

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** (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 62,696,427)
See Additional Data

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

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

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

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

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a | No |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c Yes | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | No |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | No |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

Form **990** (2018)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 15 | | |
| 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 Enter the number of voting members included in line 1a, above, who are independent | 1b 12 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 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? | 16b | |

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 LICHTENWALNER 801 OSTRUM STREET BETHLEHEM, PA 180151000 (484) 526-4000

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

☒

● 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]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 13,309,789 | 1,883,714 |

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

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

Section B. Independent Contractors

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

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

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|----------------------|--|---|--|
| 1a Federated campaigns | 1a | | | |
| b Membership dues | 1b | | | |
| c Fundraising events | 1c | | | |
| d Related organizations | 1d | | | |
| e Government grants (contributions) | 1e | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| g Noncash contributions included in lines 1a - 1f: \$ _____ | | | | |
| h Total. Add lines 1a-1f | 0 | | | |

Program Service Revenue

| | Business Code | | | | |
|---|---------------|------------|------------|--|--|
| 2a EQUITY IN NET INCOME OF ST. LUKE'S | | | | | |
| b UNIVERSITY HEALTH NETWORK AFFILIATES | 900099 | 62,696,427 | 62,696,427 | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f All other program service revenue. | | | | | |
| g Total. Add lines 2a-2f | | 62,696,427 | | | |

Other Revenue

| | | | | | |
|---|----------------|---------------|------------|--|--|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 0 | | | |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 Royalties | | 0 | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | | |
| b Less: rental expenses | | | | | |
| c Rental income or (loss) | 0 | 0 | | | |
| d Net rental income or (loss) | | | 0 | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less: cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) | | | 0 | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 0 | | | |
| b Less: direct expenses | b | 0 | | | |
| c Net income or (loss) from fundraising events | | | 0 | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | |
| b Less: direct expenses | b | 0 | | | |
| c Net income or (loss) from gaming activities | | | 0 | | |
| 10a Gross sales of inventory, less returns and allowances | a | 0 | | | |
| b Less: cost of goods sold | b | 0 | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 0 | | | |
| 12 Total revenue. See Instructions. | | 62,696,427 | 62,696,427 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 0 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| 10 Payroll taxes | 0 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 0 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 0 | | | |
| 17 Travel | 0 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 0 | 0 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 833,151,088 | 13 | 893,027,904 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 833,151,088 | 16 | 893,027,904 | |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 17 | 0 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 739,515,171 | 27 | 791,152,854 |
| | 28 Temporarily restricted net assets | 93,635,917 | 28 | 101,875,050 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 833,151,088 | 33 | 893,027,904 | |
| 34 Total liabilities and net assets/fund balances | 833,151,088 | 34 | 893,027,904 | |

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 62,696,427 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 0 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 62,696,427 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 833,151,088 |
| 5 | Net unrealized gains (losses) on investments | 5 | -11,566,978 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 8,747,367 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 893,027,904 |

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | 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 | |
| 2c | 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 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 3b | 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 (2018)

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 ORGANIZATONS 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 | 184,197 | 11,624 |
| ROBERT B BLACK 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 | 2,220,852 | 344,393 |
| ROBERT GAYNER MD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT J GREY TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PAUL E HUCK TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID M LOBACH JR TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DOUGLAS A MICHELS TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID MUETHING TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT A OSTER 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 | | | |
| ROBERT D RUMFIELD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CHARLES D SAUNDERS MD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| 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 |
| FAUST E CAPOBIANO TRUSTEE (TERMED 10/31/18) | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JOHN M DALY MD TRUSTEE (TERMED 10/31/18) | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DANIEL P PETROZZO TRUSTEE (TERMED 8/31/18) | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER | 55.0 0.0 | | | X | | | | 0 | 1,142,265 | 202,200 |
| THOMAS P LICHTENWALNER SVP FINANCE & CFO | 55.0 0.0 | | | X | | | | 0 | 1,127,837 | 258,512 |

| 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 | | | |
| EDWARD R NAWROCKI PRESIDENT, EAST REGION | 55.0 0.0 | | | | X | | | 0 | 652,091 | 138,022 |
| WILLIAM E MOYER PRESIDENT, WEST REGION | 55.0 0.0 | | | | X | | | 0 | 579,737 | 83,950 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HEALTH NETWORK INC

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 8
- 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 | | |
| See Additional Data Table | | | | | | |
| Total | 8 | | | | 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|----|--|---------|---------|---------|---------|---------|----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|----|--|----|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

| | | | |
|--|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| <div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div> | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div> | | |

Part V

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018: | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

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 |
|------------------------------|
| |

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

| (i)Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (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 |
| (A) ST LUKE'S HOSPITAL ANDERSON CAMPUS | 454394739 | 3 | Yes | | 0 | 0 |
| (B) ST LUKE'S HOSPITAL MONROE CAMPUS | 465143606 | 3 | Yes | | 0 | 0 |
| (C) ST LUKE'S QUAKERTOWN HOSPITAL | 231352203 | 3 | Yes | | 0 | 0 |
| (D) ST LUKE'S WARREN HOSPITAL INC | 221494454 | 3 | Yes | | 0 | 0 |
| (E) CARBON-SCHUYLKILL COMMUNITY HOSPITAL | 251550350 | 3 | Yes | | 0 | 0 |
| (F) BLUE MOUNTAIN HOSPITAL INC | 240795436 | 3 | Yes | | 0 | 0 |
| (G) SACRED HEART HOSPITAL OF ALLENTOWN | 231352208 | 3 | Yes | | 0 | 0 |

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

OMB No. 1545-0047

2018

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

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

☐ 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.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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 | 93,635,917 | 82,599,813 | 74,783,862 | 73,803,247 | 69,615,118 |
| b Contributions | 7,560,553 | 7,500,488 | 5,429,546 | 3,693,901 | 4,933,111 |
| c Net investment earnings, gains, and losses | 9,607,846 | 4,702,309 | 6,462,125 | 534,710 | 4,290,277 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 8,929,266 | 1,166,693 | 4,075,720 | 3,247,996 | 5,035,259 |
| f Administrative expenses | | | | | |
| g End of year balance | 101,875,050 | 93,635,917 | 82,599,813 | 74,783,862 | 73,803,247 |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 100.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 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).) . . . ▶ | | | | |

Schedule D (Form 990) 2018

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 | 893,027,904 | F |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 893,027,904 | |

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.

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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, 2019 AND JUNE 30, 2018; 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 \$51,067,902 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$105,709,387 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&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 | G AMOUNT. THE TOTAL IS REDUCED BY THE INCOME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MADE BY THE DONORS. THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30. IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% PERCENT ANNUALLY, CONSISTENT WITH ITS INTENTION TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS. |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2018 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization ST LUKE'S HEALTH NETWORK INC | | Employer identification number 23-2384282 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes 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 | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | Yes |
| b Any related organization? | | 6b | Yes |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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 2018 FORMS W-2. |

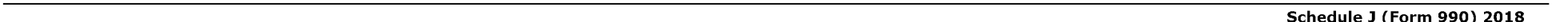
| Return Reference | Explanation |
|--------------------------------|--|
| SCHEDULE J, PART I; QUESTION 3 | <p>COMPENSATION REVIEW ----- EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS. TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF TRUSTEES. THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. BONUS/INCENTIVE -----</p> <p>----- THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS, INCLUDING JOINT COMMISSION, PENNSYLVANIA DEPARTMENT OF HEALTH AND PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION ACCREDITATIONS, EVIDENCE-BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES, SUCH AS PATIENT SATISFACTION, MORTALITY RATE, AND LENGTH OF STAY; EFFICIENCY MEASURES AS DEMONSTRATED BY COST-PER-ADJUSTED DISCHARGE AND NET INCOME. OTHER REPORTABLE COMPENSATION ----- OTHER BENEFITS INCLUDE DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. DEFERRED COMPENSATION ----- DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2018 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 2018 FORM W-2. COMPENSATION REPORTED ON PRIOR 990 ----- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION.</p> |

| Return Reference | Explanation |
|---------------------------------|---|
| SCHEDULE J, PART I; QUESTION 4B | <p>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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$229,338; THOMAS P. LICHTENWALNER, \$163,851 AND FRANK FORD, \$369,506. 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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$280,779; JOEL D. FAGERSTROM, \$112,177; THOMAS P. LICHTENWALNER, \$94,672; FRANK FORD, \$52,232; ROBERT L. WAX, ESQ., \$72,381; JEFFREY A. JAHRE, \$78,440; ROBERT E. MARTIN, \$69,322; CAROL A. KUPLEN, RN, MSN, \$68,381; DEAN W. EVANS, \$62,344; EDWARD R. NAWROCKI, \$63,343 AND WILLIAM E. MOYER, \$46,662. 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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$312,871; JOEL D. FAGERSTROM, \$168,594; THOMAS P. LICHTENWALNER, \$231,728; FRANK FORD, \$12,858; ROBERT L. WAX, ESQ., \$83,504; ROBERT E. MARTIN, \$198,777; CAROL A. KUPLEN, RN, MSN, \$98,831; DEAN W. EVANS, \$156,302; EDWARD R. NAWROCKI, \$95,035 AND WILLIAM E. MOYER, \$54,145.</p> |

| Return Reference | Explanation |
|---|--|
| SCHEDULE J, PART I; QUESTIONS 6A AND 6B | THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN 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. |

| Return Reference | Explanation |
|--------------------------------|--|
| SCHEDULE J, PART I; QUESTION 7 | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2018 WHICH WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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. |

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE J, PART II; COLUMN F | THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR FORMS 990. THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$229,338, THOMAS P. LICHTENWALNER, \$163,851 AND FRANK FORD, \$369,506. |



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 | | | | |
| SAMUEL R GIAMBER MD CHAIRMAN - TRUSTEE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 165,447 | ----- 250 | ----- 18,500 | ----- 10,146 | ----- 1,478 | ----- 195,821 | ----- 0 |
| RICHARD A ANDERSON TRUSTEE-PRESIDENT/CEO-SLUHN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 987,245 | ----- 674,968 | ----- 558,639 | ----- 332,121 | ----- 12,272 | ----- 2,565,245 | ----- 229,338 |
| JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 678,672 | ----- 332,108 | ----- 131,485 | ----- 183,719 | ----- 18,481 | ----- 1,344,465 | ----- 0 |
| THOMAS P LICHTENWALNER SVP FINANCE & CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 541,077 | ----- 307,299 | ----- 279,461 | ----- 250,978 | ----- 7,534 | ----- 1,386,349 | ----- 163,851 |
| FRANK FORD CHIEF INT OFF (7/18-12/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 302,516 | ----- 133,602 | ----- 440,594 | ----- 32,108 | ----- 10,668 | ----- 919,488 | ----- 369,506 |
| ROBERT L WAX ESQ SVP GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 490,525 | ----- 234,903 | ----- 72,831 | ----- 98,629 | ----- 19,562 | ----- 916,450 | ----- 0 |
| JEFFREY A JAHRE MD SVP MEDICAL & ACADEMIC AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 473,123 | ----- 225,292 | ----- 97,261 | ----- 19,250 | ----- 13,035 | ----- 827,961 | ----- 0 |
| ROBERT E MARTIN SVP NETWORK DEVELOPMENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 401,532 | ----- 201,697 | ----- 89,802 | ----- 218,027 | ----- 14,814 | ----- 925,872 | ----- 0 |
| ALDO CARMONA SVP CLINICAL INTEGRATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 505,363 | ----- 151,974 | ----- 20,480 | ----- 6,875 | ----- 15,522 | ----- 700,214 | ----- 0 |
| CAROL A KUPLEN RN MSN SVP CNO & PRESIDENT SLHB | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 384,535 | ----- 194,926 | ----- 88,379 | ----- 118,081 | ----- 10,385 | ----- 796,306 | ----- 0 |
| ROCHELLE M SCHALLER SVP HUMAN RESOURCES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 309,213 | ----- 162,079 | ----- 19,190 | ----- 19,250 | ----- 11,361 | ----- 521,093 | ----- 0 |
| CHAD T BRISENDINE VP & CHIEF INFORMATION OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 441,651 | ----- 429,973 | ----- 18,770 | ----- 11,000 | ----- 19,884 | ----- 921,278 | ----- 0 |
| DENNIS J DOUGHERTY PRESIDENT/CEO ST. LUKE'S PT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 309,787 | ----- 547,167 | ----- 838 | ----- 19,250 | ----- 10,047 | ----- 887,089 | ----- 0 |
| DEAN W EVANS SVP VALUE BASED I&P RELATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 369,269 | ----- 184,214 | ----- 101,324 | ----- 175,552 | ----- 1,713 | ----- 832,072 | ----- 0 |
| EDWARD R NAWROCKI PRESIDENT, EAST REGION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 395,441 | ----- 174,117 | ----- 82,533 | ----- 114,285 | ----- 23,737 | ----- 790,113 | ----- 0 |
| WILLIAM E MOYER PRESIDENT, WEST REGION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 376,384 | ----- 156,001 | ----- 47,352 | ----- 73,395 | ----- 10,555 | ----- 663,687 | ----- 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

