efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# **Return of Organization Exempt From Income Tax**

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

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

DLN: 93493133050341 OMB No. 1545-0047

Open to Public

Department of the

reasu iterna		enue Service	e	P GO to <u>www.ns</u> .	.gov/	<i><u>romi990</u> tor ills</i>	structions and th	e latest		ation.		Inspection
F	or th	e 2019 d	alendar yea	r, or tax year be	ginnin	ıg 07-01-2019	, and ending 06	-30-2020	)			
Che	ck if a	applicable:	C Name of or	ganization HEALTH NETWORK IN	r					D Employ	er identif	ication number
		change			C					23-238	4282	
	me ch tial re	-	% THOMAS  Doing busir	P LICHTENWALNER ness as								
		n/terminated	1									
		d return	Number and	d street (or P.O. box i	f mail is	s not delivered to str	reet address) Room,	suite		E Telephor	ne number	
⊐Ар	plicati	on pending								(484) 5	26-4000	
				n, state or province, c N, PA 18109	ountry,	, and ZIP or foreign	postal code					
			ALLENTON	N, 17 10103						<b>G</b> Gross re	ceipts \$ 0	
				nd address of princ LICHTENWALNER	ipal of	ficer:		H(a)	Is this	a group re	turn for	
			1110 ST LU							linates?		□Yes 🗹 No
			•	N, PA 18109				<b>⊣</b> н(ь)	include	l subordinat ed?	tes	☐ Yes ☐No
Ta	x-exei	mpt status	: <b>I</b> 501(c)(3	501(c)()	<b>◀</b> (inse	ert no.) 🔲 4947	'(a)(1) or				•	instructions)
W	ebsit	te:► W\	WW.SLHN.OR	G				H(c)	Group	exemption	number	<b>&gt;</b>
								I Voor	of forma	tion: 2002	M State	of legal domicile: PA
Forr	n of o	rganization	n: 🗹 Corporat	ion 🗌 Trust 🔲 A	ssociati	ion ☐ Other ►		Liteal	OI TOTTIIA	tion. 2002	IN State	or legal doffliche. FA
Pa	art I	Sum	nmary									
				janization's mission	n or m	ost significant act	tivities:					
				SIONATE, EXCELLE RIMINATORY MAN		ALITY AND COST	EFFECTIVE HEALT	THCARE T	O THE F	RESIDENTS	OF THE	COMMUNITIES WE
2	]	SERVE IN	I A NON-DISC	RIMINATORT MAN	NEK.							
<u> </u>												
	-											
5				if the organization nbers of the gover						of its net a	ssets.	14
ಶ ^	4		_	nt voting members	-		•				4	11
٤	-		•	-					•	•	5	0
Ę	l _	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)									6	0
ŧ	l			ess revenue from F					· · ·	•	7a	0
	l			s taxable income f						_	7b	0
									Pric	or Year		Current Year
۵.	8	Contribu	itions and gra	nts (Part VIII, line 1	lh) .						0	0
ž.	9	Program service revenue (Part VIII, line 2g)							427	-27,367,661		
Rəvenue	10	Investm	ent income (F	Part VIII, column (A	), lines	s 3, 4, and 7d )					0	C
ш	11	Other re	venue (Part V	III, column (A), line	es 5, 6	5d, 8c, 9c, 10c, ar	nd 11e)				0	0
	12	Total rev	venue—add Iir	nes 8 through 11 (ı	must e	equal Part VIII, col	lumn (A), line 12)			62,696,	427	-27,367,661
	13	Grants a	nd similar am	ounts paid (Part IX	(, colui	mn (A), lines 1–3					0	0
	14	Benefits	paid to or for	members (Part IX,	, colun	nn (A), line 4) .					0	0
33	15	Salaries,	, other compe	nsation, employee	benef	its (Part IX, colum	nn (A), lines 5–10)	)			0	С
Expenses	<b>16</b> a	a Professi	onal fundraisi	ng fees (Part IX, co	lumn	(A), line 11e) .					0	С
Š.	b	Total fund	draising expense	es (P <b>art</b> IX, column (E	)), line	25) ▶0						
لنا	17	Other ex	penses (Part	IX, column (A), line	es 11a	ı–11d, 11f–24e)					0	0
	18		•	nes 13–17 (must e			• •				0	С
(0	19	Revenue	less expense	s. Subtract line 18	from	line 12				62,696,		-27,367,661
Fund Balances								Beg	ginning	of Current Y	ear	End of Year
a e	20	Total ass	sets (Part X. li	ne 16)						893,027,	904	883,564,547
200	l			, line 26)						,,	0	0
FE	l		-	ances. Subtract lin						893,027,	904	883,564,547
Pa	rt II	Sign	nature Bloc	k							•	
				are that I have ex								
		edge.	er, it is true, t	correct, and comple	ete. De	eciaration of prep	arer (other than o	incer) is t	pased of	i ali inioriii	ation of v	which preparer has
		11										
· · · · ·		***** Signat	ture of officer						2021 Date	1-05-11 :		
ign Iere				ALNED OVE EXPLANCE	/CEC							
	-		IAS P LICHTENW or print name ar	<u>/ALNER_SVP_FINANCE</u> nd_title	/CFO							
		17	Print/Type prepa		ΙP	Preparer's signature		Date			PTIN	
Paid	4		) : ) L a lei ale,	****	'	,					P0064248	5
	a pare	er	Firm's name	► WithumSmithBrowr	n PC					employed   n's EIN ►		
	On	H	Firm's addross *	> 200 Tofforcon Park (	Suito 40	20			Die	no no (072)	000 0404	
	-	,	i iiiii s auuress 🏾	200 Jefferson Park S	Juile 40	JU			Phoi	ne no. (973)	oyo-9494	

Whippany, NJ 079811070

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . .

☑ Yes ☐ No

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement	of Program Service Ac	complishments		
			r note to any line in this Part III		🗹
1	Briefly describe the o	rganization's mission:			
RESI ORG/ DELI PHYS	DENTS OF THE COMMU ANIZATION IS THE PAR VERY NETWORK. THE I SICIANS, NURSES AND	JNITIES WE SERVE REGARDI RENT ENTITY OF ST. LUKE'S NETWORK HAS AN UNWAVEF	LESS OF RACE, COLOR, CREED, S UNIVERSITY HEALTH NETWORK LING COMMITMENT TO EXCELLEN DERS; AND IMPROVE ACCESS TO	JALITY AND COST EFFECTIVE HE SEX, NATIONAL ORIGIN OR ABIL ("NETWORK"); A TAX-EXEMPT IN NCE AS WE CARE FOR THE SICK D CARE IN THE COMMUNITIES W	ITY TO PAY. THE ITEGRATED HEALTHCARE AND INJURED, EDUCATE
2	Did the organization	undertake any significant pro	gram services during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Schedule	0.		
3	Did the organization	cease conducting, or make s	gnificant changes in how it cond	ucts, any program	
	services? If "Yes," describe the	se changes on Schedule O.			☐ Yes 🗹 No
4	Section 501(c)(3) and		e required to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code: See Additional Data	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	-27,367,661 )
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program service (Expenses \$	ces (Describe in Schedule O.) including	grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses ►	0		

Form	990 (2019)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
Į.			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	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)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	'	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

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No

Form **990** (2019)

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20b

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Form	990 (2019)			Page <b>4</b>
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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? If "Yes," complete Schedule L, Part 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	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? If "Yes," complete Schedule N, Part 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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2			No
38	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37 38	Yes	

**✓** 

Form **990** (2019)

No

Yes

0

0

**1**c

**1**a

1b

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

(gambling) winnings to prize winners? .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part V

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

OHIII	990 (2019)			Page					
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to i	lines <b>V</b>					
Se	ction 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 14								
	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 11								
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?								
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?	<b>7</b> b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	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					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)						
			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						
С	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?								
а	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							
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶								
17 18									
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.								
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  THOMAS P LICHTENWALNER 1110 ST LUKES WAY ALLENTOWN, PA 18109 (484) 526-4000								

Name and title

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII .

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 $\checkmark$ 

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated			, .				(14/ 2/1000	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

Га	Section A. Officers, Direct	tors, musicus	, iccy i	p.	o, c	,	ana i	9	icst co	препзе	ited Employees	COLIE	mucuj	
	<b>(A)</b> Name and title	Name and title Average hours per week (list any hours			οχ, ι	t che inles ficer	eck moss pers and a	son	(D) Reportable compensation from the organization (W-2/1099-		from related organizations	5	(F) Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(/1099- ISC)			organizati relat organiza	ed
See	Additional Data Table						-							
												+		
												+		
												$\perp$		
c ·	Sub-Total	art VII, Section	Α.,				•							
	Total (add lines 1b and 1c)  Total number of individuals (including					h a	2) wb2		aived me	0 ro than	13,296,89	91	:	2,020,529
2	of reportable compensation from the			e liste	eu a	DOVE	e) Wilo	rece	erved mo	ie tilali	\$100,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>										ed employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual											4	Yes	
5	Did any person listed on line 1a receiv									tion or i	ndividual for			
services rendered to the organization? If "Yes," complete Schedule J for such person								5		No				
1	ection B. Independent Contract  Complete this table for your five high	est compensate										npens	sation	
	from the organization. Report comper	(A)		year	end	ing	with o	r wit	hin the c		(B)	1	(C	
	Name a	and business addre	ess							De	escription of services		Comper	sation

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  $\blacktriangleright$  0

Form **990** (2019)

		(2019)	<u>- د د</u>	20102							Page <b>9</b>
Part	VIII				recor	onse or note to	any li	ine in this Part VIII			🗆
		CHECK II SCHEL	.uic	o contains d	, capt	or more to		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections 512 - 514
" »	18	a Federated campa	igns		<b>1</b> a				Tevende		312 311
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due:	5.	. [	<b>1</b> b						
Gr.	'	c Fundraising even	ts .	. [	<b>1</b> c		_				
ifts, ar A		d Related organiza		<u> </u>	<b>1</b> d		_				
3, G m∷		e Government grants		Ļ	1e		_				
ion r Si	1	<ul> <li>All other contribution</li> <li>and similar amounts</li> </ul>	ns, g s not	ifts, grants, included	1f						
but the		above g Noncash contributio	ns in	cluded in							
at O		lines 1a - 1f:\$		L	<b>1</b> g		_				
ತ ಕ		<b>h Total.</b> Add lines :	1a-1	f	•	<b>&gt;</b>		0			
				S OT LUKES		Business Code	e				
a	2a	EQUITY IN NET INCO	ME O	F ST. LUKE'S							
Program Service Revenue	b	UNIVERSITY HEALTH	NET	WORK AFFILIA	TES	9000	199	-27,367,661	-27,367,661		
æ											
.vice	C										
S.	d	ľ									
gran	_										
δ.	е										
	f	All other program	serv	ice revenue.							
		Total. Add lines 2				-27,367,6			T		
	5	Investment income similar amounts) .					ner ▶		D .		
		Income from invest				ond proceeds	<b>▶</b>				
	5	Royalties	_	(i) Rea		(ii) Persona	<b>                                     </b>	·			
	6-	Cross ropts	6-								
		Gross rents Less: rental	6a								
	_	expenses	6b								
	С	Rental income or (loss)	6с		(		0				
	c	Net rental income	or (				•	(			
	7-	Gross amount		(i) Securi	ties	(ii) Other					
	/ a	from sales of assets other	7a								
		than inventory									
	b	Less: cost or other basis and sales expenses	7b								
		·	_								
		Gain or (loss)  Net gain or (loss)	7c								
<b>a</b> .		Gross income from fu					<b>•</b>				
une		(not including \$contributions reported									
eve		See Part IV, line 18	•		8a		0				
۳. ع		Less: direct expen Net income or (los			8b	onto	0	1			
Other Revenue	•	. Net income or (los	·3) II	om fundraisi	Ing ev	ents <sub>j</sub>	<u> </u>				
	9a	Gross income from See Part IV, line 19			9a		0				
	b	Less: direct expen			9b		0				
		Net income or (los			activit	ies		(	)		
	10:	aGross sales of inve	entor	rv less							
		returns and allowa	nces	5	10a		0				
		Less: cost of good			<b>10</b> b		0				
-	C	Net income or (los Miscellaneo			invent	ory Business Cod	de l				
	11										
	b	)									
	C										
	,	All other revenue									
		Total. Add lines 1				•	<b>&gt;</b>				+
	12	: <b>Total revenue.</b> S	ee ir	nstructions .			•				
							-	-27,367,66	-27,367,661	-[	Form 000 (2010)

	Chatamant of Functional Function				rage 10
Pá	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	one must complete of	olumn (A)
	Check if Schedule O contains a response or note to ar		=		_
<u> </u>			(B)	(c)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	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			
	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				
•	С				
•	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Liabilities 22

Fund Balances

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Assets 30 0

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769,277,232

114,287,315

883,564,547

883,564,547

Form 990 (2019)

883,564,547

883,564,547

(B)

End of year

Check if Schedule O contains a response or note to any line in this Part IX .	
	Τ

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Tax-exempt bond liabilities . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Grants payable .

Inventories for sale or use . . . Prepaid expenses and deferred charges .

10a

10b

Beginning of year

0 5

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0

0

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0 10c

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0 25

791,152,854

101,875,050

893,027,904

893,027,904

893,027,904

893,027,904

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17 0 18

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Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version:

**EIN:** 23-2384282

Name: ST LUKE'S HEALTH NETWORK INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ST. LUKE'S HEALTH NETWORK IS THE TAX-EXEMPT PARENT ENTITY OF THE ST. LUKE'S UNIVERSITY HEALTH NETWORK. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM

CONSISTS OF MULTIPLE HOSPITALS AND NUMEROUS AFFILIATED HEALTHCARE ORGANIZATIONS THAT PROVIDE EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES THROUGHOUT PENNSYLVANIA AND NEW JERSEY, PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	a dir	ecto	•	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD A ANDERSON	55.0	Х		х				0	2,411,603	291,981
TRUSTEE-PRESIDENT/CEO-SLUHN	0.0									
THOMAS P LICHTENWALNER	55.0			x				0	1,279,253	215,966
SVP FINANCE & CFO	0.0								, ,	,
JOEL D FAGERSTROM	55.0			х				0	1,105,816	209,498
EVP & CHIEF OPERATING OFFICER	0.0									
ROBERT E MARTIN	55.0			x				0	668,934	246,117
SVP CHIEF STRATEGY OFFICER	0.0								,	,
ROBERT L WAX ESQ	55.0			x				0	779,185	134,900

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856,765

818.941

625,865

640,965

622,613

35,192

37,082

175,948

138,826

130,611

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ROBERT E MARTIN
SVP CHIEF STRATEGY OFFICER
ROBERT L WAX ESQ
SVP GENERAL COUNSEL

DENNIS J DOUGHERTY

JEFFREY A JAHRE MD

EDWARD R NAWROCKI

PRESIDENT, EAST REGION

CAROL A KUPLEN RN MSN

SVP CNO & PRESIDENT SLHB

DEAN W EVANS

PRESIDENT/CEO ST. LUKE'S PT

......

SVP MEDICAL & ACADEMIC AFFAIRS

SVP VALUE BASED I&P RELATIONS

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

SAMUEL R GIAMBER MD

CHAIRMAN - TRUSTEE

DAVID M LOBACH JR

ROBERT GAYNER MD

TRUSTEE

VICE CHAIRMAN - TRUSTEE

VICE CHAIRMAN - TRUSTEE

ROBERT B BLACK

.......

	l arry flours	I	u un	CCCO	71 / CT	usecc)	, ,	Organization	organizations	I TOTAL THE
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALDO CARMONA SVP CLINICAL INTEGRATION	55.0			х				0	690,412	29,003
WILLIAM E MOYER PRESIDENT, WEST REGION	55.0				х			0	575,434	89,434
CHAD T BRISENDINE  VP & CHIEF INFORMATION OFFICER	55.0			х				0	627,084	23,743
EDANIK FORD	55.0									

PRESIDENT, WEST REGION	0.0							
CHAD T BRISENDINE	55.0		\ \ \					
VP & CHIEF INFORMATION OFFICER	0.0		Х			0	627,084	
FRANK FORD	55.0				_	0	491,758	1
FORMER OFFICER	0.0				^		491,738	1
DONNA M SABOL	55.0							

VP & CHIEF INFORMATION OFFICER	0.0						
FRANK FORD	55.0			Х	0	491,758	11
FORMER OFFICER	0.0			^	U	491,738	
DONNA M SABOL	55.0					412,826	10
SVP&CHIEF QUAL OFF (EFF 01/20)	0.0				0	412,826	10
ROCHELLE M SCHALLER	55.0				_		_

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FORMER OFFICER	0.0				Χ	0	491,758	110,315
DONNA M SABOL	55.0		.,					
SVP&CHIEF QUAL OFF (EFF 01/20)	0.0		Х			0	412,826	106,027
ROCHELLE M SCHALLER	55.0					0	475.478	32,487
SVP HR (TERMED 6/30/20)	0.0		^				4/3,4/0	32,407

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213,959

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13,399

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT J GREY	1.0										
TRUCTEE		X						0	0	0	
TRUSTEE	0.0										
PAUL E HUCK	1.0										
TRUSTEE		Х						0	0	0	
	0.0										
DAVID MUETHING	1.0										
TRUSTEE		Х						0	0	0	
	0.0										
ROBERT A OSTER	1.0										
TRUSTEE	•••••	X						0	0	0	
INOSILE	0.0										
ROBERT D RUMFIELD	1.0										

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......

ROBERT A OSTER
TRUSTEE
1100122
ROBERT D RUMFIELD
TRUSTEE

CHARLES D SAUNDERS MD

..........

