAR SURGEONS, INTERVENTIONAL RADIOLOGISTS AND ELECTROPHYSIOLOGISTS, - DIRECT ACCESS TO ONCOLOGISTS AND A WIDE RANGE OF ONCOLOGY SPECIALISTS, - DIRECT ACCESS TO HOSPITALISTS SL-MINERS OPERATED THREE FEDERALLY DESIGNATED RURAL HEALTH CLINICS IN HOMETOWN, MCADOO, AND NESQUEHONING, SERVING 13,265 PATIENT VISITS IN FY '16 THE CENTERS TREAT PATIENTS OF ALL AGES, OFFERING EXCEPTIONAL QUALITY CARE CLOSE TO HOME IN FY '14, MENTAL HEALTH ASSESSMENT AND THERAPEUTIC SERVICES WERE ADDED AT THE CENTERS NO PATIENT IS DENIED CARE, REGARDLESS OF THEIR ABILITY TO PAY ALL INSURANCES, INCLUDING MEDICAID, ARE ACCEPTED 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 ST LUKES QUAKERTOWN HOSPITAL ----- ST LUKES QUAKERTOWN HOSPITAL (SLQ) IS A J</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 62-BED LICENSED ACUTE CARE HOSPITAL LOCATED IN QUAKERTOWN, BUCKS COUNTY, PENNSYLVANIA ST LUKES QUAKERTOWN PROVIDES SERVICES PRIMARILY TO RESIDENTS OF BUCKS, MONTGOMERY, AND LEHIGH COUNTIES ST LUKES QUAKERTOWN 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 45% ARE SELF-PAY/UNINSURED PURSUANT TO ITS CHARITABLE PURPOSES, SLQ 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 OPERATIONS OF ST LUKES QUAKERTOWN HOSPITAL, AS DEMONSTRATED THROUGH THE FACTORS OUTLINED ABOVE AND ADDITIONAL INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF ST LUKES QUAKERTOWN HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION BENEFIT ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY ESTABLISHED IN 1929, SLQ WAS ACQUIRED BY NATIONALLY RECOGNIZED ST LUKES UNIVERSITY HEALTH NETWORK ("NETWORK") IN 1995 THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO MORE THAN 370 PHYSICIANS ACROSS 47 MEDICAL SPECIALTIES BECKERS HEALTHCARE NAMED ST LUKES QUAKERTOWN ON THEIR LIST OF 100 GREAT COMMUNITY HOSPITALS FOR 2018 FOR THE THIRD YEAR IN A ROW ST LUKES QUAKERTOWN IS A 2018 RECIPIENT OF THE PATIENT SAFETY EXCELLENCE AWARD THE PATIENT SAFETY EXCELLENCE AWARD RECOGNIZES HOSPITALS THAT HAVE THE LOWEST OCCURRENCES OF 14 PREVENTABLE PATIENT SAFETY EVENTS THESE HOSPITALS ARE IN THE TOP 10% IN THE NATION FOR PATIENT SAFETY ST LUKES QUAKERTOWN WAS A RECIPIENT OF THE PREMIER HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN) AWARD FOR EXCELLENCE IN PATIENT SAFETY ACROSS THE BOARD WHICH RECOGNIZES TOP PERFORMING HOSPITALS THAT HAVE DEMONSTRATED EXCELLENCE IN PERFORMANCE IN THE THIRTEEN PATIENT SAFETY ADVERSE EVENT AREAS OF FOCUS AND WITH ACTIVE PARTICIPATION IN THE HIIN PROGRAM ST LUKES QUAKERTOWN WAS ALSO A FINALIST FOR THE QUEST AWARD FOR HIGH-VALUE HEALTHCARE BY ACHIEVING TOP PERFORMANCE THRESHOLD (TPT) PERFORMANCE IN 4 OUT OF 5 QUEST DOMAINS (AFFORDABILITY, EFFECTIVE CARE AND COORDINATION, PREVENTION AND TREATMENT FOR LEADING CAUSES OF MORTALITY AND PATIENT SAFETY, PATIENT AND FAMILY ENGAGEMENT) ST LUKES QUAKERTOWN RECEIVED THESE AWARDS AT THE QUEST AND HIIN NATIONAL MEETINGS IN NASHVILLE, TN IN JUNE 2018 ST LUKES QUAKERTOWN RECEIVED PRIMARY STROKE CERTIFICATION FROM THE JOINT COMMISSION IN 2016 AND WAS RE-ACCREDITED IN 2018</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKES QUAKERTOWN WAS AWARDED THE "GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT " AWARD THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION RECOGNIZES ITS HOSPITALS FOR CONTINUED SUCCESS IN APPLYING THE MOST UP-TO-DATE EVIDENCE-BASED TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND OUTCOMES FOR STROKE PATIENTS AND ACHIEVING OUTSTANDING PERFORMANCE WITH THE STROKE CORE MEASURES ST LUKES QUAKERTOWN IS A CENTER OF EXCELLENCE IN HERNIA SURGERY (COEHS) BY SURGICAL REVIEW CORPORATION EMANUEL NOGUEIRA, M D HAS EARNED THE SURGEON OF EXCELLENCE IN HERNIA SURGERY (SOEHS) DESIGNATION ST LUKES QUAKERTOWN WAS ACCREDITED A LEVEL IV TRAUMA CENTER IN 2016 BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION (PTSF) AND EARNED RE-ACCREDITATION IN 2017 FOR FOUR MORE YEARS A FIRST PLACE ST LUKES HEALTH NETWORK QUALITY AWARD WAS AWARDED TO ST LUKES QUAKERTOWN FOR THE PROJECT "ZEROING IN ON HOSPITAL ACQUIRED CLOSTRIDIUM DIFFICILE " THIS PROJECT WAS ALSO ACCEPTED FOR PRESENTATION AT THE PREMIER NATIONAL CONFERENCE IN JUNE 2019 ST LUKES QUAKERTOWN RECEIVED A 2018 ACHIEVEMENT AWARD FROM THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) FOR THE PROJECT "PERIOPERATIVE SERVICES FIRST CASE START PERFORMANCE IMPROVEMENT " THE AWARD WAS PRESENTED ON MAY 22ND AT THE HAP LEADERSHIP SUMMIT ST LUKES QUAKERTOWN IS A NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDER) DESIGNATED HOSPITAL THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES - ORTHOPEDIC