2018**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>FOUNDED IN 1872 TO CARE FOR WORKERS AT THE STEEL FOUNDRIES IN BETHLEHEM, ST. LUKES UNIVERSITY HEALTH NETWORK ("ST. LUKES NETWORK") IS A FULLY INTEGRATED, REGIONAL, NON-PROFIT NETWORK OF MORE THAN 15,000 EMPLOYEES PROVIDING SERVICES AT 11 HOSPITALS AND MORE THAN 320 OUTPATIENT SITES. WITH ANNUAL NET REVENUE GREATER THAN \$2.1 BILLION, THE NETWORK'S SERVICE AREA INCLUDES 11 COUNTIES: LEHIGH, NORTHAMPTON, BERKS, BUCKS, CARBON, LUZERNE, MONTGOMERY, MONROE AND SCHUYLKILL COUNTIES IN PENNSYLVANIA AND WARREN AND HUNTERDON COUNTIES IN NEW JERSEY. ST. LUKES, A NOT-FOR-PROFIT 501(C)(3) TAX-EXEMPT ORGANIZATION, IS COMMITTED TO CARING FOR THE SICK AND INJURED REGARDLESS OF THEIR ABILITY TO PAY, EDUCATING OUR HEALTH CARE PROFESSIONALS AND IMPROVING THE OVERALL HEALTH OF THE COMMUNITIES IT SERVES. DURING THE FISCAL YEAR ENDED JUNE 30, 2019 ("FY19") ST. LUKES PROVIDED EXTENSIVE FINANCIAL ASSISTANCE AS DEFINED AS CARE PROVIDED TO THE COMMUNITY WITHOUT CHARGE. FINANCIAL ASSISTANCE PLUS BAD DEBT AT COST THOSE CHARGES HOSPITALS INITIALLY ANTICIPATED WOULD BE PAID BUT LATER DETERMINED WERE UNCOLLECTIBLE TOGETHER COMPRISE THE HOSPITALS TOTAL UNCOMPENSATED CARE COSTS. IN FY19 ST. LUKES UNCOMPENSATED CARE TOTALED OVER \$21,500,000. IN ADDITION, ST. LUKES CARED FOR PATIENTS WHO ARE COVERED BY MEDICAID. THE DIFFERENCE BETWEEN THE COST OF CARE AND WHAT MEDICAID REIMBURSED ST. LUKES FOR THAT CARE WAS \$113,955,000 (MEDICAID SHORTFALL). ST. LUKES STRIVES ENDLESSLY TO PROVIDE THE HIGHEST QUALITY CARE AT THE LOWEST COST AND HAS BEEN RECOGNIZED BY VARIOUS RATING ORGANIZATIONS AS A HIGH VALUE PROVIDER. THE NETWORK OPERATES ON A CONSERVATIVE MARGIN. ANY EXCESS REVENUE EARNED IS CONTINUOUSLY REINVESTED ON BEHALF OF THE COMMUNITY TO IMPROVING HEALTH CARE SERVICES. MISSION ===== THE MISSION OF ST. LUKES UNIVERSITY HOSPITAL IS TO CARE FOR THE SICK AND INJURED REGARDLESS OF THEIR ABILITY TO PAY, IMPROVE OUR COMMUNITIES OVERALL HEALTH, AND EDUCATE OUR HEALTH CARE PROFESSIONALS. THE MISSION WILL BE ACCOMPLISHED BY THE FOLLOWING: - MAKING THE PATIENT OUR HIGHEST PRIORITY. - PROMOTING HEALTHY LIFESTYLES AND CONTINUOUSLY IMPROVING CARE PROVIDED TO HEAL THE SICK AND INJURED. - COORDINATING AND INTEGRATING SERVICES INTO A SEAMLESS, EASILY ACCESSIBLE SYSTEM OF CARE. - IMPROVING THE LEVEL OF SERVICE PROVIDED THROUGHOUT THE NETWORK. - ENSURING ALL HEALTH CARE SERVICES ARE RELEVANT TO THE NEEDS OF THE COMMUNITY. - STRIVING TO MAXIMIZE THE SATISFACTION OF OUR PATIENTS, EMPLOYEES, MEDICAL STAFF AND VOLUNTEERS AND, - TRAINING ALLIED HEALTH PROFESSIONALS, NURSING AND MEDICAL STUDENTS, AND RESIDENTS AND FELLOWS AND ATTRACTING THEM TO PRACTICE WITHIN OUR NETWORK'S SERVICE AREA. CARING FOR THE SICK AND INJURED IMPROVING QUALITY AND ACCESS =====</p> <p>===== IN KEEPING WITH ITS MISSION, ST. LUKES CONTINUOUSLY WORKS TO IMPROVE BOTH QUALITY OF CARE AND ACCESS TO CARE IN ALL OF THE COMMUNITIES IT SERVES. IN RECENT YEARS, BOTH ST. LUKES AS A NETWORK, AND ITS INDIVIDUAL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>DUAL HOSPITALS AND PROGRAMS, HAVE RECEIVED NUMEROUS, SIGNIFICANT RECOGNITIONS FOR QUALITY. JUST AS IMPORTANT, ST. LUKES HAS MADE GREAT STRIDES IN MAINTAINING AND IMPROVING ACCESS TO CARE, ESPECIALLY IN RURAL AREAS AND URBAN AREAS THAT SERVE LOW INCOME POPULATIONS. IN FY 19, ST. LUKES COMPLETED A \$31 MILLION RENOVATION OF ITS SACRED HEART CAMPUS. RENOVATIONS INCLUDED AN \$11 MILLION INVESTMENT IN THE BEHAVIORAL HEALTH UNIT LOCATED AT THE CAMPUS. THE NUMBER OF BEDS INCREASED FROM 67 TO 109. IN ADDITION, \$4 MILLION HAS BEEN SPENT TO CONVERT THE 4,000-SQUARE-FOOT CLINIC AT SACRED HEART INTO A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). THE CENTERS, WHICH SERVE MEDICALLY UNDERSERVED, UNINSURED AND UNDERINSURED POPULATIONS, QUALIFY FOR ENHANCED REIMBURSEMENTS FOR MEDICARE AND MEDICAID AND OTHER BENEFITS. PRIMARY CARE, PEDIATRICS AND WOMENS HEALTH WILL ALL EXPAND AT THE SIGAL CENTER AND OPERATE UNDER THE NAME STAR WELLNESS. ALLENTOWN CAMPUS PRESIDENT FRANK FORD SAYS THAT FQHCs ARE THE MOST COMPREHENSIVE AND EFFECTIVE MODEL TO DELIVER HEALTH CARE TO THE UNDERSERVED. THE LARGE ST CLINIC IN THE ST. LUKES NETWORK, THE FQHCs AT SACRED HEART OFFER ENHANCED SERVICES, SOCIAL WORKERS, FINANCIAL COUNSELORS AND BETTER ACCESS TO SPECIALISTS AND BEHAVIORAL HEALTH CARE. MANY LOWER INCOME PEOPLE LIVE WITHIN WALKING DISTANCE OF THE CAMPUS AND MANY MORE CAN ACCESS IT BY BUS. ST. LUKES HAS ALSO MADE SIGNIFICANT INVESTMENTS TO IMPROVE ACCESS AND QUALITY OF CARE IN RURAL AREAS. IN 2018, BLUE MOUNTAIN HEALTH SYSTEM JOINED THE NETWORK. SINCE THAT TIME ST. LUKES HAS INVESTED MILLIONS IN THE ST. LUKES LEHIGHTON CAMPUS, FORMERLY GNADEN HUETTEN HOSPITAL. IN ADDITION, ST. LUKES CONVERTED THE SMALLER BLUE MOUNTAIN FACILITY, THE FORMER PALMERTON HOSPITAL, INTO ST. LUKES CARE NOW. FOR MEDICAL NEEDS THAT ARE NOT LIFE THREATENING, CARE NOW PROVIDES WALK-IN CARE AT A LOWER COST THAN AN EMERGENCY ROOM. ST. LUKES HAS COMMITTED AN EVEN GREATER INVESTMENT TO EXPAND ACCESS TO QUALITY HEALTH CARE IN THIS RURAL AREA SERVING MANY LOWER INCOME PEOPLE. AS OF JULY 1, 2019, 23% OF LEHIGHTON'S POPULATION LIVED BELOW THE POVERTY LINE AND 8.4% OF PEOPLE UNDER AGE 65 WERE WITHOUT INSURANCE, ACCORDING TO THE U.S. CENSUS BUREAU. IN OCTOBER, ST. LUKES BROKE GROUND ON THE NEW \$80 MILLION ST. LUKES CARBON CAMPUS OUTSIDE OF LEHIGHTON. THE FULL-SERVICE, THREE-STORY, 155,000-FOOT HOSPITAL WILL BE LOCATED JUST OFF OF THE PENNSYLVANIA TURNPIKE NORTHEAST EXTENSION. MEANWHILE, ST. LUKES HAS CONTINUED TO INVEST IN ITS MINERS CAMPUS IN COALDALE, WHICH JOINED ST. LUKES IN 2000. SINCE 2010, IT HAS INVESTED APPROXIMATELY \$37.6 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS. IN FY19, IT SPENT \$4.2 MILLION TO EXPAND THE EMERGENCY DEPARTMENT, IN ADDITION TO THE \$1.6 MILLION SPENT IN 2017. THE EMERGENCY DEPARTMENT HAS NEARLY DOUBLED TO 25 BEDS. ST. LUKES MINERS CAMPUS WAS THE FIRST HOSPITAL IN PENNSYLVANIA ACCREDITED AS A LEVEL IV TRAUMA CENTER AND IN 2019, THE CENTER WAS RECERTIFIED. ALSO, IN FY19, ST. LUKES MINERS CAMPUS OPE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>NED TWO NEW HOSPITAL-BASED RURAL HEALTH CLINICS, ONE IN SCHUYLKILL COUNTY AND ONE IN CARBO N COUNTY. ST. LUKES MINERS CAMPUS NOW OPERATES FOUR PROVIDER-BASED RURAL HEALTH CLINICS IN TAMAQUA, RINGTOWN, LANSFORD AND NESQUEHONING, PROVIDING 11,431 PATIENT VISITS. THE RURAL HEALTH CLINICS WERE NAMED THE "2018 OUTSTANDING RURAL HEALTH ORGANIZATION" BY THE NATIONAL RURAL HEALTH ASSOCIATION FOR INNOVATIVE PRIMARY CARE AND ACCESS IN RURAL MEDICALLY UNDERS ERVED AREAS. IN AUGUST 2018, ST. LUKES LAUNCHED THE FAMILY MEDICINE RESIDENCY PROGRAM AT S T. LUKES MINERS CAMPUS. THE PROGRAM WILL HAVE A SIGNIFICANT POSITIVE IMPACT ON HEALTH CARE IN THIS AND OTHER RURAL AREAS, BY PROVIDING POST-GRADUATE TRAINING FOR PHYSICIANS WANTING TO PRACTICE FAMILY CARE IN A RURAL SETTING. DEDICATED TO ADVANCING MEDICAL EDUCATION ===== ST. LUKES IS THE PREEMINENT TEACHING HOSPITAL IN CENT RAL-EASTERN PENNSYLVANIA. THE LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY (LKSOM) A ND THE NETWORK ESTABLISHED A CLINICAL CAMPUS FOR THIRD- AND FOURTH-YEAR STUDENTS AT ST. LU KES HOSPITAL IN 2006. THESE STUDENTS COMPLETE ALL REQUIRED CLINICAL ROTATIONS AND TAKE MOS T OF THEIR ELECTIVE ROTATIONS AT ST. LUKES. IN 2011, ST. LUKES SENIOR LEADERSHIP DECIDED T O JOIN LKSOM IN CREATING A REGIONAL MEDICAL SCHOOL CAMPUS: TEMPLE/ST. LUKES. THE INAUGURAL TEMPLE/ST. LUKES CLASS STARTED IN AUGUST OF 2011 AND GRADUATED IN MAY OF 2015. TEMPLE/ST. LUKES STUDENTS SPEND THEIR FIRST YEAR AT THE LKSOM PHILADELPHIA CAMPUS. THEY THEN MOVE TO ST. LUKES UNIVERSITY HOSPITAL FOR YEARS TWO THROUGH FOUR. THIS WILL CHANGE IN 2020, WHEN STUDENTS WILL SPEND ALL FOUR YEARS AT ST. LUKES. IN ADDITION, ST. LUKES CONTINUOUSLY EXPAN DS ITS POST-GRADUATE MEDICAL TRAINING PROGRAMS. THE NUMBER OF RESIDENCIES AND FELLOWSHIPS HAS GROWN FROM 27 IN FY18 TO 30 TODAY AND WILL INCREASE TO 36 IN 2024. IN FY19 ALONE, ST. LUKES ADDED RESIDENCY PROGRAMS IN NEUROLOGY, PSYCHIATRY, FAMILY MEDICINE AND INTERNAL MEDI CINE AND A FELLOWSHIP IN ENDOCRINOLOGY. MEANWHILE, THE NUMBER OF RESIDENTS AND FELLOWS INC REASED FROM 188 TO 226 IN FY19 AND WILL INCREASE TO 430 IN 2024. IT IS EXPECTED THAT ABOUT HALF OF THESE RESIDENTS AND FELLOWS WILL CONTINUE TO WORK AT ST. LUKES FOLLOWING THE COMP LETION OF THEIR PROGRAMS IMPROVING BOTH THE QUALITY OF, AND ACCESS TO, CARE IN THE REGION, WELL INTO THE FUTURE. NURSING EDUCATION IS ALSO A PRIORITY. ST. LUKES OPERATES THE NATION S LONGEST CONTINUOUSLY OPERATING SCHOOL OF NURSING, ESTABLISHED IN 1884. THE 20-MONTH ACCE LERATED PROGRAM FEATURES 900 HOURS OF CLINICAL EXPERIENCE WITHIN THE NETWORK AS WELL AS OT HER LOCAL ACUTE CARE, CHRONIC CARE AND COMMUNITY AGENCIES. THE SCHOOL OFFERS BOTH A TRADIT IONAL DAY PROGRAM AND AN EVENING AND WEEKEND PROGRAM IDEAL FOR PEOPLE WHO ARE WORKING OR C ARING FOR CHILDREN OR AGING PARENTS DURING THE DAY.