LUANNE B STAUFFER

KRISTINA W WARNER

DOUGLAS A MICHELS

TRUSTEE (TERMED 4/1/20)

DAVID M YEN MD

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

and Independent Contractors

efile	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493133050341
	m 99	OULE A	Con		Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization or trust.	ort 🗀	2019
		f the Treasury	<b>&gt;</b>	Go to <u>www.irs</u>	► Attach to Form s.gov/Form990 for i			ormation.	Open to Public Inspection
Nam	e of tl	<del>nie Service</del> <b>he organiza</b> EALTH NETWOF						Employer identific	<u> </u>
								23-2384282	
	rt I				<b>us</b> (All organization : it is: (For lines 1 thro			see instructions.	
1	n gariiz		•		•	•		(A)(:)	
		·		,	sociation of churches				
2	Ш				1)(A)(ii). (Attach Scl	,			
3		·	•	•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). Er	nter the hospital's
5			ation operate ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7		section 17	0(b)(1)(A)	( <b>vi).</b> (Complete	Part II.)			nit or from the genera	I public described in
8		A communi	ty trust desc	ibed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land gi	ant college c	f agriculture. S	ee instructions. Enter	the name, city, a	and state of the		
10		from activit investment	ies related to income and	its exempt fur unrelated busin	ctions—subject to cer	tain exceptions,	and (2) no more	is, membership fees, a than 331/3% of its su sses acquired by the o	pport from gross
11		An organiza	tion organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12	<b>✓</b>	more public	ly supported	organizations of		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th  ). See section 509(a  s 12e, 12f, and 12g.	
а	<b>✓</b>	<b>Type I.</b> A so	supporting or n(s) the pow	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga	
c		Type III f	unctionally	-		•	•	nd functionally integra	ted with, its
d		Type III n functionally	on-function integrated.	<b>ally integrate</b> The organizatio	<b>d.</b> A supporting organ	ization operated fy a distribution	in connection wi requirement and	th its supported organ an attentiveness requ	
е	$\checkmark$				ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter			•	· · · · · · · · · ·	-		<u>6</u>	
g	Provi	ide the follow	ing informati	on about the su	pported organization(	s).			
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
See	Additio	onal Data Tal	ole						
Tota			6		·			0	(

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

Schedule A (Form 990 or 990-EZ) 2019

5a

6

7

8

10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

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

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

			Yes	No
L	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	halaw	-	-	-

	describe the designation. If historic and continuing relationship, explain.	1	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below.	3a		No		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination.	3b				
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

b	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4h	

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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

(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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

scne	dule A (Form 990 or 990-E2) 2019		F	age 5		
Pai	Tt IV Supporting Organizations (continued)					
			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	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?	11a		No		
b	A family member of a person described in (a) above?	11b		No		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		No		
	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2		No		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection 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 instruct)	ions):				
ā	The organization satisfied the Activities Test. Complete line 2 below.	•				
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ļ	Yes	No		
ā	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 <b>Part VI identify those supported organizations and explain</b> 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				
	o 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
2		2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.	$\vdash$				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
ŀ	o 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 <b>Part VI.</b> the role played by the organization in this regard.	3b				

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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 <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115					
7 Total annual distributions. Add lines 1 through 6.					
B Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

# **Additional Data**

## **Software ID:**

**Software Version:** 

**EIN:** 23-2384282

Name: ST LUKE'S HEALTH NETWORK INC

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv Is the org listed in governing o	anization n your	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ST LUKE'S HOSPITAL OF BETHLEHEM PA	231352213	3	Yes		0	C
ST LUKE'S HOSPITAL ANDERSON CAMPUS	454394739	3	Yes		0	(
ST LUKE'S HOSPITAL MONROE CAMPUS	465143606	3	Yes		0	C
ST LUKE'S QUAKERTOWN HOSPITAL	231352203	3	Yes		0	C
ST LUKE'S WARREN HOSPITAL INC	221494454	3	Yes		0	C
CARBON-SCHUYLKILL COMMUNITY HOSPITAL	251550350	3	Yes		0	(

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493133050341

OMB No. 1545-0047

(Form 990)

**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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

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

	me of the organization		Employer identification number
51	LUKE'S HEALTH NETWORK INC		23-2384282
Pā	art I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
i	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor	ore in writing that the assets held in donor adv	wised funds are the
,	organization's property, subject to the organization's ex		
•	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose co	
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
-	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreatio	n or education) $\square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year •	ed, released, extinguished, or terminated by t	he organization during the
Ļ	Number of states where property subject to conservation	on easement is located 🗲	
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, inspection, handling o	
			☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, insper	cting, nandling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting,   \$\bi\$	. handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d)		
	and section 170(h)(4)(B)(ii)?		Yes No
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial state:	
a l	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its revenue stated public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub 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, histori following amounts required to be reported under SFAS	ical treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶\$
b	Assets included in Form 990, Part X		·
	· · · · · · · · · · · · · · · · · · ·		· T

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	rt IIII Organizations Maintaining	Collections of Art, Hist	orical T	reas	ures, or Other	Similar Assets (cd	ntinued)	
3	Using the organization's acquisition, accessitems (check all that apply):	ssion, and other records, che	ck any o	f the f	ollowing that are a	significant use of its	collection	
а	Public exhibition	•	d 🗆	Loar	n or exchange prog	ırams		
b	Scholarly research	•	e 🗌	Oth	er			
С	Preservation for future generations							
4	Provide a description of the organization's Part XIII.	collections and explain how	they fur	her th	ne organization's ex	kempt purpose in		
5	During the year, did the organization solid assets to be sold to raise funds rather tha							lo
Pa	<b>Escrow and Custodial Arrar</b> Complete if the organization a X, line 21.		90, Par	t IV,	line 9, or reporte			Part
1a								lo
b	If "Yes," explain the arrangement in Part	XIII and complete the follow	ina table			Amount		_
c	· ·	·	-		1c			_
d					H H .			_
е	· ,							_
f	biodifibations daring the year				· · · <del>    -</del>			_
						shilitura 🔲 🗸		_
2a	<u>-</u>	, , , , , , , , , , , , , , , , , , , ,				<i>'</i> =		10
b		XIII. Check here if the explai	nation na	s beei	n provided in Part )	Ш ⊔		
PG	<b>Endowment Funds.</b> Complete if the organization a	nswered "Yes" on Form 9	90. Par	FTV.	line 10.			
	oomproto ii tiro organization a		<b>b)</b> Prior ye			(d) Three years back (	<b>e)</b> Four yea	ars back
<b>1</b> a	Beginning of year balance	101,875,050	93,63	5,917	82,599,813	74,783,862	73,	,803,247
b	Contributions	13,308,751	7,56	0,553	7,500,488	5,429,546	3,	,693,901
c	Net investment earnings, gains, and losses	2,411,140	9,60	7,846	4,702,309	6,462,125		534,710
d	Grants or scholarships							
е	Other expenditures for facilities and programs	3,307,626	8,92	9,266	1,166,693	4,075,720	3,	,247,996
f	Administrative expenses							
g	End of year balance	114,287,315	101,87	5,050	93,635,917	82,599,813	74,	,783,862
2	Provide the estimated percentage of the o	current year end balance (line	e 1g, colu	ımn (a	a)) held as:			_
а	Board designated or quasi-endowment							
b	Permanent endowment ►							
c	Temporarily restricted endowment ► 1	100.000 %						
	The percentages on lines 2a, 2b, and 2c s							
3а	Are there endowment funds not in the post organization by:	ssession of the organization t	that are l	neld a	nd administered for	r the	Yes	No
	(i) unrelated organizations					3a(		No
	(ii) related organizations					3a(		No
		· ·				31	<b>D</b>	<u> </u>
4	Describe in Part XIII the intended uses of		nt funds.					
rā	<b>Land, Buildings, and Equipa</b> Complete if the organization a		190. Par	F T\/	line 11a. See For	m 990. Part X line	10.	
	Description of property (a) Cost o	or other basis stment) (b) Cost or other					) Book valu	ıe
12	Land							
	Buildings				+			
	-				+	-		
C .	Leasehold improvements							

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

(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.	Part VII		D= -+ TV   1:-	11h C F 000	Davit V. III	10
1		(a) Description of security or category	(b)	<b>(c)</b> Met	hod of valua	tion:
(3) Case/Hold carby interests (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			1 1		or year mar	Net value
(A) (B) (C) (C) (C) (D) (D) (E) (F) (F) (G) (F) (F) (G) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G						
CT   CT   CT   CT   CT   CT   CT   CT						
(b)						
Fig.						
F						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered Yes on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered Yes on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered Yes on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered Yes on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if Yes on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if Yes on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if Yes on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if Yes on Form 990, Part X, line 13.   Complete if Yes on Form 990, Part X, line 13.   Complete if Yes on Form 990, Part X, line 13.   Complete if Yes on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if Yes on Form 990, Pa						
Total. (Column (b) must equal Form 990, Part X, col. (8) ine 12.)   Part VIII   Investments						
Testal. (Column (b) must equal form 980, Part X, col. (b) iner 12.)    Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV. line 11c. See Form 990, Part X, line 13.						
Investments	(H)					
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 valuate Cost or end-of-year many value (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 980, Part X, col. (b) line 13.)  (a) Description  (b) Book value  (c) Method of valuate control or end-of-year many value (a) Description  (b) Book value  (c) Method of valuate control or end-of-year many value (a) Description  (b) Book value  (c) Method of valuate control or end-of-year many value (a) Description  (c) Method of valuate control or end-of-year many value (a) Description  (d) Description of line 11c. See Form 990, Part X, line 15.  (e) Description of line 11c. See Form 990, Part X, line 15.  (a) Description of liability  (b) Book value  (c) Method of valuate control or end-of-year many value (a) Description of liability  (d) Federal norme taxes  (e) Description of liability  (f) Book  (d) Federal norme taxes  (e) Description of liability  (f) Book  (f) Method valuate control or end-of-year many value (a) Description of liability  (f) Book  (g) Method valuate control or end-of-year many value (a) Description of liability  (g) Method value (b) Book  (h) Book value  (g) Book value  (g) Book value  (g) Book value  (h) Book value  (g) Book value  (h) Book  (h) Book  (g) Book value  (h) Book  (h)			<b>•</b>			
Cost or end-of-year make   Cost or end-of-year new   Part   Cost or end-of-year new   Cost or end-	rait VIII	Complete if the organization answered 'Yes' on Form 990	, Part IV, li			
(1)		(a) Description of investment		(b) Book value		nd-of-year market
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)		TENT IN SLUHN AFFILIATES		883,564,547		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cal (8) line 13) (a) Description (b) Book vali (c) (c) (d) (d) (e) (e) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  (a) Description (b) Book vali  (b) Book vali  (c) (c) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  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 validation (1) (2) (3) (4) (5) (6) (7) (9)  Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)  Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5) (6) (9)						
(7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(B) line 13.)  Part XX 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 validation (c) must equal form 990, Part X, line 15.  (a) Description (b) Book validation (c) must equal form 990, Part X, col.(B) line 15.)  Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book (d) Part X (e) P						
(6) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  (a) Description (b) Book val. (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val. (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book val. (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (c) Federal income taxes (d) Federal income taxes (e) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (d) Federal income taxes (e) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (d) Federal income taxes (e) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (e) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (f) Federal income taxes (g) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (h) Book val. (ii) Federal income taxes (iii) Federal income taxes						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)   883,564,547						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)   883,564,547     Part IX   Other Assets.   (a) Description   (b) Book val.   (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (1)   (10)						
Other Assets.		w (b) worst court 5 are 2000. But V and (D) (in a 42.)		202 544 545		
(a) Description (b) Book validation (c) Book validation (d) Book v		Other Assets.				
(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 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			Part IV, lin	ie 11d. See Form 990, I	Part X, line 1	.5. <b>(b)</b> Book value
(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 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(1)					
(4) (5) (6) (7) (8)    Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(2)					
(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 (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9)	(3)					
(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 (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8)	(4)					
(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 (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8)	(5)					
(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 (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8)	(6)					
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 (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	(7)					
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 (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9)	(8)					
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 (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	(9)					
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 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Total. (Colu				. •	
1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part X		Part IV, lin	ie 11e or 11f.See Fori	m 990, Par	t X, line 25.
(2) (3) (4) (5) (6) (7) (8)		(a) Description of liabil				(b) Book value
(3)       (4)       (5)       (6)       (7)       (8)       (9)	(1) Federal	Income taxes				
(4)       (5)       (6)       (7)       (8)       (9)	(2)					
(5)         (6)         (7)         (8)         (9)	(3)					
(6) (7) (8) (9)	(4)					
(7) (8) (9)	(5)					
(8) (9)	(6)					
(9)	(7)					
	(8)					
(10)	(9)					
I	(10)					
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					•	

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c	1	
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12.)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Par		Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			
а	Investment expenses not include	d 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 4	kc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pare any additional information.	t V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Supplemental Information							
Return Reference	Explanation						
SCHEDULE D, PART V; QUESTION 4	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 ACCO UNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS C ONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETW ORKS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORKS ENDOWMENT FUNDS: THE NETWORKS ENDOWMENT CONSISTS OF APPROXIMATELY \$53,846,148 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$2,596,705 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES PLUS THE FOLLOWING WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT: SPLIT INTEREST AG REEMENTS, AND OTHER NET ASSETS. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUND S AND FUNDS DESIGNATED BY THE BOARD OF TRUSTES TO FUNCTION AS ENDOWMENTS. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTES TO FUNCTION AS ENDOWMENTS. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTES TO FUNCTION AS ENDOWMENTS. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTES TO FUNCTION AS ENDOWMENTS. ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DON OR IMPOSED RESTRICTIONS. RETURN OBJECTIVES AND RISK PARAMETERS THE NETWORK HAS ADOPTED END OWMENT 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 POWE R OF ENDOWMENT ASSETS. UNDER THIS POLICY, THE RETURN ABJECTIVE FOR THE ENDOWMENT ASSETS, ME ASSURED OVER A FULL MARKET CYCLE, SHALL BE TO MAXIMIZE THE RETURN ASSINTS A BLENDED INDEX, BASED ON THE ENDOWMENT THINDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE INDEX (INTERNATIONAL						

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V; QUESTION 4	OME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MA DE BY THE DONORS. THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUAL LY BY JUNE 30. IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RA TE OF RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CU RRENT 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.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	3050	341
Sch	edule J	Compensation Information						0047
(Form 990)		For certain Office						
		► Complete if the org	, line 23.	2019				
D		-	► Attach	to Form 990. instructions and the latest inform		Open		
•	tment of the Treasury al Revenue Service	₽ do to <u>www.ns.go</u>	101	mistructions and the latest mion	nation.		ectio	
	me of the organiza				Employer identifica	tion nu	ımber	
					23-2384282			
Pa	rt I Questi	ons Regarding Compensa	tion				l	
<b>1</b> a	Check the appro	opiate box(es) if the organization	n provided any of	the following to or for a person liste	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part	III to provide an	y relevant information regarding the	se items.			i
		or charter travel		Housing allowance or residence for	•			i
	_	companions	님	Payments for business use of perso				İ
		nification and gross-up payment	s 📙	Health or social club dues or initiati				İ
	☐ Discretion	ary spending account		Personal services (e.g., maid, chaut	rreur, cner)			İ
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		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 on Line 1a?					2		
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of t	he			İ
				not check any boxes for methods CEO/Executive Director, but explain	in Part III.			İ
	✓ Compensa	ation committee		Written employment contract				i
		ent compensation consultant	<b>☑</b>	Compensation survey or study				İ
		of other organizations	<b>✓</b>	Approval by the board or compensa	ition committee			İ
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-con	trol payment?			4a		No
b		• • •		ified retirement plan?		4b	Yes	
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			=	the organization pay or accrue any				İ
	compensation c	ontingent on the revenues of:						İ
а	The organization	1?				5a		No
b						5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of		the organization pay or accrue any				
a	-	1?				6a	Yes	<u> </u>
b						<b>6</b> b	Yes	<del>                                     </del>
7	•	6a or 6b, describe in Part III.	n A line to did :	the organization provide any nonfixe	d			1
,				the organization provide any nonfixe rt III		7	Yes	
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d				
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No
For F		iction Act Notice, see the Ins			50053T Schedule		990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compensation 0. Part VII.	n from the organization	n on row (i) and fro	om related organiza	tions, described i	n the	
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a				
(A) Name and Title	<b>(B)</b> B	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				1			

Schedule J (Form 990) 2019

CORM FORM, PART VII AND SCHEDULE TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2019 FORMS W-2. SCHEDULE J, PART I; OUESTION 3

Return Reference

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.

SCHEDULE J, PART I; QUESTION 4B

SCHEDULE J, PART I; QUESTION 7

SCHEDULE J, PART II; COLUMN F

SCHEDULE J. PART I: OUESTIONS 6A AND 6B

INCOME.

THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS

FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

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

SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION.

MSN, \$95,029; WILLIAM E. MOYER, \$53,735; FRANK FORD, \$74,450 AND DONNA M. SABOL, \$70,611.

SCHEDULE J. PART II. COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2. BOX 5. AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S

**Explanation** 

REPORTABLE COMPENSATION ------THAT HAD ACCUMULATED OVER YEARS

RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN

\$312,871 AND THOMAS P. LICHTENWALNER, \$231,728. ADDITIONALLY, THE AMOUNT REFLECTED IN SCHEDULE J. PART II, COLUMN B(III) FOR THE FOLLOWING

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2019 WHICH WERE INCLUDED IN

\$169,312; ROBERT E. MARTIN, \$199,367; ROBERT L. WAX, ESQ., \$89,540; DEAN W. EVANS, \$154,065; EDWARD R. NAWROCKI, \$96,024; CAROL A. KUPLEN, RN,

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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$255,365; THOMAS P. LICHTENWALNER, \$186,028; JOEL D. FAGERSTROM,

INDIVIDUALS INCLUDES AMOUNTS RELATED TO VESTED CAPITAL ACCUMULATION FOR POST-RETIREMENT DEATH BENEFITS. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5. AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON, \$304,929: THOMAS P. LICHTENWALNER, \$115,836; JOEL D. FAGERSTROM, \$124,436; ROBERT E. MARTIN, \$75,394; ROBERT L. WAX, ESQ., \$88,023; JEFFREY A. JAHRE, \$86,816; DEAN W. EVANS, \$71,030; EDWARD R. NAWROCKI, \$71,544; CAROL A. KUPLEN, RN, MSN, \$72,166; WILLIAM E. MOYER, \$64,341 AND FRANK FORD, \$55,043. THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A

Schedule 1 (Form 990) 2019

Page 3

ACCORDANCE WITH VESTING REOUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN 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 2019 FORM W-2, BOX 5. AS TAXABLE MEDICARE WAGES: RICHARD A. ANDERSON,

OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. DEFERRED COMPENSATION ------ DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019 FORM W-2. NONTAXABLE BENEFITS ------ NONTAXABLE BENEFITS REPRESENTS HEALTH AND WELFARE BENEFITS RECEIVED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019

------ THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL OUALITATIVE 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

ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. BONUS/INCENTIVE -----

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

Form 990, Schedule	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name and Title		<del></del>	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1RICHARD A ANDERSON TRUSTEE-PRESIDENT/CEO-	(i)	0	О	0	О	0	0	0
SLUHN	(ii)	1,204,158	539,956	667,489	274,965	17,016	2,703,584	312,871
1 THOMAS P LICHTENWALNER	(i)	0	0	0	0	0	0	0
SVP FINANCE & CFO	(ii)	694,514	217,337	367,402	205,628	10,338	1,495,219	231,728
2JOEL D FAGERSTROM	(i)		0	0	0	0	0	0
EVP & CHIEF OPERATING OFFICER	(ii)	731,237	230,835	143,744	184,712	24,786	1,315,314	0
3ROBERT E MARTIN	(i)		250,033	143,744	0	24,700	1,313,314	0
SVP CHIEF STRATEGY OFFICER	(ii)	432,062	120.007	06.005	219.067	27.150	015 051	
4ROBERT L WAX ESQ	(i)	0	139,987	96,885	218,967	27,150	915,051	0
SVP GENERAL COUNSEL	/;;)	527,645						
5DENNIS J DOUGHERTY	(ii)	527,645 n	163,067	88,473	109,140	25,760	914,085	0
PRESIDENT/CEO ST. LUKE'S PT	(1)							
6JEFFREY A JAHRE MD	(ii)	309,260	546,667	838	19,600	15,592	891,957	0
SVP MEDICAL & ACADEMIC	(1)		0	0	0	0	0	0
AFFAIRS	(ii)	512,413	200,391	106,137	19,600	17,482	856,023	0
<b>7</b> DEAN W EVANS SVP VALUE BASED I&P	(i)	0	0	0	0	0	0	0
RELATIONS	(ii)	384,445	130,410	111,010	173,665	2,283	801,813	0
<b>8</b> EDWARD R NAWROCKI PRESIDENT, EAST REGION	(i)	0	o	0	0	0	0	0
,	(ii)	413,870	135,861	91,234	115,624	23,202	779,791	0
9CAROL A KUPLEN RN MSN SVP CNO & PRESIDENT	(i)	0	0	0	0	0	0	0
SLHB	(ii)	400,179	130,270	92,164	114,629	15,982	753,224	0
10ALDO CARMONA SVP CLINICAL	(i)	0	0	0	0	0	0	0
INTEGRATION	(ii)	544,346	125,086	20,980	7,000	22,003	719,415	0
11WILLIAM E MOYER	(i)	0	0	0	0	0	0	0
PRESIDENT, WEST REGION	(ii)	389,772	120,631	65,031	73,335	16,099	664,868	
12CHAD T BRISENDINE	(i)	0	120,031	05,031	75,555	10,099	004,808	0
VP & CHIEF INFORMATION OFFICER	(ii)	475,950	424.024	10.200		42.542		
13FRANK FORD	(i)	· ·	131,834	19,300	11,200	12,543	650,827	0
FORMER OFFICER								
14DONNA M SABOL	(ii) (i)		89,423	86,757	94,050	16,265	602,073	0
SVP&CHIEF QUAL OFF (EFF 01/20)								
	(ii)	287,055	33,731	39,980	90,211	15,816	518,853	0
<b>15</b> ROCHELLE M SCHALLER SVP HR (TERMED 6/30/20)	(i)	0	0	0	0	0	0	0
	(ii)	346,982	108,806	19,690	19,600	12,887	507,965	0
<b>16</b> SAMUEL R GIAMBER MD CHAIRMAN - TRUSTEE	(i)	0	0	0	o	0	0	0
	(ii)	178,634	16,325	19,000	11,790	1,609	227,358	0

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN: 93493133050341					
SCHEDUL (Form 990 or EZ)	Complete to provide information for r Form 990 or 990-EZ or to provid Attach to Form	pplemental Information to Form 990 or 990-EZ mplete 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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.						
Namel Betherofg ST LUKE'S HEALTH 990 Schedule		23-238428	identification number					
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.							