SURGEONS PROVIDING THE MOST ADVANCED DIAGNOSIS, TREATMENT AND REHABILITATION FOR PATIENTS WITH MUSCULOSKELETAL DISORDERS AND INJURIES THIS YEAR THE HOSPITAL ADDED TWO NEW ORTHOPEDIC SURGEONS WITH ONE OF THEM BEING THE NETWORKS ONLY FOOT AND ANKLE ORTHOPEDIC SPECIALIST - A HIGHLY TRAINED CARDIAC TEAM INCLUDING EXPERIENCED AND SKILLED CARDIOLOGISTS, VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS - ONCOLOGISTS AND A WIDE RANGE OF ONCOLOGY SPECIALISTS ST LUKES QUAKERTOWN OFFERS OUTPATIENT VISITS AND SURGICAL CAPABILITIES WITH THE REGIONS FOREMOST GYNECOLOGIC ONCOLOGIST 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 COMMUNITY CONTRIBUTION IS \$8 MILLION ST LUKES WARREN HOSPITAL, INC ----- ST LUKE'S WARREN HOSPITAL, INC ("SL-WARREN") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 198-LICENSED BED ACUTE CARE 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 5,500 OBSERVATIONS AND ADMISSIONS, MORE THAN 9</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>5,800 OUTPATIENT VISITS AND 28,100 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 THE OPERATIONS OF SL-WARREN, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SL-WARREN IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. FOUNDED IN 1923, SL-WARREN WAS ACQUIRED BY NATIONALLY RECOGNIZED ST. LUKES UNIVERSITY HEALTH NETWORK ("NETWORK") IN 2012. SL-WARREN PROVIDES PATIENTS WITH ACCESS TO MORE THAN 415 PHYSICIANS ACROSS NEARLY 50 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 \$67.9 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS AT SL-WARREN SINCE 2012. THIS INCLUDES \$41.5 MILLION IN FACILITY IMPROVEMENTS AND EXPANSIONS (NEW ICI, 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 (\$12 MILLION FOR RELATED CONSTRUCTION/RENOVATIONS), \$3.8 MILLION FOR IT UPGRADES, \$1.65 MILLION FOR A NEW EMERGENCY GENERATOR, AND \$16.35 MILLION IN OTHER FACILITY IMPROVEMENTS AND EQUIPMENT. THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES - DIRECT ACCESS TO GYNECOLOGIC ONCOLOGISTS, ONCOLOGY CARE AND SURGERY, - DIRECT ACCESS TO COLORECTAL SURGEONS, - DIRECT ACCESS TO SUB-SPECIALTY NEUROLOGISTS - DIRECT ACCESS TO A HIGHLY TRAINED CARDIAC TEAM WHICH INCLUDES EXPERIENCED AND SKILLED CARDIOLOGISTS, CARDIAC AND VASCULAR</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>R SURGEONS, INTERVENTIONAL RADIOLOGISTS AND ELECTROPHYSIOLOGISTS COMMUNITY OUTREACH IN K EEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVICES, SL-WARREN ANNUALLY REACHES MORE THAN 15,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS THE HOSPITAL OFFERS A VARIET Y OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR ST LUKES (BLUE MOUNTAIN) PALMERTON CAMPUS/GNADEN HUETTEN CAMPUS -----</p> <p>----- BLUE MOUNTAIN HOSPITAL (GNADEN HUETTEN AND PALMERTON CAMP USES) BECAME PART OF ST LUKES UNIVERSITY HEALTH NETWORK ON JANUARY 1, 2018, BECOMING THE EIGHTH AND NINTH HOSPITAL CAMPUSES IN THE NETWORK THE EMERGENCY DEPARTMENT LOCATED A SL-B LUE MOUNTAIN GNADEN HUETTEN CAMPUS PROVIDES EMERGENCY SERVICES TO CARBON COUNTY AND THE SU RROUNDING COMMUNITY 24-HOUR, SEVEN DAYS A WEEK, 365 DAYS A YEAR CARE IS PROVIDED TO ALL P ATIENTS, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS DURING FY2018, THE ST LUKES BLUE MOUNTAIN GNADEN HUETTEN CAMPUS EMERGENCY DEPARTMENT SAW 15,600 PATIENTS TH E EMERGENCY DEPARTMENT LOCATED AT THE SL-BLUE MOUNTAIN PALMERTON CAMPUS PROVIDES AROUND-TH E-CLOCK EMERGENCY SERVICES TO THE PALMERTON AREA AND SURROUNDING COMMUNITIES WITHIN CARBON COUNTY CARE IS PROVIDED TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSU RANCE STATUS DURING FY2018, THE PALMERTON CAMPUS EMERGENCY DEPARTMENT SAW 10,693 PATIENTS IN FY18 SL-BLUE MOUNTAIN HOSPITAL PROVIDED CARE FOR 5,625 ADMISSIONS AND OBSERVATIONS, 2 6,293 ED VISITS, AND 69,145 OUTPATIENT VISITS AND IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSE S, SL-BLUE MOUNTAIN PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIG ION OR ABILITY TO PAY THE OPERATIONS OF SL-BLUE MOUNTAIN, AS SHOWN THROUGH THE FACTORS OU TLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SL-BLUE MOUNTAIN IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOM E OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY ON JANUARY 1, 2018, BLUE MOU NTAIN HOSPITAL CONTINUED TO CARE FOR THE RESIDENTS OF CARBON COUNTY BY JOINING ST LUKES U NIVERSITY HEALTH NETWORK AND BECAME ST LUKES-BLUE MOUNTAIN WITH TWO CAMPUS LOCATIONS, GNA DEN HUETTEN IN LEHIGHTON, PENNSYLVANIA, AND PALMERTON LOCATED IN PALMERTON, PENNSYLVANIA SL-BLUE MOUNTAIN GNADEN HUETTEN AND PALMERTON CAMPUSES PROVIDE ACUTE INPATIENT