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ST. LUKES PROVIDES A RESIDENCY PROGRAM FOR NEW NURSES. CLASSES FOCUS ON DECISION-MAKING, CRITICAL THINKING, CLINICAL KNOWLEDGE AND QUALITY, AS WELL AS EMOTIONAL SUPPORT. ST. LUKES NURSES ENGAGE IN RESEARCH ON QUALITY IMPROVEMENT INNOVATIONS SUPPORTED BY THE NETWORK CENTER FOR NURSING EXCELLENCE, THE REGISTERED NURSE RESIDENCY PROGRAM, THE NURSE SPECIALTY FELLOWSHIP PROGRAMS AND THE OFFICE OF CLINICAL TRIALS AND RESEARCH. IMPROVING THE OVERALL HEALTH OF THE COMMUNITY ===== EVERY ST. LUKES CAMPUS IS COMMITTED TO IMPROVING THE OVERALL HEALTH AND ENHANCING THE QUALITY OF LIFE FOR THE RESIDENTS OF THE COMMUNITIES THEY SERVE. THE INDIVIDUAL CAMPUS REPORTS PROVIDE MANY EXAMPLES OF HOW ST. LUKES ACCOMPLISHES THIS. IN ADDITION TO THE WAYS DISCUSSED PREVIOUSLY, THE LIST BELOW PROVIDES HIGHLIGHTS. IN FY19, ST. LUKES: - OPERATED MEDICAL CLINICS TO SERVE LOWER INCOME PATIENTS AND THOSE WITH INADEQUATE INSURANCE COVERAGE. - PROVIDED MOBILE MEDICAL SERVICES TO SCHOOL CHILDREN. SERVICES INCLUDED PHYSICALS, ADOLESCENT HEALTH ASSESSMENTS, VISION SERVICES, INSURANCE REFERRALS AND NUTRITION COUNSELING. - PROVIDED MOBILE DENTAL SERVICES TO SCHOOL CHILDREN. - PROVIDED A WIDE RANGE OF HEALTH SCREENINGS AT NUMEROUS COMMUNITY EVENTS. - CONDUCTED CLASSES ON LIFE-SAVING TOPICS INCLUDING FIRST AID AND LIFE SUPPORT. - IMPROVED LITERACY BY MAINTAINING FREE LENDING LIBRARIES AT VARIOUS CAMPUSES AND PARTICIPATED IN SCHOOL LITERACY PROGRAMS. - ENCOURAGED PHYSICAL ACTIVITY THROUGH THE USE OF THE D&L TRAILS AND OTHER WALKING/RUNNING/BIKING PATHS AND PROVIDING AND SUPPORTING NUMEROUS WALKS AND RUNS. - ENCOURAGED HEALTHY EATING THROUGH THE FARM TO SCHOOL PROGRAM THAT PROVIDES SCHOOL CHILDREN HANDS-ON LEARNING ABOUT NUTRITION AND GARDENING, EMPLOYEE ACCESS TO LOCALLY-GROWN PRODUCE THROUGH THE EXPANSION OF THE COMMUNITY SUPPORTED AGRICULTURE (CSA), AS WELL AS NUMEROUS EDUCATIONAL PROGRAMS THAT EDUCATED PATIENTS HOW TO IMPROVE THEIR HEALTH THROUGH HEALTHY EATING. - WORKED WITH NUMEROUS MEDIA OUTLETS TO EDUCATE THE COMMUNITY ABOUT HEALTH ISSUES. - HELD NATIONAL DRUG TAKE BACK DAY EVENTS, WHERE UNUSED DRUGS WERE COLLECTED. - HELD FOOD AND CLOTHING DRIVES TO BENEFIT COMMUNITY MEMBERS IN NEED. SUPPORTING THE LOCAL ECONOMY ===== ALTHOUGH THE NETWORK IS PRIMARILY COMPRISED OF VARIOUS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS, THE PRESENCE OF ITS HOSPITALS AND OTHER FACILITIES PROVIDES AN INDIRECT BENEFIT TO LOCAL SCHOOL DISTRICTS AND MUNICIPALITIES. ST. LUKES IS THE LARGEST, OR ONE OF THE LARGEST, EMPLOYERS IN MANY OF THE COMMUNITIES WHERE ITS HOSPITALS ARE LOCATED. IN FY19 ALONE, THE NETWORK PAID ALMOST \$1.2 BILLION IN SALARIES AND WAGES TO APPROXIMATELY 17,500 EMPLOYEES. IN TURN, THESE EMPLOYEES PAID LOCAL INCOME TAX ON THEIR EARNINGS. MOST OF THESE EMPLOYEES LIVE IN OR NEAR THE CITY, TOWN, BOROUGH OR TOWNSHIP; COUNTY AND SCHOOL DISTRICT, AS THEIR PLACE OF EMPLOYMENT AND THUS SUPPORT THE LOCAL TAX BASE.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>THROUGH THE PAYMENT OF PROPERTY TAXES. IN ADDITION, ST. LUKES STIMULATES THE LOCAL ECONOMY THROUGH THE PURCHASE OF SUPPLIES AND EQUIPMENT, AND PURCHASED SERVICES, AS WELL AS THE GOODS AND SERVICES PURCHASED BY ITS EMPLOYEES. ALSO, MAINTENANCE OF THESE HOSPITALS AND OTHER NETWORK FACILITIES AND CONSTRUCTION OF NEW ONES, SUCH AS OUR NEWEST HOSPITAL, GEISINGER ST. LUKES IN SCHUYLKILL COUNTY THAT OPENED IN NOVEMBER 2019 GENERATES WORK FOR CONTRACTORS, ARCHITECTS, DESIGNERS, METAL WORKERS, CARPENTERS, ELECTRICIANS, PLUMBERS, PAINTERS AND MANY MORE CRAFTSMEN. FURTHERMORE, THE CIRCULATION OF HOSPITAL DOLLARS HAS A RIPPLE IMPACT IN LOCAL COMMUNITIES. IN FACT, THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) ESTIMATES THAT TOTAL SPENDING CONTRIBUTIONS OF HOSPITALS IN THE LEHIGH VALLEY IN 2018 WAS \$8 BILLION (BEYOND PATIENT CARE: ECONOMIC IMPACT OF PENNSYLVANIA HOSPITALS, A WHITE PAPER ANALYSIS OF 2018 DATA. DECEMBER 2019, WWW.HAPONLINE.ORG/ABOUT-PA-HOSPITALS/ECONOMIC-IMPACT) QUALITY AWARDS ===== AT ST. LUKE'S UNIVERSITY HEALTH NETWORK, OUR VISION IS TO LEAD THE REGION IN CLINICAL QUALITY AND SAFETY PERFORMANCE. ST. LUKE'S HAS BEEN HONORED WITH MORE THAN 200 HEALTHCARE QUALITY AWARDS INCLUDING BUT NOT LIMITED TO THE FOLLOWING: CENTERS FOR MEDICARE AND MEDICAID SERVICES HOSPITAL COMPARE RATINGS ----- ST. LUKE'S UNIVERSITY HEALTH NETWORK'S HOSPITALS RECEIVED THE HIGHEST POSSIBLE SCORES, FIVE AND FOUR STARS, IN THE 2019 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) HOSPITAL COMPARE ANALYSIS. NATIONALLY, LESS THAN ONE-THIRD OF HOSPITALS RECEIVED AT LEAST A FOUR-STAR RATING AND NO OTHER HEALTH SYSTEM IN THE LEHIGH VALLEY SCORED ABOVE THREE STARS. CMS'S HOSPITAL COMPARE RESULTS WERE BASED ON MORE THAN 100 QUALITY MEASURES COLLECTED FROM 4,500 MEDICARE-CERTIFIED HOSPITALS. INTENDED TO HELP CONSUMERS CHOOSE THE BEST HOSPITAL AND HIGHEST QUALITY CARE, THE QUALITY MEASURES SPANNE D MULTIPLE CATEGORIES INCLUDING MORTALITY, SAFETY OF CARE, READMISSION, PATIENT EXPERIENCE, EFFECTIVENESS AND TIMELINESS OF CARE AND EFFICIENT USE OF MEDICAL IMAGING. EIGHT ST. LUK E'S UNIVERSITY HEALTH NETWORK HOSPITALS (BETHLEHEM, ALLENTOWN, ANDERSON, MINERS, MONROE, QUAKERTOWN, SACRED HEART AND WARREN) RECEIVED FOUR OR FIVE STARS. U.S. NEWS & WORLD REPORT - AWARDS ST. LUKE'S HIGH MARKS IN LEHIGH VALLEY ----- ACCORDING TO THE US NEWS & WORLD REPORT 2019 HOSPITAL RANKINGS, ST. LUKE'S UNIVERSITY HOSPITAL-BETHLEHEM IS "HIGH PERFORMING" IN 12 ADULT SPECIALTIES, PROCEDURES AND CONDITIONS. NO OTHER HOSPITAL IN THE LEHIGH VALLEY RECEIVED MORE RECOGNITIONS. ONLY 57 OUT OF 4,500 HOSPITALS NATIONALLY WERE RATED "HIGH PERFORMING" IN ALL NINE OF THE STUDY'S RANKED PROCEDURES AND CONDITIONS. ALSO, US NEWS & WORLD REPORT RATED ST. LUK E'S "HIGH PERFORMING" IN THE ADULT SPECIALTIES OF GERIATRICS, ORTHOPEDICS AND PULMONOLOGY. IT ALSO RATED ST. LUKE'S "HIG</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>H PERFORMING" IN ALL NINE OF THE STUDY'S RANKED PROCEDURES AND CONDITIONS (ABDOMINAL AORTIC ANEURYSM REPAIR, AORTIC VALVE SURGERY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), COLON CANCER SURGERY, HEART BYPASS SURGERY, HEART FAILURE, HIP REPLACEMENT, KNEE REPLACEMENT AND LUNG CANCER SURGERY). LEAPFROG HOSPITALS SAFETY RATINGS -----</p> <p>- --- SEVERAL ST. LUKE'S UNIVERSITY HOSPITALS RECEIVED "A" GRADES FROM THE LEAPFROG GROUP, A NATIONAL COALITION OF LARGE EMPLOYERS, WHICH PUBLISHES A BIENNIAL HOSPITAL SAFETY SCORE. THE SAFETY SCORE RATES HOSPITALS IN THE USE OF ELECTRONIC MEDICAL RECORD, ICU PHYSICIAN STAFFING, MEDICATION SAFETY, INFECTIONS AND ERROR PREVENTION. IN 2019, SEVEN SLUHN HOSPITALS RECEIVED AN "A" GRADE (THE HIGHEST). 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, HEART FAILURE, PNEUMONIA AND SURGERY. PREMIER QUEST AWARD FOR HIGH-VALUE HEALTHCARE ----- PREMIER INC., A HEALTHCARE IMPROVEMENT COMPANY UNITING AN ALLIANCE OF APPROXIMATELY 4,000 U.S. HOSPITALS AND HEALTH SYSTEMS AND MORE THAN 175,000 OTHER PROVIDERS AND ORGANIZATIONS, RECOGNIZED ST. LUKE'S UNIVERSITY HOSPITAL FOR ITS OUTSTANDING WORK TO IMPROVE HEALTHCARE QUALITY AND COSTS. ST. LUKES RECEIVED 4 OF THE 30 AWARDS IN 2019. 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. HEALTHGRADES TOP HOSPITALS ----- ST. LUKE'S HOSPITAL -BETHLEHEM CAMPUS HAS BEEN NAMED ONE OF THE NATION'S TOP 250 HOSPITALS FOR 2019 BY HEALTHGRADES, A LEADING ONLINE RESOURCE FOR INFORMATION ABOUT PHYSICIANS AND HOSPITALS. RECIPIENTS OF HEALTHGRADES' 2019 AMERICA'S 250 BEST HOSPITALS AWARDS REPRESENT THE TOP 5% OF HOSPITALS IN THE NATION AND "DEMONSTRATE SUPERIOR CLINICAL OUTCOMES ACROSS THE MAJORITY OF COMMON INPATIENT CONDITIONS AND PROCEDURES", HEALTHGRADES SAID. THIS MARKS THE FOURTH YEAR IN A ROW THAT THE BETHLEHEM CAMPUS HAS BEEN A RECIPIENT OF THIS HONOR. IN ADDITION, ST. LUKE'S HOSPITAL ANDERSON CAMPUS WAS NAMED ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE AND FOR CRITICAL CARE. THIS WAS THE SECOND YEAR IN A ROW THE ANDERSON CAMPUS RECEIVED THESE DISTINCTIONS. THE RANKINGS ARE BASED ON STANDARD SURVEYS GIVEN TO RANDOMLY SELECTED PATIENTS AFTER THEY LEAVE THE HOSPITAL. THE MULTIPLE-QUESTION SURVEYS ARE DEVELOPED BY THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS). HEALTHGRADES OBTAINS THIS SURVEY DATA FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. FOR MEDICARE AND MEDICAID SERVICES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>MOST WIRED RECOGNITION FOR SEVENTH TIME ----- ST. LUKE'S UNIVERSITY HEALTH NETWORK WAS RECOGNIZED FOR THE SEVENTH TIME BY THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) AS ONE OF THE "MOST WIRED" HEALTHCARE SYSTEMS NATIONALLY. THE SURVEY ASSESSED THE ADOPTION, INTEGRATION AND IMPACT OF TECHNOLOGIES IN HEALTH CARE ORGANIZATIONS AT ALL STAGES OF DEVELOPMENT, FROM EARLY DEVELOPMENT TO INDUSTRY LEADING. THIS ASSESSMENT CONFIRMS NOT MERELY THAT ST. LUKE'S IMPLEMENTS TECHNOLOGY, BUT ALSO THAT THE NETWORK FULLY ADOPTS TECHNOLOGY TO IMPROVE QUALITY, REDUCE COST, IMPROVE DECISION MAKING AND PROVIDE BETTER ACCESS TO CARE FOR PATIENTS. MORE THAN 16,000 ORGANIZATIONS WERE PARTICIPATED IN THE 2019 MOST WIRED SURVEY. ST. LUKE'S IS AMONG THE TOP 5% OF HOSPITALS AND SYSTEMS TO ACHIEVE THE TOP DESIGNATION LEVEL 9. STAGE 7 DESIGNATION ON THE HIMSS ANALYTICS EMR ADOPTION MODEL ----- ST. LUKE'S IS THE FIRST NETWORK IN LEHIGH VALLEY TO EARN THE PRESTIGIOUS DESIGNATION AT ALL OF ITS HOSPITALS, INCLUDING THE ST. LUKES WARREN CAMPUS, WHICH IS THE FIRST HOSPITAL IN NEW JERSEY TO ACHIEVE STAGE 7. LESS THAN 5% OF U.S. HOSPITALS HAVE REACHED STAGE 7, WHICH IS THE HIGHEST STAGE ON HIMSS ANALYTICS SCALE. THE STAGE 7 DESIGNATION RECOGNIZES ST. LUKES EXTENSIVE AND CREATIVE USE OF ELECTRONIC MEDICAL RECORDS TO ESTABLISH BETTER SERVICE AND HIGHER QUALITY CARE AT LOWER COSTS. AMERICAN COLLEGE OF RADIOLOGY CENTER OF EXCELLENCE AND BREAST CARE CENTER DESIGNATED CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY -----</p> <p>ST. LUKE'S REGIONAL BREAST CENTER OFFERS DIAGNOSTIC IMAGING EXCLUSIVELY AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY. FACILITIES THAT RECEIVE ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY HAVE VOLUNTARILY GONE THROUGH A RIGOROUS REVIEW PROCESS TO ENSURE NATIONALLY-ACCEPTED HIGH PRACTICE STANDARDS HAVE BEEN MET. THIS REVIEW PROCESS INCLUDES AN EVALUATION OF STAFF QUALIFICATIONS, FACILITY EQUIPMENT AND QUALITY ASSURANCE. MOST HAP ACHIEVEMENT AWARDS IN THE STATE ----- EACH YEAR HOSPITAL AND HEALTH ASSOCIATION OF PENNSYLVANIA (HAP) HONORS HOSPITALS AND HEALTH SYSTEMS FOR THEIR INNOVATION, CREATIVITY, AND COMMITMENT TO PATIENT CARE THROUGH ITS ACHIEVEMENT AWARDS PROGRAM. IN FY19, 14 AWARDS SUBMITTED BY ST. LUKE'S WERE SELECTED FROM 127 SUBMISSIONS FOR THEIR EXCEPTIONAL WORK AND INNOVATION IN PATIENT CARE, COMMUNITY OUTREACH AND STAFF LEADERSHIP. ST LUKE'S CONTINUES TO HOLD THE DISTINCTION OF WINNING THE MOST HAP ACHIEVEMENT AWARDS OF ANY HEALTH SYSTEM IN THE STATE. SUPERIOR RATING FOR LUNG CANCER SURGERY RESULTS ----- ST. LUKE'S UNIVERSITY HEALTH NETWORK'S LUNG CANCER SURGERY PROGRAMS RANKS IN THE TOP-TIER OF THE SOCIETY OF THORACIC SURGEONS' GENERAL THORACIC SURGERY DATABASE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ASE. THE THORACIC SOCIETY RECENTLY CREATED A COMPOSITE MEASURE OF LUNG CANCER SURGICAL QUALITY, FOCUSING ON LOBECTOMY, THE MOST COMMON TYPE OF REMOVAL OF A PORTION OF A CANCEROUS LUNG. ST. LUKE'S THORACIC SURGERY PROGRAM ACHIEVED THE SUPERIOR RANKING OF THREE STARS FOR BETTER-THAN-EXPECTED OUTCOMES. THIS RIGOROUS, RISK-ADJUSTED EVALUATION BY THE SOCIETY MEASURES MULTIPLE SURGICAL OUTCOMES OF LOBECTOMY SURGERY, INCLUDING DEATH AND MANY POSTOPERATIVE COMPLICATIONS. AMERICAN COLLEGE OF SURGERY COMMISSION ON CANCER ACCREDITATION ----- THE ACOSOC ACCREDITATION RECOGNIZES A CANCER PROGRAM THAT MEETS THE FOLLOWING STANDARDS: (1) COMPREHENSIVE CARE INCLUDING A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT; (2) A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS; (3) INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS; (4) ACCESS TO PREVENTION AND EARLY DETECTION PROGRAMS, CANCER EDUCATION, AND SUPPORT SERVICES; (5) A CANCER REGISTRY THAT OFFERS LIFELONG PATIENT FOLLOW-UP; AND (6) ONGOING MONITORING AND IMPROVEMENTS IN CANCER CARE. AMERICAN COLLEGE OF CARDIOLOGY ACCREDITATION ----- THE AMERICAN COLLEGE OF CARDIOLOGY (ACC) HAS RECOGNIZED ST. LUKE'S FOR ITS DEMONSTRATED EXPERTISE AND COMMITMENT IN TREATING PATIENTS WITH CHEST PAIN. ST. LUKE'S WAS AWARDED CHEST PAIN CENTER ACCREDITATION WITH PRIMARY PCI BASED ON RIGOROUS ONSITE EVALUATION OF THE STAFF'S ABILITY TO EVALUATE, DIAGNOSE AND TREAT PATIENTS WHO MAY BE EXPERIENCING A HEART ATTACK. BLUE DISTINCTION CENTERS DESIGNATIONS ----- THE BLUE DISTINCTION CENTERS (BDC) DESIGNATION SIGNIFIES THAT YOUR FACILITY'S CARDIAC 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 CARDIAC CARE DESIGNATION - BLUE DISTINCTION CENTERS FOR MATERNITY CARE DESIGNATION - BLUE DISTINCTION CENTERS FOR BARIATRIC SURGERY WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS ST. LUKE'S UNIVERSITY HEALTH NETWORKS ALLENTOWN AND BETHLEHEM CAMPUSES HAVE RECEIVED WOMEN'S 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 GUIDELINE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>S TARGET, STROKE GOLD PLUS HONOR ROLL ELITE ----- THE AWARD RECOGNIZES HOSPITALS THAT DEMONSTRATE 85% OR GREATER COMPLIANCE IN EACH OF THE 7 GET WITH THE GUIDELINES STROKE ACHIEVEMENT MEASURES FOR 24 CONSECUTIVE MONTHS. NATIONAL COMMITTEE FOR QUALITY ASSURANCE ----- NCQA PATIENT-CENTERED MEDICAL HOME RECOGNITION IS AWARDED TO PHYSICIAN PRACTICES, WHICH MEET STANDARDS PROVEN THROUGH RESEARCH TO PROVIDE SAFER AND HIGHER QUALITY PRIMARY PATIENT CARE. ST. LUKE'S UNIVERSITY HEALTH NETWORK IS A LEADER IN HAVING NCQA-RECOGNIZED PHYSICIAN PRACTICES. ACCREDITED CENTER OF EXCELLENCE FOR BARIATRIC SURGERY ----- ST. LUKE'S IS AN ACCREDITED BARIATRIC SURGERY PROGRAM, HAVING MET 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. LUKE'S ALLENTOWN CAMPUS HAS BEEN MBSAQIP ACCREDITED SINCE 2010. BEST HOME HEALTH PATIENT SATISFACTION TOP 20% SUPERIOR PERFORMER AWARDS -----</p> <p>----- ST. LUKE'S VISITING NURSE ASSOCIATION HAS EARNED BOTH THE SHPBEST SUPERIOR PERFORMER AWARD FOR HOME HEALTH AND HOSPICE AND 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>GOVERNOR'S EMPLOYER AWARD FOR OUTSTANDING HIRING PRACTICES -----</p> <p>----- ST. LUKE'S UNIVERSITY HEALTH NETWORK, A LEADING EMPLOYER IN THE LEHIGH VALLEY AND SURROUNDING REGION, HAS EARNED A GOVERNOR'S EMPLOYER AWARD FOR OUTSTANDING HIRING PRACTICES THAT MOVE PEOPLE OFF GOVERNMENT ASSISTANCE AND INTO FINANCIALLY STABLE JOBS. ST. LUKE'S SPECIFICALLY RECEIVED AN EMPLOYER HONOR ROLL AWARD FROM THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES FOR ITS RECORD OF SUCCESS IN HIRING PARTICIPANTS IN THE STATES EMPLOYMENT, ADVANCEMENT AND RETENTION NETWORK (EARN) PROGRAM. TELLY AWARDS -----</p> <p>- IN FY19, ST. LUKE'S RECEIVED A NUMBER OF HONORS IN THE 40TH ANNUAL TELLY AWARDS. ITS "WELLNESS 101" SOCIAL VIDEO SERIES WON THREE AWARDS: A SILVER AWARD IN THE INSTRUCTIONAL CATEGORY AND TWO BRONZE AWARDS IN THE COMEDY AND HEALTH & WELLNESS CATEGORIES. ADDITIONALLY, ST. LUKE'S WON A SILVER AWARD IN THE PROMOTIONAL VIDEO CRAFT FULLY ANIMATED PIECE CATEGORY FOR "ROUND THE CLOCK CARE". THE TELLY AWARDS HONORS EXCELLENCE IN VIDEO AND TELEVISION ACROSS ALL SCREENS AND IS JUDGED BY LEADERS FROM VIDEO PLATFORMS, TELEVISION, STREAMING NETWORKS, PRODUCTION COMPANIES AND INCLUDING VICE, VIMEO, HEARST DIGITAL MEDIA, BUZZFEED AND A & E NETWORKS. "WELLNESS 101" IS A PRACTICAL BUT HUMOROUS VIDEO SERIES TO HELP PEOPLE OF ALL AGES DEAL WITH VARIOUS HEALTH AND WELLNESS MOMENTS. HOSPITALS OF ST. LUKES UNIVERSITY HEALTH NETWORK ===== ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT OF THE ST. LUKE'S UNIVERSITY HEALTH NETWORK ("ST. LUKE'S"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THIS ORGANIZATION IS THE SOLE MEMBER OF EACH AFFILIATED ENTITY. ST. LUKE'S IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY. ST. LUKE'S IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX- EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). AS THE PARENT ORGANIZATION, ST. LUKE'S HEALTH NETWORK, INC. STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA AND NEW JERSEY AND SURROUNDING COMMUNITIES. ST. LUKE'S ENSURES THAT ITS NETWORK PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE NETWORKS ACTIVE HOSPITALS INCLUDE: ST. LUKES HOSPITAL ALLENTOWN CAMPUS, ST. LUKE'S HOSPITAL ANDERSON CAMPUS, ST. LUKE'S HOSPITAL BETHLEHEM CAMPUS, ST. LUKES HOSPITAL GNADEN HUETTEN CAMPUS, ST. LUKES HOSPITAL MINERS CAMPUS, ST. LUKE'S HOSPITAL MONROE CAMPUS, ST. LUKES HOSPITAL PALMERTON CAMPUS, ST. LUKE'S HOSPITAL QUAKERTOWN CAMPUS , ST. LUKES HOSPITAL SACRED HE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ART CAMPUS AND ST. LUKE'S HOSPITAL WARREN CAMPUS. EACH OF THESE HOSPITALS OPERATES CONSIST ENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RUL ING 69-545: 1) EACH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS RE GARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIEN TS; 2) EACH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOUR S A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3) EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH P RIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF EACH RESTS WITH ITS BOARD O F TRUSTEES AND THE BOARD OF TRUSTEES OF ST. LUKE'S HEALTH NETWORK, INC. BOTH BOARDS ARE CO MPRISED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMM UNITY; AND 5) SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RE NOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. ST. LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA ----- ST. LUKES UNIVERSITY HEALTH NETWORKS LARGEST HOSPITAL CAMPUS IS ST. LUKE'S UNIVERSITY HOSPITAL OF BETHLEHEM AN D COMPRISES BETHLEHEM ("SL-BETHLEHEM") AND ALLENTOWN ("SL-ALLENTOWN") LOCATIONS, BOTH IN L EHIGH COUNTY. BETHLEHEM CAMPUS: SL-BETHLEHEM IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PRO FIT, TERTIARY CARE, TEACHING HOSPITAL LOCATED IN BETHLEHEM, PA, FOUNDED IN 1872. SL-BETHLE HEM OFFERS MORE THAN 90 MEDICAL SPECIALTIES AND HAS 388 LICENSED ACUTE CARE AND REHABILITA TION BEDS. IN FY19, THERE WERE 26,940 ADMISSIONS AND OBSERVATIONS; 428,666 OUTPATIENT REGI STRATIONS AND 50,286 ED VISITS. IN FY19, SL-BETHLEHEM INVESTED MORE THAN \$18 MILLION IN EQ UIPMENT AND FACILITY IMPROVEMENTS. INVESTMENTS INCLUDED THE RENOVATION OF OUR NORTH WING 7 MEDICAL SURGICAL UNIT, AS WELL AS GENERAL FACILITY IMPROVEMENTS INCLUDING AN UPGRADE TO T HE CHILLER (A COMPONENT OF THE HOSPITALS COOLING SYSTEM), ROOF REPLACEMENT IN SELECT AREAS , BOILER FUEL CONVERSION AND OTHER MINOR UNIT RENOVATIONS. THE UNIVERSITY HOSPITAL PURCHAS ED A NEW 3T MRI FOR OUR NORTH FACILITY WHICH HAS THE ONLY 3T MAGNET IN THE EASTERN LEHIGH VALLEY AND PROVIDES ADVANCED NEUROLOGICAL AND BODY IMAGING. ST. LUKES-BETHLEHEM PURCHASED AND IMPLEMENTED A GE DISCOVERY SYSTEM, WHICH IS A STATE-OF-THE-ART IMAGING SYSTEM WITH ADV ANCED TECHNOLOGY ALLOWING FOR IMPROVED IMAGE QUALITY WITH REDUCED RADIATION EXPOSURE. IT S UPPORTS ST. LUKES EFFORTS TO PROVIDE MINIMALLY INVASIVE PROCEDURES. OTHER EQUIPMENT INVEST MENTS INCLUDED THE PURCHASE OF AN O-ARM FOR THE OPERATING ROOM, ULTRASOUND EQUIPMENT, NURS E CALL, AS WELL AS VARIOUS OTHER EQUIPMENT SUPPORTING THE OPERATING ROOM, RADIOLOGY, MOTHE R/BABY AND NUMEROUS OTHER DEPARTMENTS. ST. LUKES ALLENTOWN CAMPUS: SL-ALLENTOWN WAS FOUNDE D IN 1945 AS THE ALLENTOWN OSTEOPATHIC MEDICAL CENTER AND IS LOCATED IN THE WEST END OF TH E CITY OF ALLENTOWN. IN 1997, THE NOT-FOR-PROFIT MEDICAL CENTER ENTERED INTO A MERGER WITH ST. LUKE'S UNIVERSITY HEALTH</p> |