Return Reference  CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS WITH ANNUAL NET REVENUE GREATER THAN \$2.5 BILLION, THE NETWORKS SERVICE AND SCHU YLKILL COUNTIES IN PENNSYLVANIA AND WARREN AND HUNTERDON COUNTIES IN NEW JERSEY. S LUKES, A NOT-FOR-PROFIT 501(C)(3) TAX-EXEMPT ORGANIZATION, IS COMMITTED TO CARING FOR THE S		
III, STATEMENT OF PROGRAM SERVICE HAN 16,000 EMPLOYEES PROVIDING SERVICES AT 12 HOSPITALS AND MORE THAN 320 OUTPATIENT SITE ACCOMPLISHMENTS WITH ANNUAL NET REVENUE GREATER THAN \$2.5 BILLION, THE NETWORKS SERVICE AREA INCLUDES 11 COUNTIES: LEHIGH, NORTHAMPTON, BERKS, BUCKS, CARBON, LUZERNE, MONTGOMERY, MONROE AND SCHU YLKILL COUNTIES IN PENNSYLVANIA AND WARREN AND HUNTERDON COUNTIES IN NEW JERSEY. S		
AND INJURED REGARDLESS OF THEIR ABILITY TO PAY, EDUCATING OUR HEALTH CARE PROFESSIONALS.  D IMPROVING THE OVERALL HEALTH OF THE COMMUNITIES IT SERVES. MISSION ======= THE MISSION C ST. LUKES UNIVERSITY HEALTH NETWORK IS TO CARE FOR THE SICK AND INJURED REGARDLESS OF TH ABILITY TO PAY, IMPROVE OUR COMMUNITIES OVERALL HEALTH, AND EDUCATE OUR HEALTH CARE PR OFESSIONALS. THE MISSION WILL BE ACCOMPLISHED BY THE FOLLOWING: - MAKING THE PATIENT OUR I IGHEST PRIORITY PROMOTING HEALTHY LIFESTYLES AND CONTINUOUSLY IMPROVING CARE PROVIDE! O HEAL THE SICK AND INJURED COORDINATING AND INTEGRATING SERVICES INTO A SEAMLESS, EAS! ACCESSIBLE SYSTEM OF CARE IMPROVING THE LEVEL OF SERVICE PROVIDED THROUGHOUT THE NET WORK ENSURING ALL HEALTH CARE SERVICES ARE RELEVANT TO THE NEEDS OF THE COMMUNITY S RIVING TO MAXIMIZE THE SATISFACTION OF OUR PATIENTS, EMPLOYEES, MEDICAL STAFF AND VOLUNTE RS AND, - TRAINING ALLIED HEALTH PROFESSIONALS, NURSING AND MEDICAL STUDENTS, AND RESIDEN AND FELLOWS AND ATTRACTING THEM TO PRACTICE WITHIN OUR NETWORKS SERVICE AREA. OVERVIEW ======= IN FISCAL YEAR 2020, ("FY20"), ST. LUKES PROVIDED EXTENSIVE CHARITY CARE AS DEFINE D AS CARE PROVIDED TO THE COMMUNITY WITHOUT CHARGE. CHARITY CARE PLUS BAD DEBT THOSE CHARG HOSPITALS INITIALLY ANTICIPATED WOULD BE PAID BUT LATER DETERMINED WERE UNCOLLECTIBLE T OGETHER COMPRISE THE HOSPITALS TOTAL UNCOMPENSATED CARE COSTS. IN FY20, SLUHNS UNCOMPENSATED CARE TOTALED \$46,429,986 ST. LUKES STRIVES ENDLESSLY TO PROVIDE THE HIGHE QUALITY CA RE AT THE LOWEST COST AND HAS BEEN RECOGNIZED BY VARIOUS RATING ORGANIZATION AS A HIGH VA LUE PROVIDER. THE NETWORK OPERATES ON A CONSERVATIVE MARGIN. ANY EXCESS REVENUE EARNED IS CONTINUOUSLY REINVESTED ON BEHALF OF THE COMMUNITY TO IMPROVING HEA CARE SERVICES. CARI NG FOR THE SICK AND INJURED IMPROVING QUALITY AND ACCESS ==================================	MORE T I SITES . I SITES . I ES 11 AND SEY . ST. THE SICK DINALS AN DION O F DION urn Reference	Explanation
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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	N FY20, SLUHN OPENED TWO NEW HOSPITALS, ADDED A NEW WOMEN & BABIES PAVILION AND EXPANDED THE EMERGENCY DEPARTMENT (ED) AT ONE OF ITS RURAL CAMPUSES. IN NOVEMBER 2019, GEISINGER ST. LUKES HOSPITAL WAS THE FIRST HOSPITAL TO OPEN IN SCHUYKILL COUNTY IN MORE THAN 90 YEARS. IT IMPROVES ACCESS TO HEALTH CARE BY BRINGING NEW SERVICES CLOSER TO HOME FOR AREA RESIDEN TS. THE 130,000-SQUARE FOOT, \$72 MILLION GEISINGER ST. LUKES OPENED WITH TWO SURGICAL BAYS AND 30 PRIVATE PATIENT ROOMS, INCLUDING 15 IN THE ED AND SIX IN THE INTENSIVE CARE UNIT. IT HAS ROOM TO EXPAND. THE HOSPITAL IS CO-OWNED BY DANVILLE, PA BASED GEISINGER, MAKING THE HOSPITAL THE FIRST IN PENNSYLVANIA CREATED BY TWO HEALTH CARE ORGANIZATIONS JOINING TOGE THER TO CO-OWN AND CO-BUILD A HOSPITAL. ST. LUKES IS MANAGING THE HOSPITAL, AND BOTH ORGAN IZATIONS ARE CONTRIBUTING MEDICAL EXPERTISE AND SPECIALISTS FOR PATIENT CARE. ST. LUKES UP PER BUCKS CAMPUS, BUCKS COUNTYS NEWEST HOSPITAL OPENED IN DECEMBER 2019. LOCATED ON THE CO RNER OF ROUTE 664 AND PORTZER ROAD IN MILFORD TOWNSHIP, NEAR QUAKERTOWN, THE \$100 MILLION CAMPUS FEATURES A FAMILY-FRIENDLY, 80-BED HOSPITAL AND A STATE-OF-THE-ART EMERGENCY DEPART MENT. IN JANUARY 2020, SLUHN OPENED THE WOMEN & BABIES PAVILION AT ST. LUKES ANDERSON CAMP US, OFF ROUTE 33 IN BETHLEHEHM TOWNSHIP, A STATE-OF-THE-ART FACILITY WITH EMMILY-FRIENDLY SPACES. THE PAVILION WAS DESIGNED FOR COMFORT AND CONVENIENCE TO HELP NURTURE THE BOND BETW EEN MOTHERS, BABIES AND THEIR FAMILIES. IT FEATURES SPACIOUS, PRIVATE ROOMS, SPA-LIKE AMEN ITIES WITH DECOR INSPIRED BY NATURE, MODERN BIRTHING UNITS, A 16-BASSINET NURSERY AND A LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU). IN DECEMBER 2019, SLUHN EXPANDED THE ED AT THE FORMER GNADEN HUETTEN MEMORIAL HOSPITAL IN LEHIGHTON BY ADDING FIVE MORE BESOS, EXPANDING STAFF HOURS AND INSTALLING STATE-OF-THE-ART TECHNOLOGY, DEDICATED TO ADVANDING STAFF HOURS AND INSTALLING STATE-OF-THE-ART TECHNOLOGY. DEDICATED TO ADVANDING THE ED AT THE FORMER GNADAN LIKES HOSPITAL IN CENTRAL-EASTERN PENNSYLVANIA.	

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	NEUROLOGY, PSYCHIATRY, FAMILY MEDICINE AND INTERNAL MEDICINE AND A FELLOWSHIP IN ENDOCRIN OLOGY, MEANWHILE, THE NUMBER OF RESIDENTS AND FELLOWS INCREASED FROM 188 TO 347. IT IS EXPECTED THAT AT LEAST A THIRD OF THESE RESIDENTS AND FELLOWS WILL CONTINUE TO WORK AT ST. LUKES FOLLOWING THE COMPLETION OF THEIR PROGRAMS IMPROVING BOTH THE QUALITY OF, AND ACCESS TO, CARE IN THE REGION, WELL INTO THE FUTURE. IN OCTOBER 2020, ST. LUKES GRADUATE MEDICAL E DUCATION (GME) DEPARTMENT SECURED TWO HIGH-LEVEL GRANTS TO EDUCATE AND TRAIN A NEW GENERAT ION OF PHYSICIANS SPECIALIZING IN RURAL MEDICINE. THE FUNDS, ISSUED BY HRSA (HEALTH RESOUR CES AND SERVICES ADMINISTRATION), WILL PREPARE PHYSICIANS FOR PRACTICE IN SMALL-TOWN SETTI NGS AND HELP STRENGTHEN RURAL COMMUNITIES WHO HAVE DIFFICULTY ACCESSING HEALTH CARE SERVICES. ST. LUKES SECURED \$3.25 MILLION IN FEDERAL GRANTS TO SUPPORT RURAL RESIDENCY TRAINING PROGRAM AND HELP ESTABLISH A NEW AND NOVEL PSYCHIATRY RURAL RESIDENCY TRAINING PROGRAM. ST. LUKE S GME RESEARCHED THE AVAILABILITY OF THESE GRANTS WITH SPECIFIC RURAL REGIONS IN MIND, NA MELY CARBON AND SCHUYLKILL COUNTIES AND AREAS SURROUNDING ST. LUKES MINERS, CARBON AND LEH IGHTON CAMPUSES AND GEISINGER ST. LUKES HOSPITAL. THESE COUNTIES, LIKE SO MANY RURAL REGIO NS IN THE COUNTRY, HAVE LONG SUFFERED FROM A LACK OF PHYSICIANS AND SERVICES, NECESSITATIN G THE NEED FOR PATIENTS TO TRAVEL LONG DISTANCES FOR QUALITY HEALTH CARE, ESPECIALLY IN SPECIALIES LIKE FAMILY MEDICINE AND PSYCHIATRY. ONLY 11 HEALTH SYSTEMS IN THE COUNTRY WERE AWARDED THE PSYCHIATRY RURAL RESIDENCY GRANT AND ST. LUKES FAMILY MEDICINE RURAL RESIDENCY PROGRAM IS ONE OF ONLY 35 ACCREDITED PROGRAMS IN THE COUNTRY WERE AWARDED THE PSYCHIATRY RURAL RESIDENCY GRANT AND ST. LUKES FAMILY MEDICINE RURAL RESIDENCY PROGRAM IS ONE OF ONLY 35 ACCREDITED PROGRAMS IN THE COUNTRY AND THE ONLY ONE IN PENNSYLV ANIA ACCREDITED AS AN INTEGENCY GRANT AND ST. LUKES FAMILY MEDICINE RURAL RESIDENCY PROGRAM IS ONE OF ONLY 35 ACCREDITED PROGRAMS IN THE COUNTRY AND THE NORLY OF END

	+
Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IMPROVING THE OVERALL HEALTH OF THE COMMUNITY ====================================

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ENTERS, ELECTRICIANS, PLUMBERS, PAINTERS AND MANY MORE CRAFTSMEN. FURTHERMORE, THE CIRCULA TION OF HOSPITAL DOLLARS HAS A RIPPLE IMPACT IN LOCAL COMMUNITIES. IN FACT, THE HOSPITAL A ND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) ESTIMATES THAT TOTAL SPENDING CONTRIBUTIONS OF HOSPITALS IN THE LEHIGH VALLEY IN FY19 WAS \$9 BILLION AND TOTAL SALARY CONTRIBUTIONS WERE \$2 BILLION. TOTAL EMPLOYMENT CONTRIBUTIONS TOPPED 49,000 EMPLOYEES. THE COVID-19 PA NDEMIC ====================================

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AND OTHER FACTORS IMPACTING THE UTILIZATION OF HOSPITAL AND PHYSICIAN SERVICES DURING THE PEAK COVID MONTHS. SLUHN HAS SEEN POSITIVE UTILIZATION TRENDS IN RECENT MONTHS, LARGELY RE TURNING TO PRE-COVID LEVELS, AND ONCE AGAIN IS OUTPERFORMING COMPARABLE PRIOR VOLUMES. SER VICES WHICH STILL HAVE CONSISTENTLY NOT ACHIEVED PRE-COVID VOLUMES INCLUDE THE EMERGENCY DEPARTMENT AND URGENT CARE. ST. LUKES PHYSICIAN GROUP (SLPG) PRACTICE VOLUME TRENDS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IMPROVED UNDERSTANDING OF COVID

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HOSPITAL SETTING USING DIGITAL TABLETS. THIS "VIRTUAL ROUNDING" REDUCES PROVIDER AND STAFF EXPOSURE TO THE VIRUS, LIMITS UNNEEDED USE OF PROTECTIVE PERSONAL EQUIPMENT AND ALLOWS FA MILY MEMBERS TO VISIT HOSPITALIZED LOVED ONES WITHOUT RISKING CONTAMINATION. GIVEN THESE THERE KEY CAPABILITIES, SLUHN ENDORSED TEAMS AS THE SINGLE SOLUTION FOR CLINICAL COMMUNICAT IONS ACROSS THE NETWORK SLUHN PARTNERED WITH LEHIGH UNIVERSITY TO HELP THE NETWORK DEVE LOP A SAFE AND EFFECTIVE WAY TO EXTEND THE USE OF ITS EXISTING SUPPLY OF PPE BY USING A HIGH-THROUGHPUT UV STERILIZATION SYSTEM TO DECONTAMINATE 200 N95 MASKS EVERY EIGHT MINUTES. THIS SPECIFIC RANGE OF ULTRAVIOLET LIGHT CAN CAUSE CHANGES IN THE DNA AND RNA OF VIRUSES A ND OTHER PATHOGENS, INCLUDING THE CORONAVIRUS, EFFECTIVELY DEACTIVATING THEM CREATED CU STOM N95 RESPIRATOR MASKS, REGULAR MASKS, STETHOSCOPPS, AND FACE SHIELDS WHICH IS SENT TO A 3D PRINTER. THE MASKS ARE MADE AVAILABLE TO SLUHN FRONT-LINE EMPLOYEES. THE SIMULATION C ENTER IS IN THE PROCESS OF RECEIVING APPROVAL FROM THE NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH (NIOSH) FOR THE N95 RESPIRATOR MASK. SLUHN MARKETING DEPARTMENT WORKED WITH CLINICAL LEADERS TO EDUCATE THE STAFF AND THE PUBLIC ABOUT THE PANDEMIC. THE STAFF DEV ELOPED INTERNAL AND EXTERNAL WEBSITES TO KEEP EMPLOYEES AND THE PUBLIC ABOUT THE WARKETING DEPARTMENT WORKED WITH CLINICAL LEADERS TO EDUCATE THE STAFF AND THE PUBLIC ABOUT THE PROBEMIC. THE STAFF DEV ELOPED INTERNAL AND EXTERNAL WEBSITES TO KEEP EMPLOYEES AND THE PUBLIC AS OLVE THE NUTLE AND SOCIAL MEDIA. SLU HN REPRESENTATIVES WORKED WITH COMMUNITY ORGANIZATIONS TO HELP MEET THE NEEDS OF AREA RESI DENTS AFFECTED BY THE PANDEMIC THE COMMUNITY HEALTH AND PREVENTIVE MEDICINE (CHPM) DEPA RTIMENT AND OUT PARISH NURSE TEAM WORKED CLOSELY WITH REPRESENTATIVES OF LEHIGH AND NORTHAM PTON COUNTIES, ALLENTOWN AND BETHLEHEM CITIES, AS WELL AS LEHIGH VALLEY HEALTH NETWORKS ST REET MEDICINE TEAM, THE PROCESS WITH OUR INPATIENT CARE MANAGEMENT THE AND NORTHAM PTON COUNTIES. ALLE

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ALLENTOWN STAFF HAVE BEEN INTEGRAL MEMBERS OF COMMUNITY COVID RESPONSE COMMITTEES INCLUDIN G THE UNITED WAYS WEEKLY COMMUNITY RESPONSE & CORE STRATEGIC RESPONSE TEAM, HOUSING PREVEN THON COMMITTEES, AND THE ALLENTOWN HUNGER TASK FORCE AND LEHIGH FOOD POLICY COMMITTEES, ALL THE COMMITTEES FOCUSED EFFORTS ON SERVING THE COMMUNITY DURING THE PANDEMIC CHPMS SCHO OL COORDINATOR AND AFTER SCHOOL COORDINATOR AT RAUB MIDDLE SCHOOL CONTINUED TO SERVE THEIR STUDENTS AND FAMILIES EVEN WHEN THE SCHOOLS WERE CLOSED. THEY SERVED AS VITAL MEMBERS OF THE SCHOOL TEAM, MAKING SURE THEIR FAMILIES WERE GETTING THE FOOD AND SUPPLIES THAT THEY N EEDED. THEY HAVE HELPED APPROXIMATELY 200 FAMILIES RECEIVE ADDITIONAL FOOD, GAVE OUT 400 B OXES OF FOOD, 200 BAGS OF HYGIENE PRODUCTS AND OTHER NECESSITIES, AND HAVE CONNECTED MORE THAN 30 FAMILIES TO ADDITIONAL ELECTRONIC BENEFITS TRANSFER (EBT) BENEFITS THROUGH AN ACCE SS CARD SLUHNS MOBILE YOUTH HEALTH TEAM CONTINUED TO SERVE STUDENTS AND FAMILIES DURING COVID, INCLUDING CONNECTING FAMILIES TO HEALTH INSURANCE AND VISION CARE. THE MOBILE YOUTH HEALTH TEAM AND CHPM STAFF HAVE ALSO PARTNERED WITH THE ALLENTOWN HEALTH BUREAU AND ALLE NTOWN SCHOOL DISTRICT TO HOST A VACCINE CLINIC AT THE END OF THE SUMMER. THE GOAL IS TO VA CCINATE STUDENTS WHO ARE AT RISK OF NOT BEING ALLOWED IN SCHOOL DISTRICT TO HOST A VACCINE CLINIC AT THE END OF THE SUMMER. THE GOAL IS TO VA CCINATE STUDENTS WHO ARE AT RISK OF NOT BEING ALLOWED IN SCHOOL DISTRICT STUDENTS WE RE NOT PERMITTED IN SCHOOL DUE TO LACK OF VACCINES FOR CHILDREN ARE DOWN BY 30%, QUALITY AWARDS ====================================

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	WATSON HEALTH 100 TOP HOSPITAL (MAJOR TEACHING HOSPITALS) AWARD (FORMERLY TRUVEN)

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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, PNE UMONIA AND SURGERY. PREMIER QUEST AWARD FOR HIGH-VALUE HEALTHCARE————————————————————————————————————