AND OUTPATI ENT MEDICAL AND SURGICAL CARE THE SL-BLUE MOUNTAIN CAMPUS HAS AN ANNUAL CAPACITY FOR 8,20 0 INPATIENT AND OBSERVATION ADMISSIONS AND HAS A 9-BED EMERGENCY DEPARTMENT WITH AN ANNUAL CAPACITY FOR 62,000 VISITS</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>KINDRED HEALTHCARE OPERATES A 22-BED INPATIENT ACUTE REHABILITATION UNIT ON THE THIRD FLOOR OF THE SL-BLUE MOUNTAIN GNADEN HUETTEN CAMPUS. THE UNIT PROVIDES INPATIENT REHABILITATION FOR PATIENTS WHO HAVE EXPERIENCED STROKE, MAJOR-MULTI TRAUMAS, COMPLEX JOINT REPLACEMENTS, AMPUTATION, SEVERE ARTHRITIS, MULTIPLE SCLEROSIS AND OTHER PHYSICAL AND NEUROLOGICAL CONDITIONS. THE ACUTE REHABILITATION TEAM OFFERS SPECIALIZED REHABILITATION CARE IN BEAUTIFULLY-APPOINTED ROOMS AND IS THE MOST COMPREHENSIVE UNIT OF ITS TYPE IN THE CARBON COUNTY AREA. THE UNIT OPERATES UNDER THE SL-BLUE MOUNTAIN LICENSE. CARBON COMMUNITY OUTREACH, ST. LUKE'S UNIVERSITY HEALTH NETWORK PARTNERS WITH LOCAL SCHOOLS, CIVIC ORGANIZATIONS AND COMMUNITY RESOURCES TO IMPROVE THE HEALTH OF THE RESIDENTS OF CARBON COUNTY AND THE SURROUNDING AREA. SL-BLUE MOUNTAIN SUPPORTS THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITY AREAS THAT ARE IDENTIFIED WITHIN THE CAMPUS SERVICE AREA BY COLLECTING AND ANALYZING DATA AND COMMUNITY INPUT. BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES. ST. LUKE'S SACRED HEART CAMPUS ----- SACRED HEART HEALTHCARE SYSTEM IS A NOT-FOR-PROFIT ENTITY THAT OPERATES AS THE PARENT ORGANIZATION OF SACRED HEART HOSPITAL, SACRED HEART ANCILLARY SERVICES, INC., SACRED HEART FOUNDATION AND SH REALTY CORPORATION. SACRED HEART HOSPITAL, A NOT-FOR-PROFIT ENTITY, PROVIDES ACUTE CARE SERVICES TO THE LOCAL COMMUNITY. SACRED HEART ANCILLARY SERVICES, INC. IS A PENNSYLVANIA FOR-PROFIT ENTITY PROVIDING PHARMACY SERVICES TO THE GENERAL PUBLIC. SACRED HEART FOUNDATION IS A NOT-FOR-PROFIT ENTITY SUPPORTING THE CHARITABLE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF SACRED HEART HOSPITAL. SH REALTY CORPORATION, A NOT-FOR-PROFIT ENTITY, HOLDS REAL ESTATE. IN MARCH, 2018, SACRED HEART HOSPITAL CONTINUED TO CARE FOR LEHIGH VALLEY RESIDENTS BY JOINING ST. LUKE'S UNIVERSITY HEALTH NETWORK AND BECAME ST. LUKE'S SACRED HEART CAMPUS MISSION. SACRED HEART HEALTHCARE SYSTEM IS COMMITTED TO PROVIDING HEALTHCARE AND WELLNESS, FROM CONCEPTION TO NATURAL DEATH, THROUGH QUALITY SERVICES AND PROGRAMS BASED ON THE CATHOLIC, ETHICAL AND RELIGIOUS DIRECTIVES. SACRED HEART HOSPITAL ("SHH") IS A GENERAL MEDICAL, SURGICAL AND TEACHING HOSPITAL. SHH IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. SHH IS AN AFFILIATE OF THE SACRED HEART HEALTHCARE SYSTEM. PURSUANT TO ITS CHARITABLE PURPOSES, SHH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, SHH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 - SHH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS - SHH OPERATES AN</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR - SHH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS - CONTROL OF SHH RESTS WITH ITS BOARD OF DIRECTORS, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY - SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES ST LUKES VISITING NURSE ASSOCIATION -----</p> <p>----- THE VISITING NURSE ASSOCIATION (VNA) OF ST LUKES IS A MEMBER OF THE FULLY INTEGRATED ST LUKES UNIVERSITY HEALTH NETWORK (SLUHN) THE VNA, ESTABLISHED IN 1919, HAS BEEN A MEMBER OF THE NETWORK SINCE 1993 THE VNA ANNUALLY PROVIDES FREE COMMUNITY OUTREACH SERVICES AND PROGRAMS, AND IN FY18 THOSE SERVICES AND PROGRAMS REACHED MORE THAN 5,100 PEOPLE ST LUKES HOME HEALTH ST LUKES HOME HEALTH PROVIDES INTERMITTENT SKILLED NURSING, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, AND MEDICAL SOCIAL WORK AND HOME HEALTH AIDE SERVICES TO HOME-BOUND PATIENTS THE CARE IS MEDICALLY DIRECTED AND DELIVERED TO PATIENTS IN THEIR HOMES SERVICES ARE PROVIDED UNDER A PLAN OF TREATMENT ESTABLISHED AND APPROVED BY A PHYSICIAN DURING FY18 SEVENTY ONE (70.5%) PERCENT OF ALL PATIENTS ADMITTED TO HOME HEALTH SERVICES WERE REFERRED TO HOME HEALTH BY A SLUHN NETWORK HOSPITAL IN FY18, THE VNA CONDUCTED 6190 ADMISSIONS TO ITS HOME HEALTH SERVICES HOME HEALTH ACCEPTS MEDICARE, MEDICAID AND OTHER THIRD-PARTY PAYERS PATIENTS WITHOUT INSURANCE MAY QUALIFY FOR SERVICES ON A SLIDING SCALE UNDER THE ST LUKES UNIVERSITY HEALTH NETWORK CHARITY CARE POLICY ST LUKES HOSPICE HOSPICE SERVICES ARE PROVIDED TO PATIENTS IN THEIR PRIVATE RESIDENCE, THE HOME OF A RELATIVE, A NURSING FACILITY, OR WHEREVER THE PATIENT CALLS HOME HOSPICE GENERAL IN-PATIENT (GIP) SERVICES ARE AVAILABLE AT THE