990 Schedule O, Supplement Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>NETWORK. SINCE JOINING ST. LUKE'S, THE 163-LICENSED-BED, JOINT COMMISSION ACCREDITED SL-AL LENTOWN HAS EXPERIENCED SIGNIFICANT INCREASES IN OBSERVATIONS AND ADMISSIONS (FY19 11,884) , ED VISITS (FY19 56,799) AND OUTPATIENT REGISTRATIONS (FY19 248,110). IN FY19, SL-ALLENTOWN WN INVESTED APPROXIMATELY \$14.3 MILLION IN EQUIPMENT, CAMPUS FACILITY IMPROVEMENTS AND OUT PATIENT FACILITIES. ONE OF THE MORE SIGNIFICANT FACILITY IMPROVEMENTS INCLUDED THE RENOVAT ION AND OPENING OF A NEW MEDICAL SURGICAL UNIT ON THE FIFTH FLOOR. THE ALLENTOWN CAMPUS AL SO INVESTED IN THE ESTABLISHMENT OF A CARE NOW WALK-IN CENTER WITH A RADIOLOGY SUITE IN HA MBURG, PA AND MADE UPGRADES TO VARIOUS PIECES OF MEDICAL EQUIPMENT INCLUDING ULTRASOUND MA CHINES, ROBOTIC EQUIPMENT FOR THE OPERATING ROOM, A UROLOGY CAMERA SYSTEM, PUMPS AND X-RAY EQUIPMENT THAT WILL PROVIDE BETTER PATIENT CARE. ALSO, IN FY19, SL-ALLENTOWN: - ADDED A \$ 2.3 MILLION DA VINCI SURGICAL SYSTEM ROBOT TO ITS OPERATING SUITE. - STARTED WORK ON ITS N INTH OPERATING ROOM (HYBRID ROOM). - INVESTED \$1 MILLION IN BED REPLACEMENTS IN THE INTENS IVE CARE UNIT (ICU) AND MEDICAL/SURGICAL UNITS. - BEGAN WORKING ON RENOVATING THE SURGICAL PROCESSING DEPARTMENT. IN ADDITION, THE CAMPUS ADDED TWO NEW MEDICAL OFFICE BUILDINGS IN MACUNGIE AND FOGELSVILLE AND BEGAN WORK ON A NEW HEALTH AND FITNESS FACILITY ON UNION BOUL EVARD AND RENOVATIONS AT OUR CANCER CENTER IN ALLENTOWN. COMMUNITY OUTREACH: IN KEEPING WI TH ITS COMMITMENT TO THE COMMUNITIES IT SERVES. SL-BETHEHEM ANNUALLY REACHES MORE THAN 10 0,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. SL-ALLENTOWN ANNUALLY REACHES MORE THAN 83,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THESE HOSPITAL CAMPUSES OFFER A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. FOR A DDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PL EASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE ST. LUKES HOSP ITAL OF BETHLEHEM PENNSYLVANIA FORM 990 (EIN: 23-1352213). ST. LUKES ANDERSON CAMPUS ----- ST. LUKE'S HOSPITAL ANDERSON CAMPUS ("SL-ANDERSON") IS A JOINT COMMI SSION-ACCREDITED, NOT-FOR-PROFIT, 108-LICENSED BED ACUTE CARE HOSPITAL LOCATED AND PROVIDI NG CARE PRIMARILY TO RESIDENTS OF NORTHAMPTON AND MONROE COUNTIES IN PENNSYLVANIA AND WARR EN COUNTY IN NEW JERSEY. IN FY19, SL-ANDERSON PROVIDED CARE FOR 226,350 PEOPLE ANNUALLY WI TH 25,640 PATIENT ENCOUNTERS BEING MEDICAID AND 3,900 PATIENT ENCOUNTERS BEING SELF-PAY (N O INSURANCE). THE NET CHARGES FOR MEDICAID ARE \$11.2 MILLION (12%) AND FOR SELF-PAY ARE \$2 85,000 (13%). SL-ANDERSON OPENED ON NOVEMBER 7, 2011 AND WAS THE FIRST NEW, NON-REPLACEMEN T HOSPITAL IN PENNSYLVANIA IN MORE THAN FOUR DECADES. SL- ANDERSON IS LOCATED ON A 500-ACRE SITE OWNED BY THE NETWORK. IN ADDITION TO SL-ANDERSON, THE FIRST PHASE OF SITE DEVELOPMEN T INCLUDED A CANCER CENTER AND A MEDICAL OFFICE BUILDING.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>SL-ANDERSON 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 DECOR IS DONE IN RELAXING EARTH TONES, AVAILABLE AMENITIES INCLUDE: FLAT SCREEN TELEVISIONS, FREE WI-FI SERVICE, DAILY NEWSPAPER DELIVERY, HIGH-QUALITY 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 IMAGING OFFER EXTENDED HOURS ON THE WEEKENDS AND IN THE EVENINGS. THE MEDICAL OFFICE BUILDING PROVIDES IMAGING, PHYSICAL THERAPY, LABORATORY AND OTHER OUTPATIENT TESTING, HEALTH AND FITNESS CENTER AND OFFICES FOR A WIDE RANGE OF PHYSICIAN SPECIALISTS, INCLUDING CARDIAC SERVICES AND A PULMONARY REHABILITATION CENTER. OVER THE PAST EIGHT YEARS, SL-ANDERSON HAS BEEN IMPROVING FREEMANSBURG AVENUE, THE PRIMARY ACCESS TO THE HOSPITAL CAMPUS. BY THE TIME IT IS COMPLETED, THE TOTAL COST WILL BE \$43 MILLION. AS OF THE END OF FY19, THE FIRST TWO PHASES OF A THREE-PHASE PROJECT ARE COMPLETE. PREVIOUSLY, IN AUGUST OF 2017, SL-ANDERSON OPENED A NEW \$26 MILLION SPECIALTY PAVILION THAT EXPANDED THE BREADTH OF OFFERINGS AT THE ST. LUKES ANDERSON CAMPUS TO INCLUDE AMBULATORY SURGERY, UROLOGY, OB/GYN SERVICES, GASTROENTEROLOGY AND LABORATORY SERVICES. THIS FACILITY SERVICES 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. IN JANUARY OF 2020, A NEW FOUR-FLOOR, 80,000-SQUARE-FOOT WOMEN & BABIES PAVILION OPENED WITH: - NINE LABOR AND DELIVERY ROOMS. - A LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) WITH EIGHT PRIVATE ROOMS AND 18 SEMI-PRIVATE ROOMS. - A 32-ROOM POSTPARTUM UNIT AND A 16-BASSINET NURSERY. THE WOMEN & BABIES PAVILION IS AN EXPANSION OF OUR OBSTETRICS AND GRADUATE MEDICAL EDUCATION PROGRAM, AS WELL AS A 36-BED MEDICAL/SURGICAL UNIT. 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 UNINSURED POPULATION IN THIS THIRD LABOR AND DELIVERY UNIT FOR THE ST. LUKES NETWORK. ST. LUKES GRADUATE MEDICAL EDUCATION PROGRAM AT SL-ANDERSON STARTED IN JULY 2019 AND WILL HAVE CONTINUED GROWTH THROUGH 2024. SL-ANDERSON EXPECTS TO HAVE AT LEAST 150 RESIDENTS ON CAMPUS BY 2024 WITH PLANNED RESIDENCY PROGRAMS IN DERMATOLOGY, NEUROLOGY, PSYCHIATRY, INTERNAL MEDICINE, EMERGENCY MEDICINE, FAMILY MEDICINE AND TRANSITIONAL YEAR. 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ARE. ST. LUKE'S UNIVERSITY HEALTH NETWORK PARTNERED WITH THE RODALE INSTITUTE TO DEVELOP A N ORGANIC FARM LOCATED ON THE ANDERSON CAMPUS. THE FARM IS USED TO PROVIDE LOCALLY GROWN O RGANIC PRODUCE IN NETWORK CAFETERIAS AND WILL BE SERVED TO PATIENTS, EMPLOYEES AND VISITOR S. WORKING WITH THE RODALE INSTITUTE TO DEVELOP THE ST. LUKE'S RODALE INSTITUTE ORGANIC FA RM ALLOWS ST. LUKE'S TO CONTINUE PROVIDING PATIENTS WITH A HOLISTIC HEALTHCARE EXPERIENCE THAT CREATES A POSITIVE ATMOSPHERE FOR HEALTH AND HEALING. BY PROVIDING PATIENTS, VISITORS AND STAFF MEMBERS WITH LOCALLY GROWN ORGANIC PRODUCE, ST. LUKE'S DEMONSTRATES A COMMITMEN T TO THE ENVIRONMENT AND PROMOTING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE COMMU NITY. 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 FARM INCREASED THE NUMBER OF VARIETIES OF PRODUCE TO 100. THE ST. LUKES RODALE INSTITUTE ORGANIC FARM HAS DOUBLED ITS ACREAGE TO NOW SPAN 11.5 ACRES. I N FY17 THE FARM ADDED A CERTIFIED ORGANIC DESIGNATION AND GROWING CUT FLOWERS TO FURTHER D IVERSIFY THE FARMS CROPS. THE COST OF THE FARM IN FY19 WAS \$199,220. 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 A NDERSON CAMPUS, SPORTS MEDICINE PROGRAMS REACH 27,620 STUDENTS IN SIX DIFFERENT HIGH SCHOO LS 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 I S PROVIDED IN ALL OF THE SCHOOLS THROUGHOUT THE DISTRICTS AND THE ATHLETIC TRAINERS WORK C OLLABORATIVELY 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 UNIVERSITY HEALTH NETWORK AND BUILD THE ST. LUKES BRAND. THE INITIAL PROGRAM DEFICIT IS \$300,471 FOR SCHOOLS FEEDING INTO ANDERSON CA MPUS. THIS MODEL DOES NOT INCLUDE OTHER REVENUES RECEIVED FROM CLUB, YOUTH SPORTS AND RELA TED ACTIVITIES (TOURNAMENTS) FOR WHICH A FEE IS CHARGED. ADDITIONALLY, THIS DOES NOT INCLU DE DOWNSTREAM REVENUE GENERATED BY ATHLETIC TRAINER RELATIONSHIPS IN THE SCHOOLS WITHIN TH E ANDERSON CAMPUS REGION. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMITMENT TO THE COMMUN ITIES IT SERVES, SL-ANDERSON ANNUALLY REACHES MORE THAN 7,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNI TY-RUN EVENTS THROUGHOUT THE YEAR. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION C OMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCL UDED IN SCHEDULE O OF THE ST.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>LUKES HOSPITAL ANDERSON CAMPUS FORM 990 (EIN: 45-4394739). ST. LUKES 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 SQUARE FEET. THE \$100-MILLION HOSPITAL BUILDING HAS 98 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 FY19 SL-MONROE PROVIDED CARE FOR 8,431 ADMISSIONS AND OBSERVATIONS, 50,857 EMERGENCY DEPARTMENT VISITS AND 127,668 OUTPATIENT VISITS. 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 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. FROM THE DAY IT OPENED, SL-MONROE HAS BEEN EMBRACED BY THE PUBLIC AND FY19 WAS NO EXCEPTION. ADMISSIONS AND VISITS TO THE EMERGENCY DEPARTMENT (ED) HAVE CONSISTENTLY EXCEEDED ED PROJECTIONS; FY19 ADMISSIONS WERE 38 PERCENT BETTER THAN PROJECTED AND FY19 ED VISITS WERE 39% BETTER THAN PROJECTED. ST. LUKES UNIVERSITY HEALTH NETWORK HAS CONTINUED TO INVEST IN SL-MONROE TO IMPROVE BOTH QUALITY OF, AND ACCESS TO, CARE. IN MARCH OF 2018, ST. LUKES UNIVERSITY HEALTH NETWORK OPENED ITS SECOND DIAGNOSTIC BREAST IMAGING FACILITY, SPECIFICALLY DESIGNED TO SERVE MONROE COUNTY AND SURROUNDING AREA PATIENTS IN NEED OF ROUTINE AND ADVANCED DIAGNOSTIC MAMMOGRAMS AND TESTING. THIS STATE-OF-THE-ART FACILITY OFFERS ADVANCED TECHNOLOGIES SUCH AS LOW-DOSE 3D MAMMOGRAPHY AND AUTOMATED BREAST ULTRASOUND (ABUS). PATIENTS BENEFIT FROM HAVING HIGHLY-SKILLED RADIOLOGISTS READ THEIR TEST RESULTS IMMEDIATELY. PATIENTS WITH AN ABNORMAL FINDING ARE ABLE TO HAVE A BIOPSY RIGHT AWAY, HELPING TO REDUCE THE FEAR AND ANXIETY OF WAITING.