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ELECTRONIC MEDICAL RECORD ADOPTION MODEL  LUKES IS THE FIRST NETWORK IN LEHIGH VALLEY TO EARN THE PRES TIGIOUS DESIGNATION AT ALL 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 R EACHED STAGE 7, WHICH IS THE HIGHEST STAGE ON HIMSS ANALYTICS SCALE. THE STAGE 7 DESIGNATI ON RECOGNIZES ST. LUKES EXTENSIVE AND CREATIVE USE OF ELECTRONIC MEDICAL RECORDS TO ESTABL ISH BETTER SERVICE AND HIGHER QUALITY CARE AT LOWER COSTS. AMERICAN COLLEGE OF RADIOLOGY C ENTER OF EXCELLENCE AND BREAST CARE CENTER DESIGNATED CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY  ST. LUKES REGIONAL BREAST CENTER OFFERS DIAGNOSTIC IMAGING EXCLUSIVELY AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY. FACILITIES THAT RE CEIVE ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY HAVE VOLUNTARILY GONE THROUGH A R IGOROUS REVIEW PROCESS TO ENSURE NATIONALLY ACCEPTED HIGH PRACTICE STANDARDS HAVE BEEN MET. THIS REVIEW PROCESS INCLUDES AN EVALUATION OF STAFF QUALIFICATIONS, FACILITY EQUIPMENT A ND QUALITY ASSURANCE. MOST HAP ACHIEVEMENT AWARDS IN THE STATE  EACH YEAR HOSPITAL AND HEALTH ASSOCIATION OF PENNSYLVANIA (HAP) HONORS HOSPI TALS AND HEALTH SYSTEMS FOR THEIR INNOVATION, CREATIVITY, AND COMMITMENT TO PATIENT CARE. THROUGH ITS ACHIEVEMENT AWARDS PROGRAM, IN FY19, 14  AWARDS SUBMITTED BY ST. LUKES WERE SELE CTED FROM 127 SUBMISSIONS FOR THEIR EXCEPTIONAL WORK AND INNOVATION IN PATIENT CARE. COMMUNITY OUTREACH AND STAFF LEADERSHIP. ST LUKES 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 PROGRAMS RANKS IN THE TOP-TIER OF THE SOCIETY OF THORACIC SURGEONS GENERAL THORACIC SURGERY PROGRAMS RANKS IN THE TOP-TIER OF THE SOCIETY OF THORACIC SURGEONS GENERAL THORACIC SURGERY DATABASE. THE THORACIC SOCIETY RECENTLY CREATED A COMPOSITE MEASURE OF LUNG CANCER SURGICAL QUALITY, FOCUSING ON LOBECTOMY, THE MOST C

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AMERICAN COLLEGE OF SURGERY COMMISSION ON CANCER (ACOS COC) ACCREDITATION ————————————————————————————————————

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PHYSICIAN PRACTICES, WHICH MEET STANDARDS PROVEN THROUGH RESEARCH TO PROVIDE SAFER A ND HIGHER QUALITY PRIMARY PATIENT CARE. SLUHN IS A LEADER IN HAVING NCQA-RECOGNIZED PHYSIC IAN PRACTICES. ACCREDITED CENTER OF EXCELLENCE FOR BARIATRIC SURGERY

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EADERS FROM VIDEO PLATFORMS, TELEVISION, STREAMING NETWORKS, PRODUCTION COMPANIES AND INCL UDING VICE, VIMEO, HEARST DIGITAL MEDIA, BUZZFEED AND A&E NETWORKS, ST. LUKES UNIVERSITY HOSPITAL BETHLEHEM ===================================

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	COMMUNITY OUTREACH: NEW, UNPRECEDENTED CHALLENGES HAVE ARISEN DURING FY20 DUE TO THE COVID -19 PANDEMIC. PROGRAMS AND SERVICES HAVE EVOLVED TO MEET THESE NEW CHALLENGES AND PROVIDE MORE VIRTUAL AND SOCIAL DISTANCING OPPORTUNITIES TO ENGAGE AND SERVE THE BETHLEHEM COMMUNI TY. IN SUMMARY, SL. BETHLEHEM: CONTINUES TO SERVE THE BETHLEHE ME HIV-POSITIVE POPULATION WITH THE EXPANSION OF THE HOPE CLINIC CONTINUES TO SERVE THE BETHLEHEM AREA SCHOOL DISTRICT (BASD) WITH SERVICES PROVIDED THROUGH THE ADOPT-A-SCHOOL M ODEL, INCORPORATING MORE MENTAL/BEHAVIORAL HEALTH PRACTICES PILOTED THE COMMUNITY CENTE RED HEALTH HOME (CCHH) IN BETHLEHEM WITH A MOBILE MARKET DIABETES PROJECT SERVES BETHLE HEM RESIDENTS THROUGH SUICIDE TASK FORCES CONTINUES TO PARTNER WITH THE HISPANIC CENTER OF LEHIGH VALLEY (HCLV) IN PROVIDING INVALUABLE RESOURCES TO THE SOUTHSIDE BETHLEHEM COMM UNITY. IN KEEPING WITH ITS COMMUNITY OUTREACH ENDEAVORS. THE CAMPUS OFFERS A VARIETY OF FREE SCREENING AND OTHER SERVICES IN SUPPORT OF COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING PROGRAMS. IMPROVING HEALTH: - THE MOBILE YOUTH HEALTH VANS TRAVELED TO. THE BASD SCHOOLS, SERVING 3 68 UNIQUE STUDENTS AND HAVING A TOTAL OF 909 VAN VISITS DURING THE 2019-2020 SCHOOL YEAR. IN ADDITION, 84% OF STUDENTS SEEN ON THE VAN WITH A MENTAL HEALTH NEED WERE CONNECTED TO MENTAL HEALTH SERVICES IN THE 2019-2020 SCHOOL YEAR. IN ADDITION, 84MOR NORTHAMPTON COUNTY RESIDENTS, WHICH INCLUDES THE BETHLEHEM COMMUNITY HISPANI C CENTER LEHIGH VALLEY BASILLOHUETAS SENIOR CENTER PROVIDES SENIORS 60 YEARS OF AGE AND LUNCHES, SOCIAL AND EDUCATIONAL ACTIVITIES, HEALTH NEED WERE CONNECTED TO MENTAL HEALTH AND HUMAN SERVICES. IMPROVING LITERACY: ST. LUKES PARTNERED WITH THE NORTHAM PTON SUICIDE TASK FORCE IN 2018 SINCE 2018, THERE HAS BEEN A NEARLY 25% REDUCTION IN SUIC IDES AMONG NORTHAMPTON COUNTY RESIDENTS, WHICH INCLUDES THE BETHLEHEM COMMUNITY HISPANI C CENTER LEHIGH VALLEY BASILLOHUETAS SENIOR CENTER PROVIDES

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SPIRITUALITY GROUP, SUPPORT GROUPS AND SOCIAL EVENTS. THE PROGRAM REACHED 29 PARTICIPANTS, 69% OF WHICH WERE FEMALE, 48% AGES 55-64, AND 69% WERE HISPANIC. SPECIFIC INTERVENTIONS I N THE PROGRAM INCLUDED MOBILE MARKET, COOKING CLASS AND WALK WITH A DOC, RESULTS SHOWED AN AVERAGE 0.34 REDUCTION IN A 1C LEVELS. BASIC NEEDS: - HISPANIC CENTER OF THE LEHIGH VALLEY (HCLV), LOCATED IN THE SOUTHSIDE OF BETHLEHEM, CONTINUES TO PROVIDE A VARIETY OF RESOURCE S AND SERVICES TO BETHLEHEM COMMUNITY MEMBERS AND BEYOND. ON THANKSGIVING OF 2019, HCLV DI STRIBUTED 100 TURKEYS TO LOW-INCOME SOUTHSIDE RESIDENTS HCLVS BETHLEHEM EMPLOYMENT AND TRAINING CENTER HAS SERVED 369 NEW CLIENTS AND 759 RETURNING CLIENTS IN THE 2020 FISCAL YE AR, SECURING A TOTAL OF 132 FULL-TIME JOBS FOR BETHLEHEM RESIDENTS. COVID-19 IMPACT AND RE SPONSE: - HCLVS BETHLEHEM EMPLOYMENT AND TRAINING CENTER HAS SERVED 369 NEW CLIENTS AND 759 RETURNING CLIENTS IN THE 2020 FISCAL YE AR, SECURING A TOTAL OF 132 FULL-TIME JOBS FOR BETHLEHEM RESIDENTS. COVID-19 IMPACT AND RE SPONSE: - HCLVS BETHLEHEM EMPLOYMENT AND TRAINING CENTER HAS PROVIDED VIRTUAL SERVICES ONLY SINCE THE COVID-19 PANDEMIC. NEVERTHELESS, THE CENTER CONTINUED TO OPERATE AND SERVE THE LOCAL COMMUNITY, ADAPTING TO THE CURRENT CRISS TO CONTINUE PROVIDING EMPLOYMENT SERVICES WHILE PRIORITIZING THE HEALTH AND SAFETY OF THE POPULATION SERVED THE ST. LUKES COMMUNITY HEALTH & PREVENTIVE MEDICINE (CHPM) TEAM RESPONDED QUICKLY TO THE NEEDS OF HOMELESS CO MUNITY MEMBERS BY WORKING WITH LOCAL HOTELS TO HOUSE COMMUNITY MEMBERS THAT TESTED POSITI VE WITH COVID-19 AND HAD NOWHERE TO STAY DURING QUARANTINE AND RECOVERY. THE CHPM TEAM SEC URED TRANSITIONAL HOUSING FOR FOUR BETHLEHEM COMMUNITY MEMBERS AT COMFORT SUITES DURING THE PANDEMIC. ST. LUKES ALLENTOWN WAS FOUNDED DIN 1945 AS THE ALLENTOWN OSTEOPATHIC MEDICAL CENTER ENTERED IN THE WEST END OF THE CITY OF ALLENTOWN. IN 1997, THE NOT-FOR-PROFIT MEDICAL CENTER ENTERED IN THE WEST END OF THE CITY OF ALLENTOWN. IN 1997, THE NOT-FOR-PROFIT MEDICAL CENTER ENT

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Return Reference  CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TOWN. COMMUNITY OUTREACH: APART FROM NEW DEVELOPMENTS AND PROJECTS, THE ALLENTOWN SERVICE AREA CONTINUED TO OFFER ESTABLISHED PROGRAMS, SUCH AS THE READING ROCKS TUTORING PROGRAM, THE ANNUAL BOOK DRIVE AND DR. SEUSS DAY. MEANWHILE, THE MEDICAL VANS CONTINUE TO VISIT TWO MIDDLE SCHOOLS AND WILLIAM ALLEN HIGH SCHOOL ON A WEEKLY BASIS. IN KEEPING WITH ITS COMMI TIMENT TO THE COMMUNITIES IT SERVES, SL-ALLENTOWN ANNUALLY REACHES MORE THAN 83,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. COMMUNITY OUTREACH HIGHLIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING PROGRAMS. THE CHPM MEDICAL VAN TEAM WAS D EPLOYED THROUGHOUT THE YEAR, MEETING THE NEEDS OF STUDENTS IN THE ALLENTOWN SCHOOL DISTRIC T. ALTHOUGH THE YEAR WAS CUT SHORT, THE TEAM STILL COMPLETED 689 MEDICAL VISITS IN ALLEN H IGH SCHOOL, RAUB MIDDLE SCHOOL, TREXLER MIDDLE SCHOOL AND NEWCOMER ACADEMY. THE TEAM ALSO PROVIDED 102 VISION SERVICES TO STUDENTS. THE SCHOOL YEAR WAS CURTAILED IN THE MIDDLE OF M ARCH DUE TO COVID-19, BUT THIS DID NOT STOP THE MOBILE HEALTH TEAM FROM SERVING STUDENTS. IT CONTINUED TO CONNECT STUDENTS AND FAMILIES TO IMPORTANT SERVICES, SUCH AS HELPING THEM OBTAIN HEALTH INSURANCE CHPM RAN THE ANNUAL READING ROCKS PROGRAM AT UNION TERRACE AND MCKINLEY ELEMENTARY SCHOOLS DURING THE FALL OF 2019 WITH 26 CHILDREN AND VOLUNTEERS PARTIC IPATING OVER THE SIX-WEEK PROGRAM. FIRST AND SECOND GRADERS WERE MATCHED WITH VOLUNTEERS W HO TUTORED THE CHILDREN IN READING TO IMPROVE THEIR READING SCORES CHPM AND THE FAMIL OF 2019. AN AVERAGE ATTENDANCE O'AS OS STUDENTS AND TEACHER WARK WITH THE DOC EVENTS AT RAUB MIDDLE SCHOOL IN THE FALL OF 2019. AN AVERAGE ATTENDANCE O'AS OS STUDENTS AND TEACHERS PARTICIPATED AND MET WITH A FAMILY MEDICINE DOCTOR TO DISCUSS HEALTH ISSUES THAT RELATED TO ADOLESCENTS. ADDRESSING COVID IN OUR COMMUNITY: - CHPM AND OUR PARISH NURSE TEAM WORKED CLOSELY WITH REPRESENTATIVES OF LEHIGH AND NORTH HAMPTON COUN
	INPATIENT REHABILITATION CENTERS, WHERE THEIR ADDICTION PROBLEMS COULD BE ADDRESSED. THE TEAM WILL CONTINUE TO WORK THROUGH THIS PROCESS THROUGH THE FALL AND WINTER MONTHS.

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHPM STAFF WORKED WITH THE MARKETING DEPARTMENT AND COMMUNITY PARTNERS TO DISTRIBUTE OVE R 5000 FLYERS AND POSTERS IN FOUR DIFFERENT LANGUAGES TO SPREAD THE MESSAGE ABOUT SOCIAL D ISTANCING AND STAYING SAFE DURING THE PANDEMIC CHPM ALLENTOWN STAFF HAVE BEEN INTEGRAL MEMBERS OF COMMUNITY COVID RESPONSE COMMITTEES INCLUDING THE UNITED WAYS WEEKLY COMMUNITY RESPONSE & CORE STRATEGIC RESPONSE TEAM, HOUSING PREVENTION COMMITTEE, AND THE ALLENTOWN HUNGER TASK FORCE AND LEHIGH FOOD POLICY COMMITTEES. ALL THE COMMUNITY POLICY COMMITTEES. ALL THE COMMUNITY DURING THE PANDEMIC CHPMS SCHOOL COORDINATOR AND AFTER SCHOOL COORDINATOR AT RAUB MIDDLE SCHOOL CONTINUED TO SERVE THEIR STUDENTS AND FAMILIES EVEN WHEN THE SCHOOLS WERE CLOSED. THEY SERVED AS VITAL MEMBERS OF THE SCHOOL TEAM, MAKING SURE THEIR FAMILIES WERE GETTING THE FOOD AND SUPPLIES THAT THEY NEEDED. THEY HAVE HELPED APPROXIMATE LY 200 FAMILIES RECEIVE ADDITIONAL FOOD, GAVE OUT 400 BOXES OF FOOD, 200 BAGS OF HYGIENE PRODUCTS AND OTHER NECESSITIES, AND HAVE CONNECTED MORE THAN 30 FAMILIES TO ADDITIONAL ELEC TRONIC BENEFITS TRANSFER (EBT) BENEFITS THROUGH AN ACCESS CARD MOBILE YOUTH HEALTH TEAM CONTINUED TO SERVE STUDENTS AND FAMILES DURING COVID, INCLUDING CONNECTING FAMILIES TO HEALTH BURGAU AND VISION CARE. THE MOBILE YOUTH HEALTH TEAM AND CHPM STAFF HAVE ALSO PAR TNERED WITH THE ALLENTOWN HEALTH BURGAU AND ALLENTOWN SCHOOL DISTRICT TO HOST A VACCINE CLINIC AT THE END OF THE SUMMER. THE GOAL IS TO VACCINATE STUDENTS WHO ARE AT RISK OF NOT BE ING ALLOWED IN SCHOOL BECAUSE THEY HAVE NOT RECEIVED REQUIRED VACCINES IN TIME. LAST YEAR, OVER 1,000 ASD STUDENTS WERE NOT PERMITTED IN SCHOOL DUE TO LACK OF VACCINES FOR CHILD REN ARE DOWN BY 30%, ST. LUKES ANDERSON CAMPUS ""SLANDERSON CAMPUS ""SLANDERSON CAMPUS ""SLANDERSON CAMPUS ""SLANDERSON CAMPUS GURDED ON NOTIONAL RATES OF VACCINES FOR CHILD REN ARE DOWN BY 30%, ST. LUKES ANDERSON ON PROVIDING CARE PRIMARILY TO RESIDENTS OF NORTH AMPTON AND MONROE COUNTIES IN PENNSYLVANIA IN MORE THAN FOUR PENDERSON IS LOCAT

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VERY, HIGH-QUALITY ROBES, A RECLINER AND COMFORTABLE SOFA BED IN EVERY ROOM AND AN AFTERNO ON 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 EVENING S. THE MEDICAL OFFICE BUILDING PROVIDES IMAGING, PHYSICAL THERAPY, LABORATORY AND OTHER OU TPATIENT TESTING, HEALTH AND FITNESS CENTER AND OFFICES FOR A WIDE RANGE OF PHYSICIAN SPEC IALISTS, INCLUDING CARDIAC SERVICES AND A PULMONARY REABBILITATION CENTER. THE SPECIALTY P AVILION OFFERS A WIDE RANGE OF SERVICES INCLUDING AMBULATORY SURGERY, UROLOGY, OBSTETRICS/ GYNECOLOGY (OB/GYN) SERVICES, GASTROENTEROLOGY AND LABORATORY SERVICES. OVER THE PAST NINE YEARS, SL-ANDERSON HAS BEEN IMPROVING FREEMANSBURG AVENUE, THE PRIMARY ACCESS TO THE HOSP ITAL CAMPUS. BY THE TIME IT IS COMPLETED, THE TOTAL COST WILL BE \$43 MILLION. AS OF THE EN D OF FISCAL YEAR 2020, THE FIRST TWO PHASES OF A THREE-PHASE PROJECT ARE COMPLETE. THIS FA CILITY SERVICES THE GREATER LEHIGH VALLEY COMMUNITY AND WAS DESIGNED WITH CONVENIENCE IN M IND. IT IS LOCATED JUST OFF ROUTE 33 AND IT IS SURROUNDED BY AMPLE, NEARBY PARKING, IN JAN UARY OF 2020, A NEW FOUR-FLOOR, 180,000-SQUARE-FOOT WOMEN & BABIES PAVILION OPENED WITH: - NINE LABOR AND DELIVERY ROOMS A 12-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 COMPA SSIONATE EXPERIENCE THAT PATIENTS HAVE COME TO EXPECT FROM ST. LUKES GRADUATE MEDICAL EDUCATION PROGRAM, AS WELL AS A 36-BED MEDICAL/SURGICAL UNIT. THE PERSONALIZED AND COMPA SSIONATE EXPERIENCE THAT PATIENTS HAVE COME TO EXPECT FROM 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 160 RESIDENTS ON CAMPUS BY 2024 WITH APPROVED GRADU ATE MEDICAL EDUCATION PROGRAMS IN DERMATOLOGY, ENDOCRING PROVIDED T

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EMPLOYEES AND VISITORS. WORKING WITH THE RODALE INSTITUTE TO DEVELOP THE ST. LUKES RODALE INSTITUTE ORGANIC FARM ALLOWS ST. LUKES TO CONTINUE PROVIDING PATIENTS WITH A HOLISTIC HEA LTH CARE EXPERIENCE THAT CREATES A POSITIVE ATMOSPHERE FOR HEALTH AND HEALING. BY PROVIDING PATIENTS, VISITORS AND STAFF MEMBERS WITH LOCALLY GROWN ORGANIC PRODUCE, ST. LUKES DEMONS TRATES A COMMITMENT TO THE ENVIRONMENT AND PROMOTING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE COMMUNITY, EXCESS PRODUCE IS SOLD TO STAFF MEMBERS AND THE COMMUNITY ALLOWING THESE INDIVIDUALS TO MAKE HEALTHY EATING CHOICES IN THEIR OWN HOMES, CONTRIBUTING TO HEAL THIER LIFESTYLES. THE COST OF THE FARM IN FY20 WAS \$318,386. COMMUNITY OUTREACH: IN KEEPIN G WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-ANDERSON ANNUALLY REACHES MORE THAN 7,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIETY OF F REE SCREENINGS AND SERVICES FOR COMMUNITY TO THESE PROGRAMS OUTLINED BELOW IN FY20, SL-ANDERSON SE RVED SENIORS IN THE COMMUNITY WITH A HEALTHY, LOW-COST OPTION FOR DINNER. THE OLDER ADULT MEALS AT ST. LUKES ANDERSON CAMPUS OFFERS SENIORS 65+ A FRESHLY PREPARED DINNER FIVE DAYS/ WEEK FOR UNDER \$4. OLDER ADULTS ENJOY AFFORDABLE, HEALTHY EATING AND THE OPPORTUNITY TO ME ET AND ENGAGE WITH OTHER OLDER ADULTS IN THE SURROUNDING COMMUNITY. IN FY20, SL-ANDERSON S ERVED 7,838 OLDER ADULT MEALS IN OCTOBER OF 2020, SL-ANDERSON HOSTED NATIONAL DRUG TAKE BACK DAY AND 32 POUNDS OF VARIOUS MEDICATIONS WERE COLLECTED BIANNUALLY WE SPONSOR A LE CTURE SERIES FOR WOMEN AGES 30+ WHO ARE PARTICIPATING IN A RUNNING WELLNESS PROGRAM. ST. L UKES PROVIDERS EDUCATE PARTICIPATS THREE TIMES A WEEK FOR FIVE WEEKS PER SEASON ON HEALTH TOPICS RANGING FROM PHYSICAL THERAPY, FITNESS, NUTRITION, HEARTH HEALTH AND OVERALL WELLN ESS. OVER 100 WOMEN PARTICIPATE IN THE PROGRAM PER SEASON ANDERSON CAMPUS PROVIDED FIRS T AID SERVICES AND A WIDE RANGE OF HEALTH SCREENINGS AT NUMEROUS COMMUNITY EVENTS INCLUDING FORKS COMMUNITY DAYS. THE PROGRAM PER S