HOSPICES FREE STANDING GIP FACILITY, LOCATED ON BLACK RIVER ROAD IN BETHLEHEM, PENNSYLVANIA ST LUKES HOSPICE PROVIDES PATIENTS AND THEIR FAMILIES WITH COMPASSIONATE END-OF-LIFE CARE PHYSICAL, AS WELL AS, EMOTIONAL AND SPIRITUAL NEEDS ARE ADDRESSED BY THE HOSPICE TEAM RESPITE FOR CAREGIVERS IS ALSO AVAILABLE SERVICES ARE PROVIDED BY AN INTERDISCIPLINARY TEAM THAT INCLUDES A MEDICAL DIRECTOR, REGISTERED NURSES, THERAPISTS, HOSPICE AIDES, MEDICAL SOCIAL WORKERS, VOLUNTEERS, CHAPLAINS AND THE PATIENTS OWN PHYSICIAN IN FY18, THE HOSPICE PROGRAM PROVIDED END-OF-LIFE CARE TO 1887 PATIENTS, INCLUDING 542 PATIENTS AT HOSPICE HOUSE WHERE COSTS EXCEEDED FINANCIAL REIMBURSEMENT LEVELS BY MORE THAN \$1.65M (EXCLUDING CHARITABLE CONTRIBUTIONS AND EARNINGS FROM ENDOWMENT) ST LUKES NURSE-FAMILY PARTNERSHIP ST LUKES NURSE-FAMILY PARTNERSHIP IS AN EVIDENCE-BASED, NURSE HOME VISITING PROGRAM TO IMPROVE THE HEALTH, WELL-BEING AND ECONOMIC SELF-SUFFICIENCY OF LOW-INCOME, FIRST-TIME PARENTS AND THEIR CHILDREN CARE IS PROVIDED IN THIS VOLUNTARY PRE</p>



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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>VENTION PROGRAM BY SPECIALLY TRAINED REGISTERED NURSES BEGINNING EARLY IN THE MOTHERS PREG NANCY AND CONTINUING UNTIL HER CHILDS SECOND BIRTHDAY THE NURSE-FAMILY PARTNERSHIP SERVED 385 FAMILIES RESIDING IN THE LEHIGH VALLEY (ENCOMPASSING THE CITIES OF ALLENTOWN, BETHLEH EM AND EASTON AND THE SURROUNDING RURAL AREAS) DURING FY18 DURING FY18, THE VNA OF ST LU KES MFP PROGRAM SERVED 385 TOTAL CLIENTS WITH A GRADUATION RATE OF 44% AT 24 MONTHS OUR N FP NURSES CONDUCTED OVER 5,000 VISITS THIS YEAR TO SUPPORT FAMILIES TO MEET THE NFP PROGRA M GOALS DURING FY17-18 100% OF THE CHILDREN SERVED THROUGH NFP WERE FULLY IMMUNIZED AT 2 YEARS OF AGE, AND 90% WERE MEETING APPROPRIATE DEVELOPMENTAL MILESTONES REGARDING OUR MOT HERS, 77% WHO DID NOT HAVE A DIPLOMA ON ENTRY INTO THE PROGRAM COMPLETED HIGH SCHOOL OR OB TAINED A GED, AND 62% OF OUR MOTHERS WERE WORKING UPON GRADUATION FROM THE PROGRAM VISITI NG NURSE ADVOCATE FOR THE COUNTY (VNAC) THE VISITING NURSE ADVOCATE FOR THE COUNTY PROVID ES CHILD HEALTH MONITORING AND CHILD ADVOCACY SERVICES TO CHILDREN LIVING IN TROUBLED HOME S IN NORTHAMPTON AND LEHIGH COUNTIES, IN SOUTHEASTERN PENNSYLVANIA IN FY18, SERVICES WERE PROVIDED TO 86 FAMILIES QUALITY AWARDS ===== AT ST LUKE'S UNIVERSITY HEALTH NE TWORK, OUR VISION IS TO LEAD THE REGION IN CLINICAL QUALITY AND SAFETY PERFORMANCE ST LU KE'S HAS BEEN HONORED WITH MORE THAN 180 HEALTH CARE QUALITY AWARDS INCLUDING BUT NOT LIM I TED TO 2017 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) HOSPITAL COMPARE RATINGS - 5 STAR ----- ST LUKE'S UN IVERSITY HEALTH NETWORK'S HOSPITALS WERE AWARDED FIVE STARS IN THE 2017 CENTERS FOR MEDICA RE AND MEDICAID SERVICES (CMS) NATIONAL RATINGS OF HOSPITALS ST LUKE'S UNIVERSITY HEALTH NETWORK WAS RATED HIGHER THAN ANY OTHER HEALTH SYSTEM IN THE REGION EVERY ST LUKE'S HOS PITAL ELIGIBLE FOR RATING RECEIVED AT LEAST FOUR OUT OF A POSSIBLE FIVE STARS AND THREE RE CEIVED FIVE STARS THE ONLY HOSPITALS IN THE LEHIGH VALLEY TO RECEIVE A FIVE-STAR RATING I N CMS' NATIONAL RATINGS OF HOSPITALS WERE * ST LUKE'S HOSPITAL ANDERSON CAMPUS * ST LUK E'S HOSPITAL MINERS CAMPUS * ST LUKE'S HOSPITAL WARREN CAMPUS NATIONALLY, 31 28 PERCENT ( 1,555) OF HOSPITALS RATED RECEIVED FOUR-STAR RATINGS, INCLUDING * ST LUKE'S HOSPITAL ALL ENTOWN CAMPUS AND ST LUKE'S UNIVERSITY HOSPITAL BETHLEHEM * ST LUKE'S HOSPITAL QUAKERTOW N CAMPUS HOSPITAL COMPARE RATINGS 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 RATIN G IS INTENDED TO HELP CONSUMERS CHOOSE THE BEST HOSPITAL AND HIGHEST QUALITY CARE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BECKER'S HOSPITAL REVIEW TOP 100 LIST OF HOSPITALS WITH GREAT HEART PROGRAMS -----</p> <p>----- ST LUKE'S UNIVERSITY HEALTH NETWORK HAS BEEN NAMED TO THE 2016 EDITION OF BECKER'S 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, TRUVEN HEALTH 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 ST LUKE'S BETHLEHEM EARNED A THREE-STAR RATING (HIGHEST) FROM THE SOCIETY OF THORACIC SURGEONS -----</p> <p>----- 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 WATSON HEALTH 100 TOP HOSPITAL (MAJOR TEACHING HOSPITALS) AWARD (FORMERLY TRUVEN) -----</p> <p>----- ST LUKE'S UNIVERSITY HOSPITAL THIS AWARD IDENTIFIES THE NATION'S 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 LUKE'S UNIVERSITY HOSPITAL IS A 6-TIME RECIPIENT OF THIS PRESTIGIOUS AWARD AND HAS RECEIVED IT FOUR YEARS IN A ROW ST LUKE'S IS 1 OF 15 MAJOR TEACHING