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>THE ST. LUKES MONROE REGIONAL BREAST CENTER INCLUDES THE MOST ADVANCED, COMPUTER-AIDED SOFTWARE TO HELP IN DIAGNOSING BREAST ANOMALIES AND THE LATEST DIGITAL AND 3D MAMMOGRAPHY EQUIPMENT FROM GE HEALTHCARE. THE CENTER IS EQUIPPED WITH SENSORSUITE TO PROVIDE A CALMER, INTERACTIVE MAMMOGRAM EXPERIENCE AND THE REGION'S FIRST PRISTINA WITH DUETATM MAMMOGRAPHY, A PATIENT-ASSISTED COMPRESSION DEVICE WHICH GIVES PATIENTS A SENSE OF CONTROL DURING THEIR MAMMOGRAMS. ANOTHER MAJOR INVESTMENT IN THE SL-MONROE CAMPUS WAS A THREE-FLOOR, 37,500-SQ-ARE-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 EXPANDED 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. THE CANCER CENTER IS EQUIPPED WITH A VARIAN TRUEBEAM LINEAR ACCELERATOR THAT FEATURES ADVANCED RADIATION-SPARING TECHNOLOGIES LIKE OSMS WHICH STOPS TREATMENT IF A PATIENT MOVES AS WELL AS A "6 DEGREES OF FREEDOM PERFECT PITCH COUCH" WHICH ALLOWS THERAPISTS TO POSITION A PATIENT IN THE EXACT PERFECT SPOT FOR OPTIMAL TREATMENT AND COMFORT. 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. SOFT LIGHTING IS USED IN THE HALLWAYS AND THE DCOR IS DONE IN RELAXING EARTH TONES. AVAILABLE AMENITIES INCLUDE: FLAT SCREEN TELEVISIONS, FREE WIFI SERVICE, DAILY NEWSPAPER DELIVERY AND A RECLINER AND COMFORTABLE SOFA BED IN EVERY ROOM. COMMUNITY OUTREACH: IN FY19, THE MONROE CAMPUS SERVED SENIORS IN THE COMMUNITY WITH A HEALTHY, LOW-COST OPTION FOR DINNER. THE OLDER ADULT MEALS AT SL-MONROE 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 SURROUNDING COMMUNITY. IN FY19 MONROE CAMPUS SERVED 2,247 OLDER ADULT MEALS. IN ADDITION, MONROE CAMPUS HAD 6,354 VOLUNTEER HOURS TOTAL AND THE TOTAL VOLUNTEER COUNT FOR FY19 WAS 100. IN FY19 ST. LUKES MONROE CAMPUS HOSTED NATIONAL DRUG TAKEBACK DAY AND A TOTAL OF 41 POUNDS OF VARIOUS MEDICATIONS WERE COLLECTED. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE ST. LUKES HOSPITAL MONROE CAMPUS FORM 990 (EIN: 46-5143606). CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. ST. LUKES MINERS MEMORIAL HOSPITAL ----- THE CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. (DBA ST. LUKES MINERS CAMPUS AKA "SL-MINERS") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 49-LICENSED BED ACUTE CARE HOSPITAL AND A 48-BED SKILLED NURSING FACILITY LOCATED IN COALDALE, PENNSYLVANIA, SCHUYLKILL COUNTY NEAR THE CARBON</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>COUNTY BORDER PROVIDING CARE PRIMARILY TO RESIDENTS OF SCHUYLKILL, CARBON AND LOWER LUZERNE COUNTIES IN NORTHEASTERN PENNSYLVANIA. ST. LUKES MINERS CAMPUS ALSO INCLUDES NINE PHYSICAL THERAPY LOCATIONS AND FOUR RURAL HEALTH CLINICS. IN FY19, SL-MINERS PATIENT CARE INCLUDED 3,339 OBSERVATIONS AND ADMISSIONS, MORE THAN 129,115 OUTPATIENT VISITS AND 19,537 EMERGENCY DEPARTMENT VISITS. THE CAMPUS 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 SOCIETY OF CARDIOVASCULAR PATIENT CARE. ST. LUKES MINERS CAMPUS OPENED TWO NEW HOSPITAL-BASED RURAL HEALTH CLINICS, ONE IN SCHUYLKILL COUNTY AND ONE IN CARBON COUNTY. ST. LUKES MINERS CAMPUS NOW OPERATES FOUR PROVIDER-BASED RURAL HEALTH CLINICS IN TAMAQUA, RINGTOWN, LANSFORD AND NESQUEHONING, SERVING 11,431 PATIENT VISITS. THE CENTERS PROVIDE PRIMARY CARE ACCESS TO PEOPLE WITH NO INSURANCE, MEDICARE, MEDICAID OR WHO JUST CANNOT FIND A PRIMARY CARE PROVIDER. THEY TREAT PATIENTS OF ALL AGES, OFFERING EXCEPTIONAL QUALITY CARE CLOSE TO HOME. THE CENTERS ALSO PROVIDE INTEGRATED DIAGNOSTIC AND THERAPEUTIC MENTAL HEALTH SERVICES IN THE PRIMARY CARE OFFICE. THE HOMETOWN RURAL HEALTH CLINIC PROVIDE TELEMEDICINE ACCESS TO ENDOCRINOLOGISTS FOR THE MANAGEMENT OF DIABETES. NO PATIENT IS DENIED CARE, REGARDLESS OF THEIR ABILITY TO PAY. ALL INSURANCES, INCLUDING MEDICAID, ARE ACCEPTED. THE RURAL HEALTH CLINICS WERE NAMED THE "2018 OUTSTANDING RURAL HEALTH ORGANIZATION" BY THE NATIONAL RURAL HEALTH ASSOCIATION FOR INNOVATIVE PRIMARY CARE AND ACCESS IN RURAL MEDICALLY UNDERSERVED AREAS. IN FY19, ST. LUKES MINERS CAMPUS STARTED THE FIRST FAMILY MEDICINE RESIDENCY RURAL TRAINING TRACK IN PENNSYLVANIA IN PARTNERSHIP WITH THE FAMILY MEDICINE RESIDENCY AT ST. LUKES WARREN CAMPUS. THIS THREE-YEAR RESIDENCY TRAINS FAMILY MEDICINE PHYSICIANS WHO WANT TO PRACTICE IN A RURAL SETTING. EACH RESIDENCY CLASS HAS TWO RESIDENTS. THE CLINICAL TRAINING SITE FOR THIS NEW FAMILY MEDICINE RESIDENCY RURAL TRAINING TRACK IS THE ST. LUKES MINERS RURAL HEALTH CLINIC IN TAMAQUA. THE NETWORK HAS INVESTED APPROXIMATELY \$37.6 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS AT ST. LUKES MINERS CAMPUS SINCE 2010, INCLUDING OUTPATIENT CENTERS WHICH OFFER ADVANCED TECHNOLOGY AND PHYSICIAN SERVICES, FURTHER ENHANCING OUR PATIENTS' ABILITY TO EASILY ACCESS STATE-OF-THE-ART HEALTHCARE. IN 2017, A \$1.6 MILLION EMERGENCY DEPARTMENT RENOVATION WAS COMPLETED THAT INCLUDED ADDING TWO DEDICATED ROOMS FOR BEHAVIORAL HEALTH PATIENTS. IN 2019, AN ADDITIONAL \$4.2 MILLION EMERGENCY DEPARTMENT EXPANSION WAS COMPLETED. THE UPDATED EMERGENCY DEPARTMENT NOW HAS 25 BEDS, ALMOST DOUBLE WHAT IT HAD BEEN (14). THE EXPANSION ALSO INCLUDED BETTER ACCESS TO THE HELIPAD AND A SECOND CT-SCANNER DEDICATED TO THE EMERGENCY DEPARTMENT ASSURING THE MOST PROMPT CARE FOR TRAUMA AND STROKE PATIENTS AS WELL AS A DESIGNATED ROOM TO ACCOMMODATE TRAUMA AND BARI</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ATRIC PATIENTS. IN 2013, ST. LUKES MINERS CAMPUS WAS THE FIRST HOSPITAL IN PENNSYLVANIAN A CCREDITED AS A LEVEL IV TRAUMA CENTER. IN 2019, THE LEVEL IV TRAUMA CENTER RECERTIFICATION WAS COMPLETED. ST. LUKES MINERS CAMPUS IS LOCATED IN COALDALE, A FEDERALLY DESIGNATED MED ICALLY UNDERSERVED AREA. THE HOSPITAL RECEIVED A FOUR-STAR RATING FROM CMS IN 2019. THE HO SPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES, PROVIDING DIRECT ACCESS TO: ORTHOPEDIC SURGEONS PROVIDING THE MOST ADVANCED DIAG NOSIS, TREATMENT AND REHABILITATION FOR PATIENTS WITH MUSCULOSKELETAL DISORDERS AND INJURI ES; A HIGHLY TRAINED CARDIAC TEAM WHICH INCLUDES EXPERIENCED AND SKILLED CARDIOLOGISTS, CA RDIAC AND VASCULAR SURGEONS, INTERVENTIONAL RADIOLOGISTS AND ELECTROPHYSIOLOGISTS; ONCOLOG ISTS AND A WIDE RANGE OF ONCOLOGY SPECIALISTS; AND HOSPITALISTS. ST. LUKES MINERS CAMPUS P ROVIDES 24/7 TELE-PSYCHIATRY AND TELE-NEUROLOGY SERVICES WHICH DELIVERS IMMEDIATE BENEFIT TO BOTH PATIENTS AND CLINICAL STAFF BY PROVIDING QUICK ACCESS FOR PSYCHIATRIC AND NEUROLOG ICAL CONSULTATIONS FOR PATIENTS. THE HOSPITAL ALSO ESTABLISHED A CLINICAL ROTATION IN COLL ABORATION WITH FOUR SCHOOLS TO PROVIDE PHYSICIAN ASSISTANT STUDENTS THE OPPORTUNITY TO DO THEIR CLINICAL STUDY IN A RURAL COMMUNITY SETTING. ST. LUKE'S MINERS REHABILITATION AND NU RSING CENTER IS A FULLY ACCREDITED, 48-BED, HOSPITAL-BASED, SKILLED NURSING FACILITY LOCAT ED ON THE FIFTH FLOOR OF THE HOSPITAL. INDIVIDUALIZED SHORT-TIME REHABILITATION AND LONG-T ERM CARE SERVICES ARE PROVIDED. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES. ST. LUKES MINERS CAMPUS ANNUALLY REACHES MORE THAN 3,200 PEOPLE THR OUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS AN D SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. FOR ADDITIONAL INFORMATION REGARD ING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE CARBON-SCHUYKILL COMMUNITY HOSPITAL, INC. FORM 990 (EIN: 25-1550350). ST. LUKES QUAKERTOWN HOSPITAL ----- S T. LUKES QUAKERTOWN HOSPITAL ("SLQ") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 59- BED LICENSED ACUTE CARE HOSPITAL LOCATED IN QUAKERTOWN, BUCKS COUNTY, PENNSYLVANIA. IN 201 9, ST. LUKES QUAKERTOWN PROVIDED SERVICES PRIMARILY TO RESIDENTS OF BUCKS, MONTGOMERY AND LEHIGH COUNTIES. ST. LUKES QUAKERTOWN ANNUALLY PROVIDES CARE FOR NEARLY 100,000 PATIENTS. OF ITS NEARLY 16,000 ANNUAL EMERGENCY DEPARTMENT PATIENTS, APPROXIMATELY 15.7% ARE MEDICAL RECIPIENTS AND 4.6% ARE SELF-PAY/UNINSURED. ESTABLISHED IN 1929, SLQ WAS ACQUIRED BY NAT IONALLY RECOGNIZED ST. LUKES UNIVERSITY HEALTH NETWORK ("NETWORK") IN 1995. THE HOSPITAL P ROVIDES PATIENTS WITH ACCESS TO MORE THAN 370 PHYSICIANS ACROSS 47 MEDICAL SPECIALTIES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>BECKERS HEALTHCARE NAMED ST. LUKES QUAKERTOWN ON THEIR LIST OF 100 GREAT COMMUNITY HOSPITALS FOR 2019 FOR THE FOURTH YEAR IN A ROW. THIS LIST INCLUDES INDEPENDENT COMMUNITY HOSPITALS AS WELL AS FACILITIES AFFILIATED WITH LARGE HEALTH SYSTEMS. MANY OF THESE HOSPITALS HAVE BEEN RECOGNIZED FOR THEIR CLINICAL QUALITY, OPERATIONAL EXCELLENCE AND ECONOMIC IMPACT ON THE SURROUNDING AREA. 