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AS PART OF THE ST. LUKES UNIVERSITY HEALTH NETWORK, ANDERSON CAMPUS PARTICIPATES IN THE AN NUAL COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM. COMPONENTS OF THAT PROGRAM INCLUDE: INCREASED EMPLOYEE ACCESS TO LOCALLY-GROWN PRODUCE THROUGH THE EXPANSION OF THE CSA PROGRA M WAS A CONTINUED AREA OF FOCUS FOR SLUHN THE PROGRAM WAS OFFERED NETWORK-WIDE FOR THE FOURTH YEAR THIS YEAR, LOCALLY GROWN PRODUCE WAS PROVIDED TO 549 PEOPLE AT 19 NETWORK L OCATIONS IN PENNSYLVANIA AND NEW JERSEY OVER \$224,000 WAS GENERATED AND PASSED RIGHT BA CK TO THE 8 LOCAL FARMERS THAT SUPPLY OUR SHARES. IN FY20, THE CSA PROGRAMS ALL-TIME REVEN UE SURPASSED \$1 MILLION UNCLAIMED PRODUCE WAS DONATED WEEKLY TO LOCAL SOUP KITCHENS AND FOOD PANTERIES, HLEPING SOME OF OUR COMMUNITYS MOST FOOD INSECURE. ST. LUKES ANDERSON CAMP US OPENED ONE ST. LUKES PHYSICIAN GROUP CLINIC (ST. LUKES INTERNAL MEDICINE WILLSON) OPENED IN JUNE OF 2020. THIS CLINIC WILL BE A RESIDENCY PRACTICE, OPERATED UNDER ST. LUKES PHYSI CIAN GROUP. THE CLINIC WILL BE A RESIDENCY PRACTICE, OPERATED UNDER ST. LUKES PHYSI CIAN GROUP. THE CLINIC WILL BE BOTH ADULT AND PEDIATRIC PATIENTS AND OFFER SOME OB/GYN SERVICES. THIS RESIDENCY PRACTICE ACCEPTS ALL INSURANCES INCLUDING COMMERCIAL INSURANCES, PATIENTS WITH MEDICARE AND MEDICAID AS WELL AS UNINSURED PATIENTS AND OFFER SOME OB/GYN SERVICES. THIS RESIDENCY PRACTICE ACCEPTS ALL INSURANCES INCLUDING COMMERCIAL INSURANCES, PATIENTS WITH MEDICARE AND MEDICAID AS WELL AS UNINSURED PATIENTS. A STAFF MEMBER IS BILIN GUAL SPEAKING SPANISH, AND ANOTHER STAFF MEMBER IS BILIN GUAL SPEAKING SPANISH, AND ANOTHER STAFF MEMBER IS TRILLINGUAL SPEAKING ENGLISH, SPANISH AND OPORTUGUESE. ST. LUKES UNIVERSITY HEALTH NETWORK PARTINERS WITH LOCAL SCHOOLS AND COMMUNITIES TO IMPROVE THE HEALTH OF THOSE THE THEOLOGY THROUGH OUR ADOPT A SCHOOL PROGRAM. THE PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES. BANGOR AREA SCHOOL DESTRICT STUDENTS WERE REACHED DIRECTLY AND IND IRECTLY THROUGH THE ADOPT A SCHOOL PROGRAM. THE PROGRAMS TO IMPR

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Y FUN INITIATIVE - GET YOUR TAIL ON THE TRAILLI THE PROGRAM IS AN ONLINE ACTIVITY TRACKER W HERE USERS LOG MILES THEY MOVE AND EARN FREE OUTDOOR GEAR AS AN INCENTIVE TO STAY ACTIVE. THE PROGRAM IS SELF-PACED BUT HAS OCCASIONAL EVENTS TO PROMOTE COMMUNITY AND GROUP ACTIVITY. AND SUPPORTS OTHER COMMUNITY ACTIVITIES, SUCH AS LOCAL 5K FUNDRAISERS. IT ALSO SUPPORTS OTHER COMMUNITY ACTIVITIES, SUCH AS LOCAL 5K FUNDRAISERS. IT ALSO SUPPORTS OTHER COMMUNITY ACTIVITIES, SUCH AS LOCAL 5K FUNDRAISERS. THROUGH THE "TAIL ON THE TRAIL APPROVED" PROGRAM. THE PROGRAM IS ALSO MADE AVAILABLE TO COMMUNITY AND CORPORATE GROUPS AS A FREE WAY TO PROMOTE PHYSICAL ACTIVITY WITHIN THE ORGANIZATION WALK WITH A DOC REGULA R GROUP WALKS ARE HELD FEATURING A SHORT EDUCATIONAL TALK FROM A ST. LUKES PRACTITIONER FO LLOWED BY A WALK. THESE EVENTS ARE FREE TO THE COMMUNITY. A TOTAL OF 12 WALKS WERE CONDUCT ED IN THE 2020 FISCAL YEAR, WHERE 12 PROVIDERS LED WALKS WITH 83 COMMUNITY MEMBERS. IN-PER SON WALKS WERE NOT CONDUCTED IN THE SPRING OF 2020 DUE TO COVID. INSTEAD, A SERIES OF VITE VALKES WERE MADE AVAILABLE ONLINE ACROSS THE NETWORK. GEISINGER ST. LUKES STHE FIRST NEW ACUTE-CARE, NON-REPLACEMENT HOS PITAL, SCHUYLKILL COUNTY HAS SEEN IN 90 YEARS. COMPRISED OF THREE STORIES AND 130,091 SQUAR E FEET, THE \$100-MILLION HOSPITAL BUILDING HAS 40 PRIVATE PATIENT ROOMS, INCLUDING 10 CRIT ICAL CARE BEDS, AND ABILITY TO ADD 40 MORE ROOMS IN THE FUTURE. TO PROMOTE HEALING, THE RO OMS ARE SPACIOUS AND BEAUTIFULLY DECORATED. THE HOSPITAL ALSO FEATURES STATE-OF-THE-ART OP ERATING AND PROCEDURE ROOMS, A HELIPAD, A LARGE HAD EFFICIENT EMERGENCY ROOM AND THE MOST MODERN MEDICAL TECHNOLOGIES FROM GE HEALTHCARE. OPENING IN NOVEMBER 2019, GEISINGER ST. LUKES IS THE FIRST JOINT VENTURE OF ITS KIND IN PENNSYLVANIA HISTORY. IN 2020, THERE WERE 1, 396 ADMISSIONS AND OBSERVATIONS, 10,968 OUTPATIENT VISITS AND 8,991 EMERGENCY DEPARTMENT VISITS AT GEISINGER ST. LUKES. ON NOVEMBER 20,2019, GEISINGER ST. LUKES OPENED ITS DOORS TO THE COMMUNITY. BECOMING THE 10TH HOS

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III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  AT CI  AT CI  AT THE RI  AI CI  AT THE RI  AI CI  THE RI  THE R	LUKES CAMPUS TO INCLUDE CARDIOLOGY, ORTHOPEDICS, SPINE & PAIN, SPORTS MEDICINE, PULMONARY, SYNECOLOGY, UROLOGY, NEPHROLOGY, GYNECOLOGIC ONCOLOGY, WOMENS IMAGING AND 3D AMMOGRAPHY. THE GEISINGER ST. LUKES BREAST CENTER, LOCATED IN THE MEDICAL OFFICE BUILDING, NCLUDES THE MOST ADVANCED, COMPUTER-AIDED SOFTWARE TO HELP IN DIAGNOSING BREAST WOMALIES AND THE LATEST DIGITAL AND 3D MAMMOGRAPHY EQUIPMENT FROM GE HEALTHCARE. THE MEDICAL OFFICE BUILDING, NCLUDES THE MOST ADVANCED. COMPUTER-AIDED SOFTWARE TO HELP IN DIAGNOSING BREAST WOMALIES AND THE LATEST DIGITAL AND 3D MAMMOGRAPHY EQUIPMENT FROM GE HEALTHCARE. THE MEDICAL PROVIDE A CALMER, INTERACTIVE MAMMOGRAM EXPERIENCE AND THE SEGUIPPED WITH 1 SENSORYSUITE TO PROVIDE A CALMER, INTERACTIVE MAMMOGRAM EXPERIENCE AND THE REGIONS FIRST PRISTINA WITH DUETA MAMMOGRAPHY, A PATIENT-ASSISTED COMPRESSION DEVICE WHICH GIVES PATIEN TS A SENSE OF CONTROL DURING THEIR MAMMOGRAMS. SEISINGER ST. LUKES IS SERVICE ORIENTED WITH A GOAL TO REDUCE PATIENT AND FAMILY STRESS AND INXIETY AND TO PROVIDE A CALM AND REASSUR ING ENVIRONMENT BY MEETING, AND OFTEN EXCEEDING, THEIR PERSONAL NEEDS. SOFTER LIGHTING IS USED IN THE HALLWAYS AND THE DCOR CONVEYS RELAXING EARTH TONES. AVAILABLE AMENITIES INCLUDE FLAT SCREEN TELEVISIONS, FREE WIFI SERVICE, AND A RECLINER AND COMFORTABLE SOFA BED IN E VERY ROOM. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, GEISINGER ST. LUKES ANNUALLY REACHES MORE THAN 1000 PEOPLE (CHILD DEVELOPMENT 600 FAMIL) ES; NURSING FAMILY PARTNERSHIP 100, RURAL COMMUNITY OPIOID RESPONSE PROGRAM THROUGH ITS CO MMUNITY OUTREACH ENDEAVORS. THE COMMUNITY OF NUMEROUS MEDIA OUTLETS TO EDUCATE COMMUNITY MEMBER S ABOUT HEALTH ISSUES THAT MAY IMPACT THEM PROMOTION OF LITERACY THROUGH READ ACROSS AM ERICA ACTIVITIES NCLUDING DR. SEUSS DAY, ELEVEN GEISINGER ST. LUKES STAFF VOLUNTEERS READ TO 595 STUDENTS IN SCHUYLKILL COUNTY TO INCLUDE BLUE MOUNTAIN ELEMENTARY, EASTWEST, SCHUY LKILL HAVEN SCHUYLKILL COUNTY OF THEM CHILDREN FUNDING OF THE RURAL COMMUNI

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- AS PART OF OUR RURAL COMMUNITIES RESPONSE PROGRAM (RCORP) GRANT, 122 SCHUYLKILL COUNTY C HILD DEVELOPMENT STAFF FROM ALL THEIR EIGHT CENTER LOCATIONS RECEIVED COMMUNITY STIGMA EDU CATION. A COMPREHENSIVE SUBSTANCE USE DISORDER (SUDIOUD) RURAL RESOURCE GUIDE FOR SCHUYLKILL AND CARBON COUNTIES WAS DEVELOPED AND IS EASILY ACCESSED ON SCHUYLKILL COUNTY CHILD DEVELOPMENTS WEBSITE FOR 600 SCHUYLKILL COUNTY CHILD DEVELOPMENTS WEBSITE FOR 600 SCHUYLKILL COUNTY CHILD DEVELOPMENT FAMILIES AND OTHER SITE VISITORS. GEISINGER ST. LUKES STAFF PROVIDED HEALTH SERVICES AND COMMUNI TY RESOURCE CONNECTION TO YOUNG PARENTS/FAMILIES AT NURSE FAMILY PARTNERSHIP VIA 80 OUTREA CH BAGS AS PART OF THEIR PORCH DROP OFF PROGRAM ORAL HEALTH LITERACY: CARBON AND SCHUYL KILL COUNTIES ARE LOCATED IN A DENTAL HEALTH PROVIDER SHORTAGE AREA (HPSA). DURING A 2017- 18 FEDERAL DENTAL PLANNING GRANT, ST. LUKES ASSESSED AND STRATEGIZED TO WORK WITH PARTNERS TO IMPROVE ACCESS AND VALUE FOR ORAL HEALTH IN OUR RURAL REGION THROUGH A DENTAL PLANNING ADVISORY COUNCIL THAT INCLUDES NATIONAL, STATE AND LOCAL PARTNERS TO BUILD CAPACITY AND P ROGRAMS. TO INCREASE VALUE, WE BEGAN THE EVIDENCE-BASED AMERICAN ACADEMY OF PEDIATRICS BRU SH, BOOK AND BED ORAL HEALTH MESSAGING CAMPAIGN WITH COMMUNITY MEMBERS AND PARTNERS. TO IM PROVE ACCESS, WE HAVE INTEGRATED A RURAL HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE HEALTH DENTAL HYGIENE PRACTITIONER UNDERTAKING INITIATIVES USING GRA NTS THROUGH THE H

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 SPECIALIZ ED REHABILITATION CARE IN BEAUTIFULLY APPOINTED ROOMS AND IS THE MOST COMPREHENSIVE UNIT OF ITS TYPE IN THE CARBON COUNTY AREA. COMMUNITY OUTREACH: SLUHN PARTNERS WITH LOCAL SCHOOLS, CIVIC ORGANIZATIONS AND COMMUNITY RESOURCES TO IMPROVE THE HEALTH OF THE RESIDENTS OF C ARBON COUNTY AREA. COMMUNITY RESOURCES TO IMPROVE THE HEALTH OF THE RESIDENTS OF C ARBON COUNTY AND THE SURROUNDING AREA. SL-LEHIGHTON SUPPORTS THE COMMUNITY HEALTH NEEDS AS SESSMENT PRIORITY AREAS THAT ARE IDENTIFIED WITHIN THE CAMPUS SERVICE AREA BY COLLECTING A ND 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. MANY MORE PEOPLE PARTICIPATED IN SUPPORT GROUPS, OTHER HEAL TH FAIRS AND SCREENINGS. COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: - UTILIZING MEDIA OUTLETS TO EDUCATE THE COMMUNITY ABOUT HEALTH HAVE OCCUMENTY HEALT OF SCREENINGS EMS, L.B. MORRIS ELEMENTARY SCHOOL, THE VILLAGE AT PALMERTON, CARBON COUNTY FAIR, PALMERTON COMMUNITY FESTIVAL, LEHIGHTON RECREATION SENIOR FAIR, REP. DOYLE HEFFLEY SENIOR FAIR, WEATHERLY SCHOOL DISTRICT WELLNESS FAIR, PLEASANT VALLEY ACADEMIC HEALTH FAIR, THE ANDUAL CHEEPENS HEALTH FAIR AND COMMUNITY SEREAT CANCER, WEIGHT LOSS/BARIATRIC SURGERY, ADULT DAY CAREGIVER, THE SUMMIT CAREGIVER AND OTHER SPECIALTY SUPPORT PROGRAMMING, SUCH AS SIX-WEEK AND OTHER SPECIALTY SUPPORT PROGRAMMING, SUCH AS SIX-WEEK

III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  NTERAGENCY COUNCIL/FAMILY COLLABORATIVE BOARD, THE CARBON COUNTY KIDZONE PROGRAM, THE CARBON SERVICE ACCOMPLISHMENTS  NTERAGENCY COUNCIL/FAMILY COLLABORATIVE BOARD, THE CARBON COUNTY HOMELESSNESS TASK FORCE, THE CARBON COUNTY HOMELESSNESS TASK FORCE, THE CARBON COUNTY COMPLETE CENSUS COUNT COMMITTEE, AMERICAN CANCER SOCIETY, LEHIGHTON ROTARY, JIM THORPE ROTARY, LEHIGHTON LIONESS AND LIONS CLUBS, PALMERTON LIONS AND LIONESS CLUB, CARBON COUNTY CHAMBER OF COMMERCE AND PALMERTON CHAMBER OF COMMERCE. ADDITIONALLY, THE RURAL COM MUNITY HEALTH WORKER (CHW) ENGAGES CARBON COUNTY SCHOOL DISTRICT WELLNESS COMMITTEES FOR POLICY IMPROVEMENT AND EDUCATION AND RESOURCE LINKAGE PROMOTING VARIOUS PHYSICAL EXERCIS E AND WELLNESS EVENTS THROUGHOUT THE YEAR, INCLUDING WALK WITH A DOC, TAIL ON THE TRAIL, W EAR RED DAYS, THE FALL FESTIVAL WELLNESS EVENT AT THE LEHIGHTON CAMPUS AND THE 17TH ANNUAL ST. LUKES PALMERTON FIVE & DIME RUNWALK THAT DRAWS 200 PARTICIPANTS. PARTICIPATING IN DR UG TAKE-BACK DAY, WHERE COMMUNITY MEMBERS ARE ENCOURAGED TO DROP OFF UNUSED PRESCRIPTION D RUGS TO DECREASE OPIOID USE IN THE REGION. IN APRIL, 2019, THE LEHIGHTON CAMPUS COLLECTED 45 POUNDS OF UNUSED PRESCRIPTIONS PROVIDING COMMUNITY HEALTH AND WELLNESS SCREENINGS FO R FOURTH, FIFTH AND SIXTH GRADERS AT PANTHER VALLEY INTERMEDIATE SCHOOLS PROVIDING VISI ON SHUTTLE SERVICES FOR 26 PANTHER VALLEY	Return Reference	Explanation
OF 98 VISITS PROVIDING ANNUAL NOVEMBER HEALTH PHYSICALS A ND LEAD TESTING TO COALDALE AND LEHIGHTON PATHSTONE HEAD START STUDENTS WITH IDENTIFIED BA RRIERS TO CARE FUNDING THE	III, STATEMENT OF PROGRAM SERVICE	CARB ON COUNTY CITIZENS REENTRY TASK FORCE, THE CARBON COUNTY HOMELESSNESS TASK FORCE, THE CARB ON COUNTY COMPLETE CENSUS COUNT COMMITTEE, AMERICAN CANCER SOCIETY, LEHIGHTON ROTARY, JIM THORPE ROTARY, LEHIGHTON LIONESS AND LIONS CLUBS, PALMERTON LIONS AND LIONESS CLUB, CARBON COUNTY CHAMBER OF COMMERCE AND PALMERTON CHAMBER OF COMMERCE.  ADDITIONALLY, THE RURAL COM MUNITY HEALTH WORKER (CHW) ENGAGES CARBON COUNTY SCHOOL DISTRICT WELLNESS COMMITTEES FOR P OLICY IMPROVEMENT AND EDUCATION AND RESOURCE LINKAGE.  - PROMOTING VARIOUS PHYSICAL EXERCIS E AND WELLNESS EVENTS THROUGHOUT THE YEAR, INCLUDING WALK WITH A DOC, TAIL ON THE TRAIL, W EAR RED DAYS, THE FALL FESTIVAL WELLNESS EVENT AT THE LEHIGHTON CAMPUS AND THE 17TH ANNUAL ST. LUKES PALMERTON FIVE & DIME RUN/WALK THAT DRAWS 200 PARTICIPANTS. PARTICIPATING IN DR UG TAKE-BACK DAY, WHERE COMMUNITY MEMBERS ARE ENCOURAGED TO DROP OFF UNUSED PRESCRIPTION D RUGS TO DECREASE OPIOID USE IN THE REGION. IN APRIL, 2019, THE LEHIGHTON CAMPUS COLLECTED 45 POUNDS OF UNUSED PRESCRIPTIONS PROVIDING COMMUNITY HEALTH AND WELLNESS SCREENINGS FO R FOURTH, FIFTH AND SIXTH GRADERS AT PANTHER VALLEY INTERMEDIATE SCHOOLS PROVIDING VISI ON SHUTTLE SERVICES FOR 26 PANTHER VALLEY STUDENTS WHO FAILED THEIR VISION EXAM AND WHO HA D AN IDENTIFIED BARRIER TO CARE SUCH AS TRANSPORTATION, TO THE LOCAL VISION PROVIDER IN TA MAQUA. A TOTAL OF FIVE TRIPS WERE MADE WITH OUR COMMUNITY HEALTH SCHOOL-BASED COORDINATOR AND NURSE NAVIGATOR ACCOMPANYING STUDENTS. THE MOBILE MEDICAL VAN AND COMMUNITY AND RURAL HEALTH TEAM VISITED PANTHER VALLEY SCHOOL DISTRICT 11 TIMES PROVIDING SERVICES FOR 75 UNDU PLICATED STUDENTS FOR A TOTAL OF 98 VISITS PROVIDING ANNUAL NOVEMBER HEALTH PHYSICALS A ND LEAD TESTING TO COALDALE AND LEHIGHTON PATHSTONE HEAD START STUDENTS WITH IDENTIFIED BA RRIERS TO CARE FUNDING THE RURAL COMMUNITY & SCHOOL COORDINATOR/COMMUNITY HEALTH HEAVENT HEALTH TEAM VISITED PANTHER PARTICIPATING IN CARBON PREVENTION PARTNERSHIP WITH THE TWO OTH ER RURAL HOSPITALS, INCLUDING A COMMUNITY