HOSPITALS IN THE NATION TO BE NAMED A 100 TOP HOSPITAL WATSON HEALTH, 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 -----</p> <p>----- THIS AWARD IDENTIFIES THE NATION'S BEST PROVIDERS OF CARDIOVASCULAR CARE SELECTED FROM MORE THAN 1,000 HOSPITALS IN THE U.S. THE 50 TOP CARDIOVASCULAR ACHIEVE THE FOLLOWING SIGNIFICANTLY HIGHER SURVIVAL, FEWER COMPLICATIONS, LOWER HOSPITAL READMISSIONS, LOWER HOSPITAL LENGTH OF STAY AND LOWER COST OF CARE ST LUKE'S IS A 6-TIME RECIPIENT OF THIS OUTSTANDING RECOGNITION STAGE 7 DESIGNATION ON THE HIMSS ANALYTICS ELECTRONIC MEDICAL RECORD ADOPTION MODEL -----</p> <p>----- ST LUKE'S IS THE FIRST NETWORK IN LEHIGH VALLEY TO EARN THE PRES</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>TIGIOUS DESIGNATION AT ALL OF ITS HOSPITALS, INCLUDING THE ST LUKE'S WARREN CAMPUS, WHICH IS THE FIRST HOSPITAL IN NEW JERSEY TO ACHIEVE STAGE 7 LESS THAN 5 PERCENT OF U S HOSPI TALS 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 FOLLOW ING A RIGOROUS REVIEW PROCESS, HIMSS ANALYTICS GRADES HOSPITALS ON THEIR APPLICATION OF EL ECTRONIC MEDICAL RECORDS THE STAGE 7 DESIGNATION RECOGNIZES ST LUKE'S EXTENSIVE AND CREA TIVE 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 ACCREDI TATION ----- THE AMERICAN COLL EGE OF CARDIOLOGY (ACC) HAS RECOGNIZED ST LUKES FOR ITS DEMONSTRATED EXPERTISE AND COMMITM ENT IN TREATING PATIENTS WITH CHEST PAIN ST LUKES WAS AWARDED CHEST PAIN CENTER ACCREDITA TION WITH PRIMARY PCI BASED ON RIGOROUS ONSITE EVALUATION OF THE STAFFS ABILITY TO EVALUAT E, DIAGNOSE AND TREAT PATIENTS WHO MAY BE EXPERIENCING A HEART ATTACK U S NEWS &amp; WORLD R EPORT- TOP PERFORMANCE ----- ST LUKE'S HAS BEEN NAMED AS TOP PERFORMER IN DIABETES &amp; ENDOCRINOLOGY, GASTROENTEROLOGY &amp; GI SURGERY, GERIATRICS, NEPHROLOGY, NEUROLOGY &amp; NEUROSURGERY, ORTHOPEDICS, PULMONARY AND UROLOGY U S NEWS EVALUA TES HOSPITALS IN THE FOLLOWING INPATIENT VOLUME, USE OF KEY TECHNOLOGIES, SURVIVAL, PHYSI CIAN REPUTATION SCORE, PATIENT SAFETY, NURSE STAFFING U S NEWS &amp; WORLD REPORT- AMERICAS BEST HOSPITALS ----- THE GOAL OF THE U S NEW S &amp; WORLD REPORT BEST HOSPITALS STUDY IS TO DETERMINE WHICH HOSPITALS PROVIDE THE BEST CAR E FOR THE SICKEST PATIENTS WITH THE MOST COMPLICATED MEDICAL CONDITIONS AND SURGICAL PROCE DURES THE JOINT COMMISSION TOP PERFORMER ON KEY QUALITY MEASURES RECOGNITION ----- THIS RECOGNITION IS GIVEN TO HOSPITALS FOR ACHIEVING EXCELLENCE IN PROVIDING EVIDENCE-BASED CARE FOR HEART ATTACK, HEAR T FAILURE, PNEUMONIA AND SURGERY LEAPFROG HOSPITAL SAFETY A RATING (HIGHEST) ----- THE LEAPFROG GROUP IS A NATIONAL COALITION OF LARGE EMPLOY ERS, WHICH PUBLISHES A BIANNUAL HOSPITAL SAFETY SCORE ST LUKE'S HAS BEEN THE RECIPIENT O F "A" RATINGS FROM LEAPFROG THE SAFETY SCORE RATES HOSPITALS IN THE USE OF ELECTRONIC MED ICAL RECORD, ICU PHYSICIAN STAFFING, MEDICATION SAFETY, INFECTIONS AND ERROR PREVENTION B LUE DISTINCTION CENTERS FOR CARDIAC CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS (BDC) DESIGNATION SIGNIFIES THAT YOUR FACIL ITYS CARDIAC PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DEL IVERING QUALITY SPECIALTY CARE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS+ (BDC+) ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CARE BLUE DISTINCTION CENTERS FOR MATERNITY CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS (BDC) DESIGNATION SIGNIFIES THAT YOUR FACILITY'S MATERNITY PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS+ (BDC+) ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CARE BLUE DISTINCTION CENTERS FOR BARIATRIC SURGERY ----- THE BLUE DISTINCTION CENTERS (BDC) DESIGNATION SIGNIFIES THAT YOUR FACILITY'S BARIATRIC PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS+ (BDC+) ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CARE WOMENS CHOICE AWARD AS ONE OF AMERICAS BEST HOSPITALS FOR OBSTETRICS -----</p> <p>----- ST LUKE'S UNIVERSITY HEALTH NETWORK'S ALLENTOWN AND BETHLEHEM CAMPUSES HAVE RECEIVED WOMENS CHOICE AWARDS FOR BEING AMONG AMERICA'S BEST HOSPITALS FOR OBSTETRICS THIS EVIDENCE-BASED DESIGNATION IS THE ONLY AWARD THAT IDENTIFIES THE COUNTRY'S BEST HEALTHCARE INSTITUTIONS BASED ON ROBUST CRITERIA 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 LUKE'S, REPRESENTS HOSPITALS THAT OFFER EXCEPTIONAL OBSTETRIC SERVICES WHICH RANKED ABOVE THE NATIONAL AVERAGE FOR PATIENT SAFETY, THEREBY SUPPORTING A WOMAN'S DECISION WHEN CHOOSING THE BEST FOR HER MATERNITY NEEDS AMERICAN HEART/STROKE GET WITH THE GUIDELINES TARGET, STROKE GOLD PLUS HONOR ROLL ELITE -----</p> <p>----- THE AWARD RECOGNIZES HOSPITALS THAT