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; A HIGHLY TRAINED CARDIAC VASCULAR 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. ADDITIONALLY, IN 2019, ST. LUKES QUAKERTOWN EXPANDED CRITICAL CARE COVERAGE TO 24/7 IN THE INTENSIVE CARE UNIT. NEW HOSPITAL OPENED: ON DECEMBER 14, 2019, ST. LUKES OPENED THE UPPER BUCKS CAMPUS, LOCATED AT 3000 ST. LUKES DRIVE, QUAKERTOWN, PA. ALL MEDICAL, SURGICAL, CRITICAL AND EMERGENCY CARE SERVICES RELOCATED FROM ST. LUKES QUAKERTOWN CAMPUS TO THE NEW UPPER BUCKS CAMPUS. THE 19-BED BEHAVIORAL HEALTH UNIT REMAINS AT ST. LUKES QUAKERTOWN ALONG WITH THE FOLLOWING ESSENTIAL OUTPATIENT SERVICES: - MEDICAL OFFICE BUILDING - LAB SERVICES - RADIOLOGY - INFUSION - WOUND CARE - PULMONARY FUNCTION TESTING - CARDIOPULMONARY REHABILITATION - DAVITA DIALYSIS - OUTPATIENT NUTRITION SERVICES - EEG/EMG - SLEEP CENTER ST. LUKES UPPER BUCKS WAS THE NEWEST HOSPITAL CONSTRUCTION PROJECT IN BUCKS COUNTY SINCE 1973; AND WITH A \$100 MILLION INVESTMENT, THE LARGEST PROJECT IN QUAKERTOWN'S HISTORY. IT OFFERS PATIENTS EASY ACCESS TO SPECIALISTS, OUTSTANDING PHYSICIANS, ADVANCED TECHNOLOGY, NATIONALLY RECOGNIZED HEALTH CARE AND TOP-NOTCH CUSTOMER SERVICE. ST. LUKES UPPER BUCKS CAMPUS PROVIDES MEDICAL, DIAGNOSTIC, CRITICAL CARE, EMERGENCY AND SURGICAL SERVICES TO PATIENTS PRIMARILY FROM BUCKS, MONTGOMERY AND LEHIGH COUNTIES. THE NEW HOSPITAL OPENED WITH 30 PRIVATE MEDICAL SURGICAL AND 10 PRIVATE INTENSIVE CARE ROOMS, A 16-BAY EMERGENCY ROOM, FOUR OPERATING AND ONE PROCEDURE ROOM, A STATE-OF-THE-ART INTERVENTIONAL RADIOLOGY LAB, DIAGNOSTIC RADIOLOGY AND ADDITIONAL LAB SERVICES. 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 \$10.12 MILLION. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE ST. LUKES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>QUAKERTOWN HOSPITAL FORM 990 (EIN: 23-1352203). ST. LUKES WARREN CAMPUS ----- ST. LUKE'S WARREN HOSPITAL, INC. ("SL-WARREN") IS A JOINT COMMISSION-ACCREDITED, NO T-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 PATIENT CARE FOR 5,371 OBSERVATIONS AND ADMISSIONS, 101,531 OUTPATIENT VISITS AND 27,583 ED VISITS. FOUNDED IN 1923, SL-WARREN WAS ACQUIRED BY NATIONALLY RECOGNIZED ST. LUKE'S UNIVERSITY HEALTH NETWORK (NETWORK) IN 2012. SINCE THAT TIME, ST. LUKES HAS CONTINUOUSLY IMPROVED THE QUALITY OF, AND ACCESS TO, CARE. SL-WARREN CURRENTLY PROVIDES PATIENTS WITH ACCESS TO MORE THAN 435 PHYSICIANS ACROSS NEARLY 60 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 WOUND MANAGEMENT SERVICES, INCLUDING HYPERBARIC OXYGEN THERAPY (HBOT), WHICH IS ACCREDITED BY THE UNDERSEA AND HYPERBARIC MEDICAL SOCIETY. THE HOSPITAL RECEIVED ADDITIONAL PAYMENT IN THE CENTERS FOR MEDICARE & MEDICAID SERVICES (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 & 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 \$73.3 MILLION IN TECHNICAL AND FACILITY IMPROVEMENTS AT SL-WARREN SINCE 2012. THIS INCLUDES: \$46.9 MILLION IN FACILITY IMPROVEMENTS AND EXPANSIONS (NEW IR/CATH LAB, NEW ICI, NEW INFUSION CENTER, NEW MEDICAL/SURGICAL UNITS, RENOVATIONS TO OPERATING ROOMS, RENOVATIONS TO EMERGENCY DEPARTMENT, RENOVATIONS TO WOUND CARE, RENOVATIONS TO THE PHARMACY, EXPANSION/RELOCATION OF OUTPATIENT THERAPY, CARDIOVASCULAR EXPANSION, OUTPATIENT RADIOLOGY, OUTPATIENT LAB AND ORTHOPEDIC SERVICES AT WASHINGTON OUTPATIENT CENTER AND HILLCREST PLAZA); \$4.6 MILLION FOR TWO CT SCANNERS, AN MRI, AND TWO NUCLEAR IMAGING CAMERAS, ALL OFFERING THE LATEST AVAILABLE GE TECHNOLOGY (\$1.2 MILLION FOR RELATED CONSTRUCTION/RENOVATIONS); \$3.8 MILLION FOR IT UPGRADES; \$1.65 MILLION FOR A NEW EMERGENCY GENERATOR, AND \$16.35 MILLION IN OTHER FACILITY IMPROVEMENTS AND EQUIPMENT. IN FY19, SL-WARREN OPENED THE CENTER FOR DIABETES & ENDOCRINOLOGY PHILLIPSBURG. THE CENTER IS LED BY ENDOCRINOLOGIST ISHITA SINGH, MD. ALSO, THIS YEAR ST. LUKES WARREN CAMPUS AND RWJBARNABAS HEALTH SIGNED A THREE-YEAR JOINT, RENEWABLE AGREEMENT TO PROVIDE PATIENTS PRIMARILY IN NORTHWEST</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ST NEW JERSEY GREATER ACCESS TO THE HIGH-QUALITY CLINICAL SERVICES, EXPERTISE, EXPERIENCE AND RESOURCES OF BOTH OF THESE AWARD-WINNING, NONPROFIT HEALTH CARE ORGANIZATIONS. ADDITIONAL AREAS OF COOPERATION, SUCH AS CLINICAL TRIALS, MEDICAL EDUCATION AND RESEARCH, MAY BE IDENTIFIED AND PURSUED. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-WARREN ANNUALLY REACHES MORE THAN 10,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE ST. LUKES WARREN HOSPITAL FORM 990 (EIN: 22-1494454). ST. LUKES LEHIGHTON CAMPUS ----- ST. LUKES LEHIGHTON CAMPUS, ("SL-LEHIGHTON"), FORMERLY KNOWN AS GNADEN HUETTEN HOSPITAL, PREVIOUSLY PART OF THE BLUE MOUNTAIN HEALTH NETWORK, BECAME PART OF ST. LUKES UNIVERSITY HEALTH NETWORK ON JANUARY 1, 2018. THE PALMERTON HOSPITAL, ALSO PART OF THE BLUE MOUNTAIN HEALTH ACQUISITION CLOSED IN JUNE 2019, HOWEVER, IT RE-OPENED AS AN URGENT CARE FACILITY OPEN WITH EXTENDED HOURS TO THE CARBON COMMUNITY ON JULY 1, 2019. DURING FY19, THE LEHIGHTON CAMPUS EXPERIENCED A CAMPUS RENOVATION WHILE CONTINUING TO PROVIDE CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. CURRENTLY THE CAMPUS INCLUDES 112 ACUTE CARE BEDS AND 91 SKILLED NURSING BEDS. DURING FY19, THE LEHIGHTON CAMPUS EMERGENCY DEPARTMENT SAW 23,643 PATIENTS. IN FY19 SL-LEHIGHTON PROVIDED PATIENT CARE FOR 4,663 ADMISSIONS AND OBSERVATIONS AND 66,977 OUTPATIENT VISITS. IN FY19 SL-LEHIGHTON PROVIDED ACUTE INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE. THE SL-LEHIGHTON CAMPUS HAS AN ANNUAL CAPACITY FOR 8,200 INPATIENT AND OBSERVATION ADMISSIONS AND HAS A NINE-BED EMERGENCY DEPARTMENT WITH AN ANNUAL CAPACITY FOR 62,000 VISITS. KINDRED HEALTHCARE OPERATES A 22-BED INPATIENT ACUTE REHABILITATION UNIT ON THE THIRD FLOOR OF THE SL-LEHIGHTON. 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-LEHIGHTON LICENSE.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>COMMUNITY OUTREACH: THE 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-LEHIGHTON 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. THE SL-LEHIGHTON CAMPUS OFFERS A VARIETY OF FREE SCREENINGS/SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. MORE THAN 2,200 PEOPLE WERE REACHED DIRECTLY THROUGH COMMUNITY HEALTH OUTREACH EVENTS AND PROGRAMS AND MORE THAN 200 PARTICIPATED IN THE 5 AND DIME WALK. MANY MORE PEOPLE PARTICIPATED IN SUPPORT GROUPS, OTHER HEALTH FAIRS AND SCREENINGS. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE BLUE MOUNTAIN HOSPITAL FORM 990 (EIN: 24-0795 436). ST. LUKES SACRED HEART CAMPUS -----</p> <p>----- ST. LUKES SACRED HEART CAMPUS ("SLSH") IS A 211-BED, GENERAL MEDICAL, SURGICAL AND TEACHING HOSPITAL. IN FY 2019 ST. LUKES SACRED HEART CAMPUS PROVIDED PATIENT CARE FOR 4,583 ADMISSIONS AND OBSERVATIONS, 30,190 EMERGENCY ROOM VISITS AND 78,596 OUTPATIENT VISITS. BEFORE JOINING ST. LUKES UNIVERSITY HEALTH NETWORK, SACRED HEART HOSPITAL WAS A CATHOLIC MEDICAL CENTER LOCATED IN CENTER CITY ALLENTOWN, PENNSYLVANIA. IT WAS FOUNDED IN 1912 DURING A DIPHTHERIA EPIDEMIC BY MONSIGNOR MASSON AND THE MISSIONARY SISTERS OF THE MOST SACRED HEART. ST. LUKES SACRED HEART CAMPUS, AS A FAITH-BASED ACUTE CARE MEDICAL CENTER, OFFERED A WIDE RANGE OF ADVANCED MEDICAL SERVICES INCLUDING VASCULAR SURGERY, CARDIOLOGY, ENDOCRINOLOGY, PHYSICAL REHABILITATION AND BEHAVIORAL HEALTH SERVICES. ITS PHYSICIANS REPRESENTED NEARLY EVERY MEDICAL AND SURGICAL SPECIALTY RANGING FROM WOMENS HEALTH SERVICES TO SENIOR SERVICES TO REHABILITATION AND BEHAVIORAL HEALTH SERVICES. A NETWORK OF PHYSICIAN PRACTICES THROUGHOUT LEHIGH AND NORTHAMPTON COUNTIES PROVIDED COMPLETE PRIMARY, PEDIATRIC AND GERIATRIC MEDICAL CARE TO THE REGION'S RESIDENTS. ST. LUKES SACRED HEART CAMPUS RANKED AMONG THE SAFEST HOSPITALS IN THE UNITED STATES HAVING RECEIVED AN "A" GRADE FROM THE LEAPFROG GROUP IN 2016 AND 2017. IT WAS A CENTER OF EXCELLENCE IN BARIATRIC SURGERY, WAS NATIONALLY RECOGNIZED IN CASE MANAGEMENT AND WAS A RECIPIENT OF THE AMERICAN STROKE ASSOCIATION'S GOLD PLUS QUALITY ACHIEVEMENT AWARD. THE JOINT COMMISSION RECOGNIZED THE HOSPITAL AS A TOP PERFORMER ON KEY QUALITY MEASURES AND AWARDED IT A PRIMARY STROKE CENTER CERTIFICATION. IN MARCH 2018, ST. LUKES SACRED HEART CAMPUS CONTINUED TO CARE FOR LEHIGH VALLEY RESIDENTS BY JOINING ST. LUKES UNIVERSITY HEALTH NETWORK AND BECAME ST. LUKES SACRED HEART CAMPUS. SINCE JOINING THE NETWORK, ST. LUKES HAS MADE A SIGNIFICANT FINANCIAL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>AL INVESTMENT IN THE FACILITY AND EQUIPMENT AT SACRED HEART. AMONG THE CAPITAL IMPROVEMENTS MADE WITHIN THE FIRST YEAR ARE: - RENOVATIONS TO ADD TWO NEW BEHAVIORAL HEALTH UNITS INCREASING THE NUMBER OF BEDS BY 42. TOTAL INVESTMENT OF \$11.8 MILLION. - INSTALLATION OF NEW ELECTRONIC MEDICAL RECORD (EPIC). TOTAL INVESTMENT OF \$10.4 MILLION. - IMPROVEMENTS TO PARKING GARAGE AND REPLACEMENT OF ELECTRICAL SWITCH GEAR. TOTAL INVESTMENT OF \$5.3 MILLION. - RENOVATIONS TO PATIENT ROOMS AND EDUCATION CENTER. TOTAL INVESTMENT OF \$2.3 MILLION. COMMUNITY OUTREACH: ST. LUKES SACRED HEART CAMPUS CONTINUES TO STAY ENGAGED IN THE ALLENTOWN COMMUNITY THROUGH A VARIETY OF WAYS. FOR ADDITIONAL INFORMATION REGARDING THE ORGANIZATION COMMUNITY BENEFIT AND OUTREACH EFFORTS PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O OF THE SACRED HEART HOSPITAL OF ALLENTOWN FORM 990 (EIN: 23-1352208).</p> |