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- UNDERTAKING INITIATIVES USING GRANTS THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTR ATION OF THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER THE RURAL COMMUNITY OPIOID R ESPONSE IMPLEMENTATION (RCORP) GRANT PROGRAM TO IMPROVE SUBSTANCE USE DISORDER PREVENTION, TREATMENT AND RECOVERY SERVICES PROMOTING LITERACY THROUGH ACTIVITIES INCLUDING DR. SE USS DAY, THE LITTLE FREE LIBRARIES INITIATIVE AND PROVIDED ACCESS TO BOOKS THROUGHOUT THE YEAR AT SCHOOLS AND COMMUNITY EVENTS. DR. SEUSS DAY 2020 IN RURAL REGION: IN MARCH 2020, 4 5 VOLUNTEERS READ TO MORE THAN 1300 STUDENTS IN 12 SCHOOLS IN CARBON AND SCHUYLKILL COUNTIES; INCLUDING PANTHER VALLEY, LEHIGHTON SCHOOL DISTRICT AND LEHIGHTON PATHSTONE HEAD START. THE ST. LUKES LEHIGHTON CAMPUS ELEMENTARY SCHOOLS INCLUDED LEHIGHTON, PALMERTON, JIM THO RPE, ST. JOHN NEWMAN, LEHIGHTON HEAD START, TOWAMENSING, SS PALMER. ORAL HEALTH LITERACY: CARBON AND SCHUYLKILL COUNTIES ARE LOCATED IN A DENTAL HEALTH HERACY: CARBON AND SCHUYLKILL COUNTIES ARE LOCATED IN A DENTAL HEALTH IN OUR RURAL REGION. TO INCREASE VA LUE, WE BEGAN THE EVIDENCE-BASED REACH OUT AND READ AND STRATEGIZED TO WORK WIT H PARTNERS TO IMPROVE ACCESS AND VALUE FOR ORAL HEALTH IN OUR RURAL REGION. TO INCREASE VA LUE, WE BEGAN THE EVIDENCE-BASED REACH OUT AND READ AND THE AMERICAN ACADEMY OF PEDIATRICS BRUSH, BOOK AND BED PROGRAM IN 2018-PRESENT THROUGH A GENEROUS DONATION FROM THE CARBON C OUNTY COMMUNITY FOUNDATION. THIS PROGRAM IS OFFERED AT ST. LUKES NESQUEHONING HEALTH CENTE R AND PRIMARY CARE, LEHIGHTON FAMILLY PRACTICE, PALMERTON PEDIATRICS AND NOW PALMERTON PRIM ARY CARE, LEHIGHTON FAMILY PRACTICE, PALMERTON PEDIATRICS AND NOW PALMERTON PRIM ARY CARE WHERE PROVIDERS AND STAFF ARE TRAINED ON HOW TO ENGAGE FAMILIES AND YOUNG CHILDRE N AGES 6 MONTHS 5 YEARS ON THE IMPORTANCE OF TALKING, SINGING, READING, PLAYING DURING EACH WELL VISIT AND LEAVES WITH A GE-APPROPRIATE BOOK AND RESOURCES TO BUILD HEALTH YROUTINES. FROM DEC 2018 - 2020 WE HAVE SERVED 830 CARBON COUNTY FAMILIES WITH OVER 1200 REACH

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	INSTITUTE, NORTHAMPTON COMMUNITY COLLEGE, PENNSYLVANIA STATE UNIVERSITY, JOHNSON SCHOOL OF TECHNOLOGY AND PENNSYLVANIA COLLEGE OF OSTEOPATHIC MEDICINE PROVIDES FIRST AIDE TRAINI NG (CPR/BLS/ACLS/PALS) TO COMMUNITY ORGANIZATIONS SUCH AS AMBULANCE/EMERGENCY MEDICAL SERV ICE (EMS), FIRE, POLICE AND TEACHERS PROVIDES "HEALTH IMAGES", A HEALTH SYSTEMHOSTED T ELEVISION PROGRAM FEATURING A VARIETY OF HEALTH AND WELLINESS INFORMATION AND EDUCATION HOSTS NEW SEASONS, A PROGRAM FOR ADULTS AGE 65 AND OLDER THAT OFFERS EXERCISE AND WELLNESS PROGRAMS SUCH AS YOGA AND LOW-IMPACT AEROBICS, NEW SEASONS HEARING AID BATTERY BANK AND THE NEW SEASONS ANNUAL HEALTH & INFORMATION FAIR. SL-LEHIGHTON DENTAL NEEDS: - SL-LEHIGHTON CONTINUES TO PROVIDE THE ADMINISTRATIVE AND OPERATIONS OVERSIGHT OF THE HEALTHY SMILES HA PPY KIDS DENTAL VAN, WHICH IS THE DENTAL HOME FOR OVER 900 MEDICAID-ELIGIBLE CHILDREN FROM CARBON AND NORTHERN SCHUYLKILL COUNTIES. AS THERE ARE NO LOCAL DENTISTS WHO ACCEPT MEDICA ID AS A PAYER, THIS VAN PROVIDES THESE CHILDREN WITH TWICE ANNUAL DENTAL SCREENINGS AND CL EANINGS. THE VAN PROVIDES ALL PATIENTS WITH BASIC EDUCATION ON BRUSHING, FLOSSING AND BASIS DENTAL HEALTH HYGIENE. THE STAFF, IN CONSULTATION WITH PARENTS, REFERS CHILDREN FOR SPECIALTY CARE SERV ICES THE DENTAL VAN STAFF, IN PARTNERSHIP WITH THE ST. LUKES COMMUNITY HEALTH DEPARTMEN T, HAS BECOME INVOLVED IN A COMMUNITY DENTAL PLANNING INITIATIVE, THE GOAL OF WHICH IS TO FIND FUNDING TO GOOD WILL AND SUPPORT NEEDED TO ROLL OUT A FIXED DENTAL CLINIC FOR UN AND MODER INSURED ADULTS IN OUR SERVICE REGION, ST. LUKES MINERS MEMORIAL HOSPITAL . ELIVED THAT AND MODER INSURED ADULTS IN OUR SERVICE REGION, ST. LUKES MINERS MEMORIAL HOSPITAL. ELIVED TO SCHUTLKILL COMMUNITY HOSPITAL INC. (DBA ST. LUKES MIN ERS CAMPUS AKA "SL-MINERS") IS A JOINT COMMUNITY BORDER PROVIDING CARE PRIMARILY TO RESIDEN TS OF SCHUTLKILL COUNTY NEAR THE CARBON-SCHUTLKILL COMMUNITY HOSPITAL, INC. (DBA ST. LUKES MIN ERS CAMPUS ALSO INCLUDES NINE PHYSICAL THERAPY LOCATIONS AND FOUR

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OCIETY OF CARDIOVASCULAR PATIENT CARE. ST. LUKES MINERS CAMPUS OPENED TWO NEW HOSPITAL-BAS ED RURAL HEALTH CLINICS IN FY19, ONE IN SCHUYLKILL COUNTY AND ONE IN CARBON COUNTY. ST. LUKES MINERS CAMPUS NOW OPERATES FOUR PROVIDERS BASED RHCS IN TAMAQUA, RINGTOWN, LANSFORD AN D NESQUEHONING, SERVING 13,000 PATIENT VISITS. THE CENTERS PROVIDE PRIMARY CARE ACCESS TO PEOPLE WITH NO INSURANCE, MEDICARE, MEDICAID OR WHO JUST CANNOT FIND A PRIMARY CARE PROVID ER. THEY TREAT PATIENTS OF ALL AGES, OFFERING EXCEPTIONAL QUALITY CARE CLOSE TO HOME INCLU DING IN SPORTS PHYSICALS, SCHOOL PHYSICALS, AND IN-SCHOOL PROGRAMS. THE CENTERS ALSO PROVID INING IN SPORTS PHYSICALS, SCHOOL PHYSICALS, AND IN-SCHOOL PROGRAMS. THE CENTERS ALSO PROVIDE INTEGRATED DIAGNOSTIC AND THERAPEUTIC MENTAL HEALTH SERVICES IN THE PRIMARY CARE OFFICE. 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 A ND 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 WIT H THE FAMILY MEDICINE RESIDENCY AT ST. LUKES WARREN CAMPUS. THIS THREE-YEAR RESIDENCY TRAINS FAMILY MEDICINE RESIDENCY AT ST. LUKES WARREN CAMPUS. THIS THREE-YEAR RESIDENCY CLAS S HAS TWO RESIDENTS. THE CLINICAL TRAINING STREF FOR THIS NEW FAMILY MEDICINE RESIDENCY CLAS S HAS TWO RESIDENTS. THE CLINICAL TRAINING THE FOR THIS NEW FAMILY MEDICINE RESIDENCY CLAS S HAS TWO RESIDENTS. THE CLINICAL TRAINING THE HOLD FALL THY 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-A RT HEALTHCARE. ST. LUKES MINERS CAMPUS IS LOCATED IN COALDALE, A FEDERALLY DESIGNATED MEDI CALLY UNDERSERVED AREA. THE HOSPITAL RECEIVED A FOUR-ST

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ST. LUKES MINERS CAMPUS PROVIDES 24/7 TELE-PSYCHIATRY AND TELE-NEUROLOGY SERVICES WHICH DE LIVERS IMMEDIATE BENEFIT TO BOTH PATIENTS AND CLINICAL STAFF BY PROVIDING QUICK ACCESS FOR PSYCHIATRIC AND NEUROLOGICAL CONSULTATIONS FOR PATIENTS. THE HOSPITAL ALSO ESTABLISHED A CLINICAL ROTATION IN COLLABORATION WITH FOUR SCHOOLS TO PROVIDE PHYSICIAN ASSISTANT STUDEN TS THE OPPORTUNITY TO DO THEIR CLINICAL STUDY IN A RURAL COMMUNITY SETTING. ST. LUKES MINE RS REHABILITATION AND NURSING CENTER IS A FULLY ACCREDITED, 48-BED, HOSPITAL-BASED, SKILLE D NURSING FACILITY LOCATED ON THE FIFTH FLOOR OF THE HOSPITAL. INDIVIDUALIZED SHORT-TIME R HABILITATION AND LONG-TERM CARE SERVICES ARE PROVIDED. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMUNITY OUTREACH: TO THE COMMUNITIES IT SERVES, ST. LUKES MINERS CAMPUS ANNUALLY REACHES MO RE THAN 3, 200 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. THE HOSPITAL OFFERS A VARIE TY OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: - UTILIZED NUMEROUS MEDIA OUTLET S TO EDUCATE THE COMMUNITY ABOUT HEALTH ISSUES THAT MAY IMPACT THEM PROMOTED LITERACY T HROUGH ACTIVITIES INCLUDING DR. SEUSS DAY, THE LITTLE FREE LIBRARIES INITIATIVE AND PROVIDE DA ACCESS TO BOOKS THROUGHOUT THE YEAR AT PANTHER VALLEY SCHOOL DISTRICT AND COMMUNITY EVE NTS. IN MARCH 2020, 45 VOLUNTEERS READ TO MORE THAN 1300 STUDENTS IN 12 SCHOOLS INCLUDED AND AND SCHUYLKILL COUNTIES; INCLUDING PANTHER VALLEY, SCHOOL DISTRICT AND COMMUNITY EVE NTS. IN MARCH 2020, 45 VOLUNTEERS READ TO MORE THAN 1300 STUDENTS IN 12 SCHOOLS INCLUDED PANTHER VALLEY, TAMAQUA AREA, SHENANDOAH VALLEY, S.T. JEROMES, HEAD START IN COALDALE PROVIDED HEAL TH AND WELLANDESS IN-SERVICES SCREENINGS FOR FOURTH, FIFTH AND SIXTH GRADERS AT PANTHER VALLEY, THANDULAR SENSERING SCREENINGS FOR FOURTH, FIFTH AND SIXTH GRADERS AT PANTHER VALLEY, TO SERVE SERVICES SCREENINGS FOR FOURTH, FIFTH AND SIXTH GRADERS AND PANTHER VALLEY SCHOOL STAFF A NO STUDENTS. THE MOBILE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HEALTH WORKER FOR CARBON COUNTY AND SCHUYLKILL COUNTY PARTICIPATED IN SCHUYLKILL PREVE NTION PARTNERSHIP MONTHLY MEETINGS WITH MORE THAN 20 SCHUYLKILL PARTNERS INCLUDING NFP, HE AD START, CHILDREN/YOUTH, LVHN COUNSELING CENTER, COG, IU, TIDE, CARDINAL, HAVEN, BLUE MO UNTAIN, MAHANOY TASK FORCE/COALITIONS, SHINE, VISION UNDERTOOK INTIATIVES USING GRANTS THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION OF THE US DEPARTMENT OF HEALTH A ND HUMAN SERVICES UNDER THE RURAL HEALTH NETWORK DEVELOPMENT PLANNING GRANT PROGRAM PART ICIPATED IN A DRUG TAKE BACK DAY WHERE OVER 65.9 POUNDS OF PRESCRIPTION DRUGS WERE COLLECT ED SUPPORTED ORAL HEALTH LITERACY. CARBON AND SCHUYLKILL COUNTIES ARE LOCATED IN A DENT AL HEALTH PROVIDER SHORTAGE AREA (HPSA). DURING A 2017-18 FEDERAL DENTAL PLANNING GRANT, S.T. LUKES ASSESSED AND STRATEGIZED WAYS TO WORK WITH PARTNERS TO IMPROVE ACCESS AND VALUE FO OR ORAL HEALTH IN ITS RURAL REGION. TO INCREASE VALUE, S.T. LUKES BEGAN THE EVIDENCE-BASED REACH OUT AND READ AND THE AMERICAN ACADEMY OF PEDIATRICS BRUSH, BOOK AND BED PROGRAMS IN 2018 - PRESENT THROUGH A GENEROUS DONATION FROM THE CARBON COUNTY COMMUNITY FOUNDATION. TH IS PROGRAM IS OFFERED AT ST. LUKES NESQUEHONING HEALTH CENTER AND PRIMARY CARE, LEHIGHTON FAMILLY PRACTICE, PALMERTON PEDIATRICS AND NOW PALMERTON PRIMARY CARE WHERE PROVIDERS AND S TAFF ARE TRAINED ON HOW TO ENGAGE FAMILIES AND YOUNG CHILDREN AGES SIX MONTHS FIVE YEARS ON THE IMPORTANCE OF TALKING SIGNING, READING, PLAYING DURING EACH WELL VISIT AND LEAVES W ITH AN AGE-APPROPRIATE BOOK AND RESOURCES TO BUILD HEALTH YROUTINES. FROM DEC 2018-2020 SL. MINERS HAS SERVED 830 CARBON COUNTY FAMILIES WITH RESOURCES ADMINISTRATION OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER THE RURAL COMMUNITY OPIOID RESPON SE PLANNING IMPLEMENTATION (RCORP) GRANT STRADED SHADE SUBSTANCE USE DISORDER PREVENTION. TREATMENT AND RECOVERY SERVICES INCLUDING COMMUNITY NALOXONE EDUCATION AND DISTRIBUTION. ST. LUKES MONROE CAMPUS SENICLED IN A BEAUTIFUT LABLED AND APPORT

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ON OCTOBER 3, 2016, SL-MONROE OPENED ITS DOORS TO THE COMMUNITY, BECOMING THE SEVENTH HOSP ITAL IN THE ST. LUKES HEALTH NETWORK. THE HOSPITAL PROVIDES ACUTE INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL CARE. THE CAMPUS HAS AN ANNUAL CAPACITY FOR 10,000 INPATIENT AND OUS SERVATION ADMISSIONS AND HAS A 33-BED EMERGENCY DEPARTMENT WITH AN ANNUAL CAPACITY FOR 62,0 00 VISITS. FROM THE DAY IT OPENED, SL-MONROE HAS BEEN EMBRACED BY THE PUBLIC AND FY20 WAS NO EXCEPTION. IN FY20, ADMISSIONS TOTALED 6,873, a 2% INCREASE AS COMPARED TO FY19, HOWEVE R FY20 ED VISITS DECREASED 7% TO 47,454, PRIMARILY DUE TO THE IMPACT OF COVID. ST. LUKES U NIVERSITY 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 SECO ND DIAGNOSTIC BREAST IMAGING FACILITY, SPECIFICALLY DESIGNED TO SERVE MONROE COUNTY AND SU RROUNDING 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 MAMMOGRAP HY AND AUTOMATED BREAST ULTRASOUND (ABUS). PATIENTS BENEFIT FROM HAVING HIGHLY-SKILLED RAD IOLOGISTS READ THEIR TEST RESULTS IMMEDIATELY. PATIENTS WITH AN ABNORMAL FINDING CAN HAVE A BIOPSY RIGHT AWAY, HELPING TO REDUCE THE FEAR AND ANXIETY OF WAITING. THE ST. LUKES MONRO RO REGIONAL BREAST CENTER INCLUDES THE MOST ADVANCED. COMPUTER-AIDED SOFTWARE TO HELP IN DIAGNOSING BREAST ANOMALIES AND THE LATEST DIGITAL AND 3D MAMMOGRAPHY, A PATIENT-ASSISTED COMPRESSION DEVICE WHICH GIVES PATIENTS A SENSE OF CONTROL DURING THEIR MAMMOGRAMS. ANOTHE R MAJOR INVESTMENT IN THE SEL-MONROE CAMPUS WAS A THEREFALOR. 37,500-SQUARE-FOOT CANCER CE NTER 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 OFFICIAL AS SISTED COMPRESSION DEVICE WHICH GIVES PATIENTS A SENSE OF CONTROL DURING THEIR MAMMOGRAMS. ANOTHE R MAJOR INVESTMENT IN THE SL-MONROE CAMPUS WAS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 OFTER EXCEEDING, THEIR PE RSONAL NEEDS. SOFTER LIGHTING IS USED IN THE HALLWAYS AND THE DCOR IS DONE IN RELAXING EAR TH TONES. AVAILABLE AMENITIES INCLUDE FLAT SCREEN TELEVISIONS, FREE WIFI SERVICE, DAILY NE WSPAPER DELIVERY AND A RECLINER AND COMFORTABLE SOFA BED IN EVERY ROOM. COMMUNITY OUTREACH: IN FY20, THE MONROE CAMPUS SERVED SENIORS IN THE COMMUNITY WITH A HEALTHY, LOW-COST OPTI ON FOR DINNER. THE OLDER ADULT MEALS AT SL-MONROE OFFER SENIORS 65+ A FRESHLY PREPARED DIN NER SEVEN DAYS/WEEK FOR UNDER \$4. OLDER ADULTS ENJOY AFFORDABLE, HEALTHY EATING AND THE OP PORTUNITY TO MEET AND ENGAGE WITH OTHER OLDER ADULTS IN THE SURROUNDING COMMUNITY. IN FY20, MONROE CAMPUS SERVED 1894 OLDER ADULT MEALS. IN FY20, ST. LUKES MONROE CAMPUS HOSTED NAT IONAL DRUG TAKEBACK DAY AND A TOTAL OF 41 POUNDS OF VARIOUS MEDICATIONS WERE COLLECTED. A SECOND EVENT IN THE FISCAL YEAR WAS CANCELLED DUE TO COVID. MONROE CAMPUS OFFERS A VARIETY OF FREE SCREENINGS AND SERVICES FOR COMMUNITY-RUN EVENTS THROUGHOUT THE YEAR. COMMUNITY O UTREACH, INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: -UTILIZING MEDIA OUTLETS TO EDUC ATE THE COMMUNITY ABOUT HEALTH ISSUES THAT MAY IMPACT THEM -CONDUCTING EDUCATIONAL PROGRAMS -CONDUCTING SPORTS INJURY EDUCATIONAL PROGRAMS MONROE CAMPUS PROVIDED FIRST AID SERVICES AND A WIDE RANGE OF HEALTH SCREENINGS AT NUMEROUS COMMUNITY EVENTS INCLUDING PLEASANT VALL EY NIGHT OF UNITY, VOLUNTEER SERVICES RECOGNITION LUNCHEON, POCONO CHAMBER OF COMMUNER RANGE OF HEALTH SCREENINGS AT NUMEROUS COMMUNITY EVENTS INCLUDING PLEASANT VALL EY NIGHT OF UNITY, VOLUNTEER SERVICES RECOGNITION LUNCHEON, POCONO CHAMBER OF COMMERCE AND CHILDRENS ROUNDTABLE COMMUNITY NIGHT. SL-MONROE SUPPORTED FUNDRAISERS FOR POCONO MOUNTAIN S UNITED WAY GETTING READY FOR KINDERGARTEN CALLEDDAR AND FILL A GLASS WITH HOPE CAMPAIGN, A GOLFING EVENT TO SUPPORT THE POCONO MOUNTAIN REGIONAL POLICE, AND