DEMONSTRATE 85 PERCENT OR GREATER COMPLIANCE IN EACH OF THE 7 GET WITH THE GUIDELINES STROKE ACHIEVEMENT MEASURES FOR 24 CONSECUTIVE MONTHS</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AMERICAN COLLEGE OF SURGERY COMMISSION ON CANCER (ACOS COC) COC ACCREDITATION -----</p> <p>----- THE ACOS COC ACCREDITATION RECOGNIZES A CANCER PROGRAM THAT MEETS THE FOLLOWING STANDARDS - COMPREHENSIVE CARE INCLUDING A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS - INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS - ACCESS TO PREVENTION AND EARLY DETECTION PROGRAMS, CANCER EDUCATION, AND SUPPORT SERVICES - A CANCER REGISTRY THAT OFFERS LIFELONG PATIENT FOLLOW-UP - ONGOING MONITORING AND IMPROVEMENTS IN CANCER CARE HOSPITAL AND HEALTH ASSOCIATION OF PENNSYLVANIA (HAP) ACHIEVEMENT AWARDS PROGRAM -----</p> <p>-- EACH YEAR HAP HONORS HOSPITALS AND HEALTH SYSTEMS FOR THEIR INNOVATION, CREATIVITY, AND COMMITMENT TO PATIENT CARE THROUGH ITS ACHIEVEMENT AWARDS PROGRAM ST LUKE'S CONTINUES TO HOLD THE DISTINCTION OF WINNING THE MOST HAP ACHIEVEMENT AWARDS OF ANY HEALTH SYSTEM IN THE STATE, HAVING WON 19 AWARDS SINCE 2010 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, MORTALITY, SAFETY, PATIENT EXPERIENCE AND APPROPRIATE HOSPITAL USE PREMIER, INC IS A HEALTHCARE 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 PRACTICE AND COST REDUCTION STRATEGIES THE QUEST COLLABORATIVE INCLUDES OVER 370 HOSPITALS NATIONALLY WHICH HAVE COMMITTED TO SAVE LIVES, SAFELY REDUCE THE COST OF CARE, DELIVER THE MOST EFFECTIVE CARE, IMPROVE PATIENT SAFETY, AND INCREASE PATIENT SATISFACTION OF THE 370 HOSPITALS, 30 RECEIVED A QUEST AWARD ST LUKE'S RECEIVED 4 OF THE 30 AWARDS IN 2015 NATIONAL COMMITTEE FOR QUALITY ASSURANCE -----</p> <p>----- 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 LUKE'S UNIVERSITY HEALTH NETWORK HAS MORE PHYSICIAN PRACTICES THAT ARE NCQA RECOGNIZED THAN ANY OTHER AREA HOSPITAL ACCREDITED CENTER OF EXCELLENCE FOR BARIATRIC SURGERY ----- 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 (MBSAQIP) ST LUKES ALLENTOWN CAMPUS HAS BEEN MBSAQIP ACCREDITED SINCE 2010 AMERICAN COLLEGE OF RADIOLOGY CEN</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>TER OF EXCELLENCE ----- ST LUKE'S REGIONAL B REAST 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 ----- ST LUKE'S 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 PROVIDERS THAT RANK IN THE TOP 20% RECEIVE THE SUPERIOR PERFORMER AWARD BEST HOME HEALTH PATIENT SATISFACTION TOP 20% SUPERIOR PERFORMER AWARDS ----- ST LUKE'S VISITING NURSE ASSOCIATION HAS EARNED THE SHPBEST SUPERIOR PERFORMER AWARD FOR HOME HEALTH PATIENT SATISFACTION 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 PROVIDERS THAT RANK IN THE TOP 20% RECEIVE THE SUPERIOR PERFORMER AWARD NATIONAL CANCER INSTITUTE'S NATIONAL CLINICAL TRIALS NETWORK - HIGH PERFORMANCE SITE AWARD ----- ST LUKE'S PARTICIPATED IN 16 NCI-SPONSORED CLINICAL TRIALS DURING THIS YEAR'S AWARD PERIOD FROM MARCH 1, 2016 THROUGH FEB 28, 2017 THE HPSI COMPENSATES HIGH-PERFORMING SITES RECOGNIZING THAT THE "PER-CASE MANAGEMENT FUNDING" PROVIDED BY THE NCI IS SIGNIFICANTLY LOWER THAN THE ACTUAL COSTS INCURRED BY THE MEMBER INSTITUTIONS/SITES TO PARTICIPATE ON A TRIAL THE AMOUNT OF THE AWARD WAS BASED ON \$</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>T LUKES OVERALL TRIALS NETWORK PARTICIPATION, EVIDENCE OF INTEGRATION ACTIVITIES AND DATA QUALITY WITHIN THE PROGRAM THIS AWARD WILL BE USED FOR INFRASTRUCTURE SUPPORT TO COVER COSTS RELATED TO CONTINUED SUCCESSFUL PARTICIPATION IN NATIONAL CLINICAL TRIALS AT ST LUKE'S ST LUKE'S UNIVERSITY HEALTH NETWORK PARTICIPATES IN MORE THAN 145 CLINICAL TRIALS, ENROLLING AN AVERAGE OF 200+ PATIENTS IN ANY GIVEN YEAR MOST WIRED' BY THE COLLEGE OF HEALTH CARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) ----- HOSPITALS AND HEALTH SYSTEMS AT THE FOREFRONT OF USING HEALTHCARE IT TO IMPROVE THE DELIVERY OF CARE HAVE MAXIMIZED THE BENEFITS OF FOUNDATIONAL TECHNOLOGIES AND ARE EMBRACING NEW TECHNOLOGIES THAT SUPPORT POPULATION MANAGEMENT AND VALUE-BASED CARE THE MOST SUCCESSFUL ORGANIZATIONS NOT ONLY ADOPT TECHNOLOGY BUT APPLY IT STRATEGICALLY TO ACHIEVE GREAT OUTCOMES, ACCORDING TO CHIME'S HEALTHCARE'S MOST WIRED SURVEY AND ANALYSIS HEALTHCARE'S MOST WIRED, NOW IN ITS 20TH YEAR, TRADITIONALLY TRACKED THE ADOPTION OF HEALTHCARE IT IN HOSPITALS AND HEALTH SYSTEMS CHIME TOOK OVER THE MOST WIRED PROGRAM AND REVISED THE SURVEY QUESTIONS AND METHODOLOGY THIS YEAR TO HIGHLIGHT STRENGTHS AND GAPS IN THE INDUSTRY THE GOAL IS TO IDENTIFY BEST PRACTICES