990 Schedule O, Supplemental Information

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

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

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART VII AND SCHEDULE J | FRANK FORD SERVED AS THE CHIEF INTEGRATION OFFICER OF THIS ORGANIZATION FROM JULY 1, 2018 THROUGH DECEMBER 15, 2018. EFFECTIVE DECEMBER 16, 2018, MR. FORD BECAME THE PRESIDENT OF SACRED HEART HOSPITAL OF ALLENTOWN; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHERE HE SERVED IN THIS CAPACITY FOR THE REMAINDER OF THE FISCAL YEAR. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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 X, LINES 27 - 29 | IN AUGUST 2016, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS UPDATE ("ASU") 2016-14,"PRESENTATION OF FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES." THE NEW GUIDANCE REQUIRES IMPROVED PRESENTATION AND DISCLOSURES TO HELP NOT-FOR-PROFITS PROVIDE MORE RELEVANT INFORMATION ABOUT THEIR RESOURCES TO DONORS, GRANTORS, CREDITORS AND OTHER USERS. THE NETWORK ADOPTED THIS NEW ACCOUNTING STANDARD IN FISCAL YEAR 2019. THE PRIMARY CHANGES AFFECTING THE NETWORK INCLUDE: PRESENTATION OF TWO CLASSES OF NET ASSETS VERSUS THE PREVIOUSLY REQUIRED THREE; ENHANCED DISCLOSURES FOR BOARD DESIGNATED AMOUNTS, COMPOSITION OF NET ASSETS WITHOUT DONOR RESTRICTIONS, AND LIQUIDITY AND AVAILABILITY; AND DISCLOSURE OF EXPENSES BY BOTH THEIR NATURAL AND FUNCTIONAL CLASSIFICATION IN A MATRIX FORMAT. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| CORE FORM, PART XI; LINE 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - CONTRIBUTIONS/DONATIONS RECEIVED - \$3,884,756; - PLEDGES RECEIVED - (\$2,977,558); - NEW PLEDGES - \$4,166,005; - INCOME FROM INVESTMENTS - \$2,766,274; - NET ASSETS RELEASED (PLEDGES) - PPE (BUILDING FUND) - (\$20,000); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT - (\$819,405); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - (\$2,255,591); - NET ASSETS RELEASED FROM RESTRICTION USED FOR CAPITAL CAMPAIGN OF PROPERTY AND EQUIPMENT - (\$324,410); - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - (\$2,766,274); - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - \$62,102; - APPRECIATION TRANSFER FROM ENDOWMENT - \$2,223,288; - ENDOWMENT SPENDING POLICY TRANSFER TO DONOR RESTRICTED - \$114,507; - INCOME TRANSFER FROM ENDOWMENT - \$452,792; - OTHER CHANGES IN DONOR RESTRICTED NET ASSETS (SPECIFIC PURPOSE & CAPITAL CAMPAIGN FUND) - (\$1,218,119); - CONTRIBUTIONS/DONATIONS RECEIVED - \$2,425,248; - INCOME FROM INVESTMENTS - \$2,998,525; - NET REALIZED GAIN ON SALE FROM INVESTMENTS - \$3,133,242; - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - (\$763,095); - APPRECIATION TRANSFER FROM/TO ENDOWMENT - (\$2,223,366); - APPRECIATION TRANSFER TO GENERAL FUND - \$1,218,117; - INCOME TRANSFER TO DONOR RESTRICTED - (\$452,792); AND - OTHER CHANGES IN DONOR RESTRICTED NET ASSETS (ENDOWMENT FUND) - (\$876,879). |

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, 2019 AND JUNE 30, 2018; 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. |

| | | | | | |
|--|--|--|--|--|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493195012050 | |
| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service | | Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | | | OMB No. 1545-0047 |
| | | | | | 2018 |
| | | | | | Open to Public Inspection |
| Name of the organization ST LUKE'S HEALTH NETWORK INC | | | | Employer identification number 23-2384282 | |

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) 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 |
| (1) ST LUKE'S HEALTH NETWORK INSURANCE COMP 801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150 | FINANCIAL VEHICLE | VT | NA | C CORP. | | | | | No |
| (2) ST LUKE'S PHYSICIAN HOSPITAL ORG INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818 | HEALTHCARE SVCS. | PA | NA | C CORP. | | | | | No |
| (3) HILLCREST EMERGENCY SERVICES PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976 | HEALTHCARE SVCS. | NJ | NA | C CORP. | | | | | No |
| (4) TWO RIVERS ENTERPRISES INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606 | REAL ESTATE | NJ | SLHN | C CORP. | 35,501 | 1,338,965 | 100.000 % | Yes | |
| (5) ST LUKE'S WARREN PHYSICIAN GROUP PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316 | HEALTHCARE SVCS. | NJ | NA | C CORP. | | | | | No |
| (6) 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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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 |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2018

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 | 501(C)(3) | HOSPITAL | SLHN | Yes | |
| 801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865 | INACTIVE | PA | 501(C)(3) | 170B1AIII | GSL HOSPITAL | | No |
| 1110 ST LUKES WAY 3RD FLOOR ALLENTOWN, PA 18109 83-3200970 | HEALTH SVCS. | PA | 501(C)(3) | 170B1AIII | SLHN | Yes | |