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MER MONTHS ALONG WITH LOCAL SENIORS WHO PARTICIPATED THROUGH THE SENIOR CENTER LOCATED ON SITE. WE ALSO HOSTED A FALL HARVEST DINNER INVOLVING SEVERAL LOCAL PARTNERS WITH OVER 80 P ARTICIPANTS AT THE EVENT. ADDITIONAL SERVICES THROUGH ST. LUKES COMMUNITY HEALTH DEPARTMENT T: GET YOUR TAIL ON THE TRAIL ST. LUKES UNIVERSITY HEALTH NETWORK (ST. LUKE'S) AND DELAW ARE & LEHIGH NATIONAL HERITAGE CORRIDOR (D&L) HAVE PARTNERED TO BRING THE COMMUNITY A FAMILY FUN INITIATIVE - GET YOUR TAIL ON THE TRAIL THE PROGRAM IS AN ONLINE ACTIVITY TRACKER WHERE USERS LOG MILES THEY MOVE AND EARN FREE OUTDOOR GEAR AS AN INCENTIVE TO STAY ACTIVE. THE PROGRAM IS SELF-PACED BUT HAS OCCASIONAL EVENTS TO PROMOTE COMMUNITY AND GROUP ACTIVITY. IT ALSO SUPPORTS OTHER COMMUNITY ACTIVITIES, SUCH AS LOCAL 5K FUNDRAISERS, THROUGH THE "TAIL ON THE TRAIL APPROVED" PROGRAM WHERE SL-MONROE PROMOTES THE COMMUNITY, AND THE COMMUNITY ORGANIZATION PROMOTES THE GET YOUR TAIL ON THE TRAIL PROGRAM. THE PROGRAM IS AS LO MADE AVAILABLE TO COMMUNITY AND CORPORATE GROUPS AS A FREE WAY TO PROMOTE PHYSICAL ACTIVITY WITHIN THE ORGANIZATION WALK WITH A DOC REGULAR GROUP WALKS ARE HELD FEATURING A SHORT EDUCATION TALK FROM A ST. LUKES PRACTITIONER FOLLOWED BY A WALK. THESE EVENTS ARE FREE TO THE COMMUNITY. EIGHT WALKS WERE CONDUCTED IN 2020 FISCAL YEAR, WHERE EIGHT PROVID ERS LED WALKS WITH 76 PARTICIPANTS. HALF OF THESE WALKS WERE AT THE HOSPITAL WALKING TRAIL, WHILE THE OTHER HALF WERE AT A LOCAL PARK NEAR ONE OF OUR FAMILY WERE REPLACED BY VIRTUAL WALKS LATER IN THE FISCAL YEAR. ST. LUKES SACRED HEART CAMPUS WERE AT THE HOSPITAL WALKING TRAIL, WHILE THE OTHER HALF WERE AT A LOCAL PARK NEAR ONE OF OUR FAMILY WERE REPLACED BY VIRTUAL WALKS LATER IN THE FISCAL YEAR. ST. LUKES SACRED HEART CAMPUS SAN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN CENTER CITY ALLENTOWN, PENNSYLVANIA. IN FY2O, ST. LUKE SS SACRED HEART CAMPUS BY THE INTERNAL REVENUE SERVICES (IRS) AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN CENTER CI

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	RED HEART CAMPUS RANKED AMONG THE SAFEST HOSPITALS IN THE UNITED STATES HAVING RECEIVED AN "A" GRADE FROM THE LEAPFROG GROUP IN 2016, 2017 AND NOW AGAIN IN 2020. IT WAS A CENTER OF EXCELLENCE IN BARIATRIC SURGERY AND WAS NATIONALLY RECOGNIZED IN CASE MANAGEMENT. IT WAS, AND CONTINUES TO BE, A RECIPIENT OF THE AMERICAN STROKE ASSOCIATIONS GOLD PLUS QUALITY AC HIEVEMENT AWARD. THE JOINT COMMISSION RECOGNIZED THE HOSPITAL AS A TOP PERFORMER ON KEY QU ALITY MEASURES AND AWARDED IT A PRIMARY STROKE CENTER CERTIFICATION. IN MARCH 2018, ST. LU KES 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 NET WORK, ST. LUKES HAS MADE A SIGNIFICANT FINANCIAL INVESTMENT IN THE FACILITY AND EQUIPMENT AT SACRED HEART. AMONG THE CAPITAL IMPROVEMENTS MADE ARE: - RENOVATIONS TO ADD TWO NEW BEH AVIORAL HEALTH UNITS INCREASING THE NUMBER OF BEDS BY 42. TOTAL INVESTMENT OF \$11.8 MILLIO N INSTALLATION OF NEW ELECTRONIC MEDICAL RECORD SYSTEM (EPIC). TOTAL INVESTMENT OF \$10. 4 MILLION IMPROVEMENTS TO PARKING GARAGE AND REPLACEMENT OF ELECTRICAL SWITCH GEAR. TOT AL INVESTMENT OF \$5.3 MILLION RENOVATIONS TO PATIENT ROOMS AND EDUCATION CENTER. TOTAL INVESTMENT OF \$2.3 MILLION. SINCE 1972, SACRED HEART HAS BEEN EDUCATING FAMILY PHYSICIANS IN ITS FAMILY MEDICINE RESIDENCY PROGRAM. THE PROGRAM, WHICH IS AFFILIATED WITH TEMPLE UNI VERSITY, SERVES A DIVERSE URBAN PATIENT POPULATION AND THE RESIDENTS TRAIN IN A STATE-OF-T HEART, 42,000-SQUARE-FOOT PRIMARY CARE ON-CAMPUS FACILITY, THE SIGAL CENTER FOR FAMILY ME DICINE. IN ADDITION, ST. LUKES SACRED HEART HAS BEEN EDUCATING FOR NURSING STUDENTS FROM CEDAR CREST COLLEGE, DESALES UNIVERSITY, LEHIGH COUNTY COMMUNITY COLLEGE, LI NCOLN TECHNICAL INSTITUTE, NORTHAMPTON COMMUNITY COLLEGE, DREXEL UNIVERSITY AND THE UNIVER SITY OF PENNSYLVANIA.

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PARISH NURSING: PARISH NURSING IS A SPECIALTY PRACTICE OF REGISTERED NURSES AND PROFESSION AL MODEL OF HEALTH MINISTRY. PARISH NURSES PROVIDE HOLISTIC NURSING CARE TO FAITH COMMUNITY MEMBERS ACROSS THE LIFE SPAN AND FACILITATE WELLNESS AND THE PROMOTION OF A HEALING COMM UNITY. IN KEEPING WITH THE ORGANIZATIONS MISSION, THE PARISH NURSING PROGRAM SEEKS TO STRE NOTHER NATH ROBIGING WITH THE ORGANIZATIONS MISSION, THE PARISH NURSING PROGRAM SEEKS TO STRE NOTHER WITH FAITH COMMUNITIES TO PROMOTE WELLNESS OF BODY, MIND AND SPIRIT. THE PROGRAM ENABLES S LSH TO RETURN TO ITS ORIGINAL MISSION OF CARING FOR THE SPIRITUAL NEEDS OF THE COMMUNITY AND THE PHYSICAL NEEDS OF THE SICK. PARISH NURSING IS A MEMBER OF THE COALITION BOARD OF THE GREATER LEHIGH VALLEY, AN ECUMENICAL GROUP OF COMMUNITY MEMBERS COMMITTED TO SUPPORTING THE PARISH NURSE COALITION MEMBERSHIP IN THEIR MINISTRY. THIS SUPPORT IS MANIFESTED THROUGH EDUCATIONAL NETWORKING MEETINGS, SPIRITUAL RETREATS AND CONFERENCES DEVELOPED FOR PARISH NURSES BY THE PARISH NURSE COORDINATOR AND THE COALITION BOARD COUNCIL MEMBERS. THE PARISH NURSE COORDINATOR IS ALSO AVAILABLE AS A RESOURCE FOR COMMUNITY SERVICES. THE PROGRAMS A ND SERVICES THE PARISH NURSING PROGRAM OFFERS ARE DEVELOPED BASED ON THE NEEDS OF THE PEOP LE THEY SERVE. ADDITIONALLY, PARISH NURSES ARE SPECIALLY TRAINED TO WORK WITHIN FAITH COMM UNITIES. WITHIN THE DEPARTMENT IS A COMMUNITY ENGAGEMENT: FY20 STARTED WITH THE FIRST ANNUAL SUMMER LUNC H PROGRAM AT SACRED HEART CAMPUS. MEALS WERE SERVED TO ANY CHILD 0-18 YEARS OF AGE, MONDAY -FRIDAY FROM JUNE 14 TO AUGUST 3. JULY 1 SAW THE OPINING OF THE FIRST IN STATE CAREER OFFICE ON THE SACRED HEART CAMPUS IN PARTINERSHIP WITH WORKFORCE LEHIGH VALLEY, IN SEPTEMBER, S ACRED HEART CAMPUS IN PARTINERSHIP WITH WORKFORCE LEHIGH TO THE RECOUNT OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE FIRST OF THE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LL-SERVICE CAREER LINK OFFICE. SINCE OPENING, THE CAREER LINK OFFICE HAS SERVED OVER 1000 COMMUNITY MEMBERS AND PROVIDES SERVICES SUCH AS JOB PLACEMENT, RESUME BUILDING, JOB AND SK ILL TRAININGS, INCENTIVES FOR EMPLOYERS AND CASE MANAGEMENT. THIS PARTNERSHIP HAS ALSO CRE ATED THE OPPORTUNITY TO DEVELOP A PIPELINE FOR JOBSEKERS TO GET INTO THE ST. LUKES NETWOR K. IN OCTOBER 2019, THERE WAS A GRAND OPENING THAT WAS ATTENDED BY THE SECRETARY OF EDUCAT ION AND THE SECRETARY OF HUMAN SERVICES AS WELL AS OTHER LOCAL GOVERNMENT OFFICIALS AND CO MMUNITY LEADERS. ON SEPTEMBER 20, SLSH HOSTED THE INAUGURAL SOCIAL DETERMINANTS OF HEALT H (SDOH) SYMPOSIUM. THE GOAL OF THE SYMPOSIUM WAS TO HEAR FROM NATIONAL AND STATE LEADERS AND LOCAL COMMUNITY LEADERS ON HOW THEY ARE ADDRESSING THE SDOH IN THEIR WORK AND HOW WE C AN CONTINUE TO OVERCOME THOSE BARRIERS. OVER 100 COMMUNITY PARTNERS ATTENDED THE SYMPOSIUM. FIVE ACTION COMMITTEES WERE FORMED AROUND PIVE PRIORITY AREAS: HOUSING, WORKFORCE, EDUCA TION, CHRONIC DISEASE AND SUBSTANCE USE DISORDER (SUD) PREVENTION, TREATMENT AND RECOVERY. EACH ACTION COMMITTEE IS CHAIRED BY A PAIR OR TRIO OF COMMUNITY PARTNERS WHO ARE EXPERTS IN THEIR FIELD AND THE COMMITTEES HAVE COMMUNITY MEMBERS AND ORGANIZATIONS PARTICIPATIONS OF THREE MONTHS). A NALOXONE DISTRIBUTION AND EDUCATION CONTRACT WAS GRANTED THROUGH HOUT THE 2020 CALENDAR YEAR (DUE TO COVID, ALL COMMITTEES HAD TO BE PUT ON HOLD FOR THREE MONTHS). A NALOXONE DISTRIBUTION AND EDUCATION CONTRACT WAS GRANTED THROUGH LEHIGH COUN TY DRUG AND ALCOHOL IN OCTOBER OF 2019. ST. LUKES COMMUNITY HEALTH AND PREVENTIVE MEDICINE (CHPM) WAS AWARDED \$22,000 DOLLARS IN FEE FOR SERVICE TO DISTRIBUTE NALOXONE OUT INTO THE COMMUNITY WITH EDUCATION MATERIALS. CHPM PARTNERED WITH THE FAMILY MEDICINE RESIDENTS AT THE SIEGAL CENTER AND DR. CAHILL TO DISTRIBUTE NALOXONE INTO THE COMMUNITY WITH EDUCATION MATERIALS. CHPM PARTNERED WITH THE FAMILY MEDICINE RESIDENTS AT THE SIEGAL CENTER AND DR. CAHILL TO DISTRIBUTE NALOXONE INTO THE COMMUNITY WITH EDUCATION MATE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	COGNIZED 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 MEDIC AL SURGICAL AND 10 PRIVATE INTENSIVE CARE ROOMS, A 16-BAY EMERGENCY ROOM, FOUR OPERATING A ND ONE PROCEDURE ROOM, A STATE-OF-THE-ART INTERVENTIONAL RADIOLOGY LAB, DIAGNOSTIC RADIOLO GY AND ADDITIONAL LAB SERVICES. ESTABLISHED IN 1929, ST. LUKES QUAKERTOWN HOSPITAL (SLQ) W AS ACQUIRED BY NATIONALLY RECOGNIZED ST. LUKES UNIVERSITY HEALTH NETWORK (NETWORK) IN 1995. THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO MORE THAN 2500 PHYSICIANS ACROSS OVER 60 M EDICAL SPECIALTIES. COMMUNITY OUTREACH: IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SLQ ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH EN DEAVORS. COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: - SUMMER FOOD SERVICE PROGRAM (SFSP): THE QUAKERTOWN CAMPUS SERVED AS AN OPEN SITE FOR THE UNITED STATES DEPARTMENT OF AGRICULTURES (USDAS) PROGRAM TO PROVIDE SUMMER MEALS FOR CHILDREN IN QUAKER TOWN. IN ADDITION TO A HEALTHY MEAL, THE PROGRAM WAS CREATED TO PROVIDE ACTIVITIES, CRAFTS, EDUCATION SESSIONS, COMMUNITY SUPPORTED AGRICULTURE (CSA) SHARES AND BACKPACKS WITH FOOD FOR WEEK-END MEALS. THE PROGRAM RECEIVED FUNDING FROM PENN COMMUNITY BANK AND MISCELLANEO US DONORS. A TOTAL OF \$8,491 WAS SPENT ON CSA PRODUCE, ACTIVITY SUPPLIES, FOOD FOR WEEK-END BACKPACKS. MONEY WAS ALSO ALLOCATED TO SUPPORT A PUBLIC HEALTH INTERN WHO SERVED AS THE SITE SUPERVISOR. A BALANCE OF \$7,301 REMAINS THAT WILL BE UTILIZED FOR THE 2020 SUMMER FEE DING PROGRAM.

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- COMMUNITY FITNESS PROGRAMS: THE FIT FOR LIFE STRATEGY SUPPORTS THE PROMOTION OF A MINIMU M OF 150 MINUTES OF EXERCISE PER WEEK. THE TWO PRIMARY PROGRAMS DESIGNED TO PROMOTE COMMUNITY ENGAGEMENT IN PHYSICAL ACTIVITY INCLUDE GET YOUR TAIL ON THE TRAIL (A PROGRAM IN PARTN ERSHIP BETWEEN SLUHN & THE D & L) AND WALK WITH A DOC (WWAD). ACROSS THE NETWORK COMMUNITI ES, THE TOTAL MILES ACCUMULATED UNDER THIS PROGRAM HAS SUPPASSED FOUR MILLION TOTAL MILES. AT THE END OF THIS FISCAL YEAR A SCHOOL-BASED GET YOUR TAIL ON THE PROGRAM WAS INITIATED WITH PALISADES, QUAKERTOWN COMMUNITY AND UPPER PERKIOMEN SCHOOL DISTRICTS ALL PARTICIPATIN G FROM THE REGIONS SURROUNDING THE QUAKERTOWN AND UPPER BUCKS CAMPUSES. A WALK WITH A DOC SUMMER SERIES WAS HELD AT THE PARK AT FOURTH, WHERE FRESH PRODUCE WAS PROVIDED ON A SHARIN G TABLE. A MONTHLY WWAD WAS INITIATED IN MARCH 2020 AT THE UPPER PERKIOMEN YMCA. THERE WERE 11 IN-PERSON WWAD EVENTS THIS YEAR LED BY 10 UNIQUE PROVIDERS. SINCE APRIL 2020, ALL FOR MAL WALKING EVENTS HAVE BEEN CHANGED TO VIRTUAL DUE TO COVID-19. IN APRIL 2020, WE BEGAN C REATING VIRTUAL WWAD VIDEOS AND SHARED THEM ON OUR ST. LUKES WEBSITE, SOCIAL MEDIA, TAIL ON THE TRAIL AND THROUGH LOCAL PARTNERS AND BUSINESSES. THESE VIDEOS, PROVIDED IN BOTH ENGL ISH AND SPANISH SUPPORT OF THE OPEN LINK, A MULTI-SERVICE AGENCY OFFERING PROGRAMS, RES OURCES AND SERVICES DESIGNED TO MEET THE BASIC NEEDS OF INDIVIDUALS AND FAMILIES IN THE UP PER PERKIOMEN VALLEY, - HOSTING OF A VARIETY OF SUPPORT GROUPS AND EDUCATIONAL PROGRAMS IN CLUDING T. O.P.S. (TAKE OFF POUNDS SENSIBLY), SURVIVORS OF SUICIDE, CPR AND FIRST AID TRAIN ING YEAR-ROUND DRUG TAKEBACK SITES ESTABLISHED AT QUAKERTOWN AND UPPER BUCKS CAMPUSES UTILIZATION OF MEDIA OUTLETS TO EDUCATE THE COMMUNITY ABOUT HEALTH ISSUES THAT MAY IMPACT THEM. THE HOSPITAL IS COMMITTED TO HEALTH IMPROVEMENT ADVOCACY AND PARTNERING WITH THE C OMMUNITY LEADER PRESENTATIONS TO KEEP BUSINESS AND COMMUNITY LEADERS, AS WELL AS LOCAL GOVERNMENT OFFICIALS, INFORMED OF HEALTH CARE TRENDS AN