AND PROMOTE THE STRATEGIC USE OF HEALTHCARE IT TO ELEVATE THE HEALTH AND CARE OF COMMUNITIES AROUND THE WORLD ST LUKE'S REGIONAL B REAST CARE CENTER AMERICAN COLLEGE OF RADIOLOGY DESIGNATED CENTER OF EXCELLENCE HEALTHGRAD ES ----- - TOP 250 HOSPITALS IN THE U S (2018) - AMERICAS 100 BEST HOSPITALS FOR CRITICAL CARE AWARD (2018) - AMERICAS 100 BEST HOSPITALS FOR GI CARE AWARD (2018) - AMERICAS 100 BEST HOSPITALS FOR GENERAL SURGERY AWARD (2018) - AMERICAS 100 BEST HOSPITALS FOR PULMONARY AWARD (2018) - AMERICAS 100 BEST HOSPITALS FOR STROKE CARE AWARD (2018) - CRANIAL NEUROSURGERY EXCELLENCE AWARD (2018) - NEUROSCIENCE EXCELLENCE AWARD (2018) - CARDIAC SURGERY EXCELLENCE AWARD (2018)</p>

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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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CORE FORM, PART VI, SECTION A, QUESTION 4	<p>ON SEPTEMBER 11, 2017, ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK") ENTERED INTO A DEFINITIVE AGREEMENT (THE "AFFILIATION AGREEMENT") WITH BLUE MOUNTAIN HEALTH SYSTEM, INC ("BMHS") AS OF THE DATE OF THE AFFILIATION AGREEMENT, BMHS WAS THE SOLE MEMBER OF BLUE MOUNTAIN HOSPITAL ("BMH") AND CMS MEDICAL CARE CORPORATION ("CMS"), A WHOLLY CONTROLLED SUBSIDIARY OF BMH IN ADDITION, ON SEPTEMBER 15, 2017, ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK") ENTERED INTO A DEFINITIVE AGREEMENT (THE "AFFILIATION AGREEMENT") WITH SACRED HEART HEALTHCARE SYSTEM ("SHHS"), SACRED HEART HOSPITAL OF ALLENTOWN ("SHH"), SH REALTY CORPORATION ("SHRC"), SACRED HEART ANCILLARY SERVICES, INC ("SHAS"), QUALITY PATIENT CARE, LLC ("QPC"), AND SACRED HEART FOUNDATION ("SHF") ON DECEMBER 31, 2017, SUBSEQUENT TO THE SATISFACTION OF ALL CONDITIONS PRECEDENT, THE BLUE MOUNTAIN AFFILIATION WAS COMPLETED AND CONSUMMATED ACCORDINGLY, PURSUANT TO THE TERMS OF THE AFFILIATION AGREEMENT, BMHS WAS STATUTORILY MERGED INTO BMH THE NETWORK BECAME THE SOLE MEMBER OF BMH AND CMS BMH AND CMS ARE PENNSYLVANIA NONPROFIT CORPORATIONS AND ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED (THE "CODE") ON MARCH 1, 2018, SUBSEQUENT TO THE SATISFACTION OF ALL CONDITIONS PRECEDENT, THE SACRED HEART AFFILIATION WAS COMPLETED AND CONSUMMATED ACCORDINGLY, PURSUANT TO THE TERMS OF THE AFFILIATION AGREEMENT (I) THE NETWORK BECAME THE SOLE MEMBER OF SHHS AND SHH, (II) SHH IS THE SOLE MEMBER OF EACH OF SHRC, SHF AND QPC, AND (III) SHH IS THE SOLE STOCKHOLDER OF SHAS SHHS, SHH AND SHF ARE PENNSYLVANIA NONPROFIT CORPORATIONS AND ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE THE CODE SHRC IS A PENNSYLVANIA NONPROFIT CORPORATION AND ORGANIZATION DESCRIBED UNDER SECTION 501(C)(2) OF THE CODE QPC IS A PENNSYLVANIA FOR PROFIT LIMITED LIABILITY CORPORATION AND SHAS IS A PENNSYLVANIA FOR PROFIT CORPORATION ACCORDINGLY, THE NETWORK'S ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED AND RESTATED TO REFLECT THIS ORGANIZATION AS THE SOLE MEMBER OF BMH, CMS, SHHS AND SHH</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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, TRUSTEES, BOARD COMMITTEE MEMBERS AND SENIOR MANAGEMENT ANNUALLY THE NETWORK'S COMPLIANCE DEPARTMENT, INCLUDING ITS CORPORATE COMPLIANCE OFFICER AND SENIOR VICE PRESIDENT/GENERAL COUNSEL, ASSUME RESPONSIBILITY FOR THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRES AND ENFORCEMENT WITH THE POLICY IF A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT MAY BE DISCLOSED TO THE ORGANIZATION'S GOVERNING BODY, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD AFTER CONSULTATION AND DISCUSSION THE BOARD OF TRUSTEES MAY TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE NETWORK'S CONFLICT OF INTEREST POLICY

**990 Schedule O, Supplemental Information**

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 TRUSTEES THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS PLEASE REFER TO THE SCHEDULE J, PART III RESPONSE TO SCHEDULE J, PART I, QUESTION 3 FOR A MORE DETAILED DESCRIPTION

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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 TRUSTEES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII, SECTION A, COLUMN B	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 TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE NETWORK. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS 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 INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK, NOT SOLELY THIS ORGANIZATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CONTRIBUTIONS/DONATIONS RECEIVED - TEMPORARILY RESTRICTED - \$3,397,238, - BEGINNING TEMPORARILY RESTRICTED NET ASSETS OF ACQUISITION - TEMPORARILY RESTRICTED - \$404,764, - PLEDGES RECEIVED - TEMPORARILY RESTRICTED - (\$2,683,051), - NEW PLEDGES - TEMPORARILY RESTRICTED - \$5,002,966, - NET GAIN FROM INVESTMENTS - TEMPORARILY RESTRICTED - \$214,441, - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT - TEMPORARILY RESTRICTED - (\$266,570), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - TEMPORARILY RESTRICTED - (\$2,437,558), - NET ASSETS RELEASED FROM RESTRICTION USED FOR CAPITAL CAMPAIGN OF PROPERTY AND EQUIPMENT - TEMPORARILY RESTRICTED - (\$1,635,989), - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - TEMPORARILY RESTRICTED - (\$214,441), - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - TEMPORARILY RESTRICTED - (\$87,481), - APPRECIATION TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED - \$2,958,119, - INCOME TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED - \$493,927, - OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS - (\$3), - OTHER TRANSFERS - TEMPORARILY RESTRICTED - (\$7,875), - CONTRIBUTIONS/DONATIONS RECEIVED - PERMANENTLY RESTRICTED - \$1,870,816, - BEGINNING PERMANENTLY RESTRICTED NET ASSETS OF ACQUISITION - PERMANENTLY RESTRICTED - \$3,394,034, - INCOME FROM INVESTMENTS - PERMANENTLY RESTRICTED - \$1,716,629, - NET REALIZED GAIN ON SALE FROM INVESTMENTS - PERMANENTLY RESTRICTED - \$253,601, - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - PERMANENTLY RESTRICTED - (\$541,893), - APPRECIATION TRANSFER FROM/TO ENDOWMENT - PERMANENTLY RESTRICTED - (\$2,958,118), - INCOME TRANSFER TO TEMPORARILY RESTRICTED - PERMANENTLY RESTRICTED - (\$381,859), AND - OTHER CHANGES - PERMANENTLY RESTRICTED - \$26,769</p>



**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, 2018 AND JUNE 30, 2017, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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As Filed Data -

DLN: 93493134024119

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKE'S HEALTH NETWORK INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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	
<b>(1)</b> SH ASSISTED LIVING 3910 ADLER PLACE BETHLEHEM, PA 18017 20-0546001	MEDICAL OFFICE	PA	NA									

**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	C CORP	50,828	1,398,024	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> SACRED HEART ANCILLARY SERVICES INC 421 W CHEW STREET ALLENTOWN, PA 18102 23-2384987	HEALTHCARE SVCS	PA	NA	C CORP					No

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

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

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

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

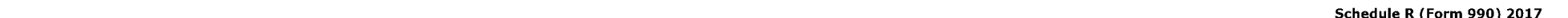
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[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
801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352213	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 45-4394739	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 46-5143606	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352203	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 25-1550350	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 23-2380812	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 23-2179542	HEALTH SVCS	PA	501(c)(3)	170B1AIII	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 23-2543924	INACTIVE	PA	501(c)(3)	170B1AIII	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 23-2418254	INACTIVE	PA	501(c)(3)	509(A)(2)	VNA		No
801 OSTRUM STREET BETHLEHEM, PA 18015 24-0795497	HEALTH SVCS	PA	501(c)(3)	509(A)(1)	SLB		No
185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-1494454	HEALTH SVCS	NJ	501(c)(3)	HOSPITAL	SLHN	Yes	
211 NORTH 12TH STREET LEHIGHTON, PA 18235 24-0795436	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
211 NORTH 12TH STREET LEHIGHTON, PA 18235 23-2473899	HEALTH SVCS	PA	501(c)(3)	170B1AIII	SLHN	Yes	
421 W CHEW STREET ALLENTOWN, PA 18102 23-2328297	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	SLHN	Yes	
421 W CHEW STREET ALLENTOWN, PA 18102 23-1352208	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
421 W CHEW STREET ALLENTOWN, PA 18102 23-2328300	FUNDRAISING	PA	501(c)(3)	509(A)(1)	SHH		No
421 W CHEW STREET ALLENTOWN, PA 18102 23-2384986	HOLDING CO	PA	501(c)(2)		SHH		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	INACTIVE	PA	APP PENDING	HOSPITAL	SLHN	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	INACTIVE	PA	APP PENDING	170B1AIII	GSL HOSPITAL		No