Return Reference	Explanation
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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OWN HOSPITAL HOUSES ONE OF ONLY TWO BEHAVIORAL HEALTH UNITS IN BUCKS COUNTY. THE BEHAVIORA L HEALTH UNIT (BHU) PROVIDES EFFECTIVE PSYCHIATRIC CARE IN A SAFE AND THERAPEUTIC ENVIRONM ENT FOR PEOPLE WITH A WIDE VARIETY OF MENTAL AND BEHAVIORAL HEALTH ISSUES INCLUDING ANGER MANAGEMENT, ANXIETY DISORDERS, BIPOLAR DISORDER, DEPRESSION, OSSESSIVE COMPULSIVE DISORDER (OCD), POST-TRAUMATIC STRESS DISORDER (PTSD) AND WORK/LIFE BALANCE. THE UNIT MEETS THE GR OWING DEMAND FOR BEHAVIORAL HEALTH SERVICES WHILE KEEPING PATIENTS NEAR FAMILY, FRIENDS AN D SUPPORT SYSTEMS THROUGHOUT THEIR TREATMENT. IN FY20, THE BHU HAD 890 ADMISSIONS. THE 19- BED BEHAVIORAL HEALTH UNIT REMAINS AT ST. LUKES QUAKERTOWN ALONG WITH THE FOLLOWING ESSENT IAL OUTPATIENT SERVICES: LAB SERVICES, RADIOLOGY, INFUSION, WOUND CARE, PULMONARY FUNCTION TESTING, CARDIOPULMONARY REHABILITATION, DAVITA DIALYSIS, OUTPATIENT NUTRITION SERVICES, EEG/EMG AND SLEEP CENTER. A MEDICAL OFFICE BUILDING ALSO REMAINS AT THE CAMPUS. ST. LUKES WARREN CAMPUS ====================================

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ONS TO THE PHARMACY, EXPANSION/RELOCATION OF OUTPATIENT THERAPY, CARDIOVASCULAR EXPANSION, OUTPATIENT RADIOLOGY, OUTPATIENT LAB AND ORTHOPEDIC SERVICES AT WASHINGTON OUTPATIENT CEN TER AND HILLCREST PLAZA); \$4.7 MILLION FOR TWO CT SCANNERS, AN MRI, A 3D MAMMOGRAPHY UNIT, AND TWO NUCLEAR IMAGING CAMERAS, ALL OFFERING THE LATEST AVAILABLE GE TECHNOLOGY (\$1.2 MI LLION FOR RELATED CONSTRUCTION/RENOVATIONS); \$3.8 MILLION FOR RILLION FOR RELATED CONSTRUCTION/RENOVATIONS); \$3.8 MILLION FOR INFORMATION TECHNOLOGY (IT) UPGRADES; \$1.6 MILLION FOR AN EMERGENCY GENERATOR, \$16.8 MILLION IN OTHER FACILITY IMPROVE MENTS AND EQUIPMENT, AND OVER \$290,000 MAKING OUR CAMPUS COVID-19 SAFE FOR OUR PATIENTS AN D EMPLOYEES BY CONVERTING MED SURG UNITS, INTENSIVE CARE AND ED ROOMS TO TRUE ISOLATION AND INSTALLING PLEXI BARRIERS THROUGHOUT CAMPUS. RWJBARNABAS HEALTH COLLABORATION: ALSO, THI S YEAR, ST. LUKES WARREN CAMPUS AND RWJBARNABAS HEALTH CONTINUED DISCUSSIONS TO IDENTIFY A ND REDUCE HEALTH DISPARITIES IN NORTHWEST NJ, SHARE SUCCESSES LEARNED DURING THE PANDEMIC AND TO COLLABORATE IN ACADEMIC & CLINICAL RESEARCH ENDEAVORS. COMMUNITY OUTREACH: IN KEEPI NG WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVICES, 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. COMMUNITY OUTR EACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: - EDUCATION: UTILIZED NUMEROUS MEDIA OUTLETS INCLUDING OUR HOSPITAL LOBBY TO EDUCATE THE COMMUNITY ABOUT DIVERSE HEALTH ISSUES THAT MAY IMPACT THEM INCLUDING: SPECIFIC HEALTHCARE NEEDS OF MILITARY VETERANS AND GUIDANC E FOR PREPARING ADVANCE DIRECTIVES. ATTENDANCE ESTIMATED AT 120 STUDENT ATHLETES: PROVI DED FREE TRAINING ON IDENTIFYING AND TREATING CONCUSSION TO ALL AREA HIGH SCHOOL COACHES. PERFORMED BASELINE IMPACT STUDIES FOR CONCUSSION ON SCHOOL ATHLETES: IN ALL AREA HIGH SCHOOL S- TOTAL ATHLETES TESTED WERE MORE THAN 800 PHYSICIAN TALKS: PROVIDED TWO PH

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- HEALTH SCREENINGS AT THE HOSPITAL: PROVIDED MONTHLY BLOOD PRESSURE SCREENINGS IN THE HOSPITAL LOBBY, - EXERCISE & FITNESS: OFFERED FREE, TWICE-WEEKLY OSTEOPOROSIS EXERCISE CLASSES AT THE FITNESS & SPORTS PERFORMANCE CENTER EMPLOYEE HEALTH: INITIATED A COMMUNITY SUPPORTED AGRICULTURE PROGRAM, MAKING WEEKLY DELIVERIES OF LOCALLY GROWN ORGANIC VEGETABLES AVAILABLE TO EMPLOYEES AT DISCOUNTED PRICES COMMUNITY SENIOR NUTRITION PROGRAM: SERVED 7, 443 DISCOUNTED SENIOR MEALS SERVED TO LOCAL RESIDENTS. MEAL OFFERED AT 33.99 PER MEAL FOR A TOTAL SUBSIDY OF \$29,697.57. THE MEALS ARE OFFERED MONDAY THROUGH FRIDAY AND OFTEN INCLUDE AN EDUCATIONAL SPEAKER EMERGENCY SERVICES SUPPORT (EMS): CONTINUED TO PARTNER WITH OUR LOCAL EMS AGENCIES BY PROVIDING FREE EDUCATION SESSIONS, FREE MEDICAL DIRECTORSHIPS AND FREE MEDICATION REPLACEMENT TO ALL VOLUNTEER EMS AGENCIES WITHIN WARREN COUNTY. IN RESPONSE TO THE OPIOID EPIDEMIC, WARREN HOSPITAL PROVIDED FREE NARCAN TO LOCAL EMS ALONG WITH A FREE REPLACEMENT PROGRAM UPON USAGE OR EXPIRATION. ADDITIONALLY, WARREN HOSPITAL SUPPORTS THE WARREN COUNTY PROSECUTORS OFFICE BY PROVIDING FREE EDUCATIONAL AND MEDICAL OVERSIGHT BY WAY OF OUR EMERGENCY DEPARTMENT PHYSICIAN, JACK CHAMBERS, MD. WARREN COUNTY PROSECUTORS OFFICE AND LOCAL POLICE REQUIRE ANNUAL TRAINING ON TOURNIQUET AND HEMOSTATIC AGENT USE, WHICH WARREN HOSPITAL PROVIDES AT NO COST BI-MONTHLY EPI-PEN TRAINING AND NARCAN TRAINING: PROVIDED TO LOCAL EMS, AT THEIR RESPECTIVE SITES AT NO COST LARGE EVENT FOR PA AND NJ PARAMEDICS IN JANUARY: PROVIDES EDUCATIONAL EVENT AT NO COST LARGE EVENT FOR PA AND NJ PARAMEDICS IN JANUARY: PROVIDES EDUCATIONAL FOR MARREN HOSPITAL PROVIDE A LARGE AMOUNT OF CONTENT FOR THIS EVENT BY PROVIDING FREE LECTURES FOR EMS CONTINUING EDUCATION DRUG TAKE BACK DAY. PARTICIPATED IN THE NETWORK DRUG TAKEBACK DAY WHERE OVER 83.6 POUNDS OF PRESCRIPTION DRUGS WERE COLLECTED IN ONLY FOUR HOURS WALK WITH THE FIRTH YOUTH CENTER STUDENTS. COMMUNITY INVOLVEMENT: THE HOSPITAL PURSUES EXPANDED RELATIO

Return

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	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, 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 FOR THEIR REVIEW. THE NETWORK'S INTERNAL WORKING GROUP FOR FINANCE PRESENTATION OF THE FEDERAL FORM 990 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 HORKING 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.

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.

Return

Reference	·
CORE	COMPENSATION REVIEW EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-
FORM,	RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS. TOTAL COMPENSATION FOR
PART VI,	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
QUESTION	CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH
15	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.

Return

QUESTION

Reference	
CORE	ST. LUKE'S UNIVERSITY HEALTH NETWORK, OF WHICH THIS ENTITY IS THE PARENT, HAS ISSUED TAX-EXEMPT
FORM,	BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN
PART VI,	CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS
SECTION C:	WEDE INCLLIDED WITH THE TAY EYEMDT BOND DROSDECTUS 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.

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.

Return Explanation
Reference

	FRANK FORD, A FORMER OFFICER OF THIS ORGANIZATION, IS STILL EMPLOYED WITHIN THE ST. LUKE'S UNIVERSITY
FORM,	HEALTH NETWORK. MR. FORD IS THE PRESIDENT OF SACRED HEART HOSPITAL OF ALLENTOWN; A RELATED
PART VII	INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.
AND	
SCHEDULE	
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J	

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	RICHARD A. ANDERSON, THOMAS P. LICHTENWALNER AND JOEL D. FAGERSTROM ARE ALL OFFICERS OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION ON A FULL TIME BASIS. ALTHOUGH MESSRS. ANDERSON, LICHTENWALNER AND FAGERSTROM RECEIVE A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA (EIN: 23-1352213). THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. ACCORDINGLY, THIS ORGANIZATION FILED A 2019 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MESSRS. ANDERSON, LICHTENWALNER AND FAGERSTROM COMPENSATION IN EXCESS OF \$1M.

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Reference

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CORE	THE ORGANIZATION IS THE PARENT ENTITY OF THE ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-
FORM,	EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE NETWORK INCLUDES BOTH FOR-PROFIT AND NOT
PART VII,	FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM,
SECTION A,	PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND
COLUMN B	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.

Return Reference	Explanation
CORE FORM, PART XI; LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - CONTRIBUTIONS/DONATIONS RECEIVED - \$6,070,019; - PLEDGES RECEIVED - (\$4,841,889); - NEW PLEDGES - \$10,933,405; - NET ASSETS RELEASED (PLEDGES) - PPE (BUILDING FUND) - (\$40,000); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT - (\$1,194,632); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - (\$2,475,611); - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - (\$145,463); - APPRECIATION TRANSFER FROM ENDOWMENT - \$801,512; - ENDOWMENT SPENDING POLICY TRANSFER TO DONOR RESTRICTED - \$71,137; - INCOME TRANSFER FROM ENDOWMENT - \$6,200; - RESTRICTED ENDOWMENT INCOME RELEASED FOR SPECIFIC PURPOSES - \$830,124; - CONTRIBUTIONS/DONATIONS RECEIVED - \$1,292,679; - INCOME FROM INVESTMENTS - \$2,132,272; - NET REALIZED GAIN ON SALE FROM INVESTMENTS - \$453,888; - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - (\$480,539); - APPRECIATION TRANSFER FROM/TO ENDOWMENT - (\$801,512); - INCOME TRANSFER TO DONOR RESTRICTED - (\$836,324); AND - OTHER CHANGES IN DONOR RESTRICTED NET ASSETS (ENDOWMENT FUND) - (\$18,105).

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, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493:	133050	341	
SCHEDULE R (Form 990)	m 990)  Complete if the organization  For to www.irs.go			izations and Unrelated Partnerships answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ▶ Attach to Form 990. <u>/Form990</u> for instructions and the latest information.							OMB No. 1545-0047  2019  Open to Public Inspection				
Internal Revenue Service  Name of the organization ST LUKE'S HEALTH NETWORK INC									Emp	loyer identif	icatior		CCIOII		
										384282					
Part I Identification	of Disregarded E	ntities. Complete if	the orgai	nization ansv	vered "Ye	s" on Form	n 990, Part	: IV, line 3	33.						
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a		Legal dom or foreigr	c) icile (state n country)	(d) Total inc	ome	(e) End-of-year as	sets	<b>(f</b> Direct coi enti			
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations do		ı <b>s.</b> Compl	ete if the org	ganization	answered	l "Yes" on l	 Form 990	, Part I	 :V, line 34 be	ecause	e it had one or	more		
	<b>(a)</b> d EIN of related organizat	ion	Prim	<b>(b)</b> ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod	de section Pub		(e) tharity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?	
													Yes	No	
For Paperwork Peduction Ac	t Mating on the To	atumatia na fan Farrer O	20			t No 5013	DEV				C-L	edule P (Form	900) 22	10	

(a) Name, address, and EIN of related organization		Primary activity	rimary activity domicile (state or foreign country)		Predominant income(related unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(H Disprop alloca	rtionate	(i) Code V-UE amount ir box 20 of Schedule K (Form 106	I Gen mai pai	(j) leral or naging rtner?		k) Intage Prship
(1) SH ASSISTED LIVING		MEDICAL	PA	NA										
3910 ADLER PLACE BETHLEHEM, PA 18017 20-0546001														
	izations Tavable as a	Corneration	or Tru	st Complet	o if the orga	nization an	Swered "Ve	es" on	Form	990. Part	IV, li	ine 34	<u>                                       </u>	
Part IV Identification of Related Organ because it had one or more related						mzadon an	swered re			,	-			
because it had one or more related  (a)  Name, address, and EIN of related organization		as a corporation (	on or tr c) gal nicile r foreign	ust during t	(d) controlling Type	(e)	(f) Share of total income	Shar	(g) e of end year assets	I-of- Pe	(h) ercenta wnersh		Section (13) co ent	ntrolle ity?
(a) Name, address, and EIN of related organization  (1)ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015	organizations treated (b)	as a corporation ( ) Le don ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	on or tr c) gal nicile	ust during t	(d) controlling Type	(e) e of entity rp, S corp, r trust)	(f) Share of total	Shar	(g) e of end year	I-of- Pe	rcenta		Section (13) co	n 512(b Introlle
(a) Name, address, and EIN of related organization  (1)ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150  (2)ST LUKE'S PHYSICIAN HOSPITAL ORG INC  801 OSTRUM STREET BETHLEHEM, PA 18015	organizations treated (b) Primary activity	as a corporation ( Le don (state o cour	on or tr c) gal nicile r foreign ntry)	ust during t	he tax year.  (d) controlling CC cc o	(e) e of entity rp, S corp, r trust)	(f) Share of total	Shar	(g) e of end year	I-of- Pe	rcenta		Section (13) co ent	512(bontrolle city?
(a) Name, address, and EIN of related organization  (1)ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150  (2)ST LUKE'S PHYSICIAN HOSPITAL ORG INC	(b) Primary activity  FINANCIAL VEHICLE	as a corporation (Le don (state o cour) V	on or tr gal nicile r foreign ntry)	Direct	he tax year.  (d) controlling Type (C cc o	(e) e of entity rp, S corp, r trust)  RP.	(f) Share of total	Shar	(g) e of end year	I-of- Pe	rcenta		Section (13) co ent	n 512(bontrolled
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150  (2)ST LUKE'S PHYSICIAN HOSPITAL ORG INC  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818  (3)HILLCREST EMERGENCY SERVICES PC  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865	rimary activity  FINANCIAL VEHICLE  HEALTHCARE SVCS.	es a corporation (Le don (state o coul) V	on or tr c) gal nicile r foreign ntry) T	Direct NA NA	he tax year.  (d) controlling cntity  C C CO  C CO	(e) e of entity rp, S corp, r trust)  RP.	(f) Share of total	Shar	(g) e of end year	I-of- Pi	rcenta	Ĭp	Section (13) co ent	No No
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150  (2)ST LUKE'S PHYSICIAN HOSPITAL ORG INC  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818  (3)HILLCREST EMERGENCY SERVICES PC  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976  (4)TWO RIVERS ENTERPRISES INC	FINANCIAL VEHICLE  HEALTHCARE SVCS.  HEALTHCARE SVCS.	AS a corporation (state of court of cou	on or tr c) gal nicile r foreign ntry) T	Direct NA NA	he tax year.  (d) controlling controlling C C C C C C C C C C C C C C C C C C C	(e) e of entity rp, S corp, r trust)  RP.  RP.	(f) Share of total income	Shar	(g) e of enc year assets	I-of- Pi	ercenta	Ĭp	Section (13) co ent Yes	No No

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	Yes	No No No
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	Yes	No No No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	No No
b Gift, grant, or capital contribution to related organization(s)	Yes	No No
c Gift, grant, or capital contribution from related organization(s)	Yes	No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		
E Estats of Islan guarantees by Federea Signification(s)	Yes	
f Dividends from related organization(s)		
		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k       Lease of facilities, equipment, or other assets from related organization(s)       1t		No
I Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses	Yes	

	Sharing of facilities, equipment, maining hists, or other assets with related organization(s).	1		
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
	Ohlow have after a financial to the control of the	1r	Yes	_
Г	Other transfer of cash or property to related organization(s)	_		<u> </u>
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved type (a-s)	ount i	nvolve	<del></del>

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Form 990) 2019 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Return Reference Explanation SCHEDULE R, PART V ITHIS ORGANIZATION IS A MEMBER OF ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. IST, LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK, FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND IBUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES. INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE ST. LUKE'S UNIVERSITY HEALTH NETWORK IENTITIES WORK TOGETHER TO DELIVER HIGH OUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

#### **Software ID: Software Version:**

**EIN:** 23-2384282

Name: ST LUKE'S HEALTH NETWORK INC

Form 990, Schedule R, Part II - Identification of Related ' (a)	Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)	`
Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity status	Direct controlling	Section	า 512
		(state or foreign country)	section	(if section 501(c) (3))	entity	(b)(1 contro	olled
						Yes	:y? <b>No</b>
	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-1352213							
	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
45-4394739							
	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
46-5143606	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 CT LIWEC WAY	ITEAETH SVCS.	[	301(0)(3)	HOSFITAL	SLIIIV	165	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
23-1352203	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 25-1550350							
	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-2380812							
	HEALTH SVCS.	PA	501(c)(3)	170B1AIII	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-2179542							
	INACTIVE	PA	501(c)(3)	170B1AIII	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-2543924							
	INACTIVE	PA	501(c)(3)	509(A)(2)	VNA		No
1110 ST LUKES WAY ALLENTOWN, PA 18109							
23-2418254							
	HEALTH SVCS.	PA	501(c)(3)	509(A)(1)	SLB		No
1110 ST LUKES WAY ALLENTOWN, PA 18109							
24-0795497	HEALTH SVCS.	NJ	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 CT LUVES WAY	ITEAETTT SVCS.	143	301(0)(3)	HOSPITAL	SLIIIV	163	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
22-1494454	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 24-0795436							
21 0755130	HEALTH SVCS.	PA	501(c)(3)	170B1AIII	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-2473899							
	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 23-2328297							
	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
23-1352208						.,	
	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY ALLENTOWN, PA 18109							
82-4432109	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	GSL HOSPITAL		No No
4440 CT LUVEC WAY	ITEAETTT SVCS.		301(0)(3)	170BIAIII	GSETIOSFITAL		NO
1110 ST LUKES WAY ALLENTOWN, PA 18109							
82-5423865	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN	Yes	
1110 ST LUKES WAY			( )(-)				
ALLENTOWN, PA 18109 83-3200970							
03-32009/0	INACTIVE	PA	501(C)(3)	HOSPITAL	SLHN	Yes	
1110 ST LUKES WAY							
ALLENTOWN, PA 18109 84-4475996							
01 11/3330		J	I	1			