Form	990-T	E	cempt Organization	Bus	siness In	come	Tax Retui	TAX		lo 1545-0687
1 0111		F	(and proxy tax ndar year 2018 or other tax year begin					. 1 0	ക	040
		For cale						*° <u>+</u>	\mathbb{Z}	018
	tment of the Treasury at Revenue Service	▶no	► Go to www irs gov/Form990 not enter SSN numbers on this form a					.,,,, [Open to Pu	ublic Inspection for Organizations Only
A	Check box if	00		_	me changed and s					ation number
_	address changed						,		oyees' trust, see	
ВЕх	empt under section	ĺ	ST. LUKE'S HOSPITAL	MON	ROE CAMPU	S				
X	501(C D 3)	Print	Number, street, and room or suite no	faP O	box, see instructi	ons		46-5	143606	
	408(e) 220(e)	Type								ss activity code
	408A 530(a)	, iype	801 OSTRUM STREET					(See instructions)		
	529(a)	}	City or town, state or province, country	y, and 2	ZIP or foreign post	al code				
C Book value of all assets BETHLEHEM, PA 18015										
	end of year		up exemption number (See instructi							
1	19,932,685.	G Che	ck organization type 🕨 🐰 501	(c) co	rporation	501(c)	trust	401(a)	trust	Other trust
H E	nter the number of	the orga	nization's unrelated trades or busine	sses				•	(or first) ur	
tr	ade or business her	e ▶	 			if only one, o	complete Parts I-	V If mor	e than one,	describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, o	omplete a So	hedule M for each	ch additio	nal	
	ade or business, the					_ _				
			corporation a subsidiary in an affili				ontrolled group?		▶ <u>X</u>] Yes [] No
			Identifying number of the parent cor	_	on ▶ ATC		e number ► (4	84152	6-4000	
			OMAS P. LICHTENWALNER OF Business Income	`	(A) Inc					(C) Net
1a	Gross receipts or s		or promises income		(A) inc	onie	(B) Expen	562	 	(C) Net
b	Less returns and allowa		c Balance ▶	1c					ļ	}
2			ule A, line 7)	2					 	
3	-		2 from line 1c	3						
4 a			ttach Schedule D)	4a					 	
b			Part II, line 17) (attach Form 4797)	4b					 	
c			rusts	4c					·	
5			an S corporation (attach statement)	5					 	
6				6						
7			come (Schedule E)	7						
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					<u> </u>	
10	Exploited exempt	activity ii	ncome (Schedule I)	10					 	
11			lule J) 、	11					ļ	
12			tions, attach schedule)	12						
13	Total Combine lin	nes 3 thr	ough 12	13_	L	0.			<u> </u>	
Pai			Taken Elsewhere (See instr					except t	or contrib	outions,
			be directly connected with the	ne ur						
14			directors, and trustees (Schedule K)	-0					 	
15 16	Repairs and main	tononeo	RECEIVE	<u>:U</u>						
17	•				100				 	
18	Interest (attach so	· · · · ·	see instruction FEB 1 4 20)20.	1 1 1				 	
19	Taxes and licenses		I LLOI		1001				 	
20				LIT				· ·		
21	Depreciation (atta	ich Form	see instructions for limitation teles, 4562). OGDEN,	.01		21				
22			on Schedule A and elsewhere on re	turn		22a		22b	1	
23					_			. 23		
24			compensation plans							
25										
26			Schedule I)							
27	Excess readership	costs (S	chedule J)					. 27		
28	Other deductions	(attach s	chedule)					. 28		
29			s 14 through 28,					_	 	
30			le income before net operating						 	
31			g loss arising in tax years beginnin						 	
32			income Subtract line 31 from line	<u> 30 .</u>	. <u></u>	<u></u>	<u></u>	. 32		000 T
ror P	aperwork Reducti	ION ACT N	otice, see instructions.				i		Forr	n 990-T (2018)

	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	 			
•	instructions),	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	33			
30		1 1			
	of lines 33 and 34				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,				_
_	enter the smaller of zero or line 36	38			0.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income See instructions				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	450			
	Total credits. Add lines 45a through 45d				——
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			0.
48	Total tax. Add lines 46 and 47 (see instructions)	48			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	1			
g	Other credits, adjustments, and payments Form 2439	J			
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51		15,0	<u> </u>
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		15,0	
55	Enter the amount of line 54 you want	955		15,0	<u> </u>
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	<u>s) </u>		,	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country]]	
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust'	2		X
	If "Yes," see instructions for other forms the organization may have to file	_			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			<u> </u>	1
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit	est of my	knowledge	and beli	ef, it is
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	, the "	DC dine	this	atur
Her			RS discuss preparer sh		
		instructio			No
	Print/Type preparer's name Preparer's signature Date Check	☐ ıf	PTIN		
Paid		nployed	P006	4248	6
Prep	arer Firm's name WITHUMSMITH+BROWN, PC		22-202		
Use			3-898-9		
	Priore		Form 99		(2018)
JSA				'	, ,

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Form 990-T (2018)

Total dividends-received deductions included in column 8

Form 990-T (2018)	ST. LUKE								_	143606	Page 4	
Schedule F-Interest, Annu	uities, Royalties						ons (see	e instruction	ons)			
1 Name of controlled 2 Employer organization identification number		ner 3			4 Total	ons of specified ents made	included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)					<u> </u>		L			<u> </u>		
Nonexempt Controlled Organiz						40.0-		0.00-1		. 5-1		
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions directly connected with income in column 10		
(1)												
(2)						ļ <u>.</u> .						
(3)												
(4)								-140			-144	
Tabels						Enter h	columns 5 a nere and on line 8, colu	page 1,	Ent	id columns 6 ar er here and on p rt I, line 8, colun	page 1,	
Schedule G-Investment In	scome of a Soc	tion E01	(0)(7)	(9) or (17	\ Orga	nization	/coo inc	tructions)				
1 Description of income	2 Amount of		(6)(7),	3 Deduction of the directly con (attach sch	tions inected	ilization	4 Se	t-asides schedule)		5 Total dedu and set-asides plus col	s (col 3	
(1)			_	(0.1.20.1.2.1	,				$\neg \dagger$	F	''	
(2)												
(3)			1						\neg			
(4)												
	Enter here and Part I, line 9, c									Enter here and o Part I, line 9, co		
Schedule I-Exploited Exe	empt Activity In	come, Ot	her Th	an Adverti	sing In	come (s	ee instru	ctions)				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expedirect connecte production unrelable business is	tly d with on of ted	4 Net incon from unrelat or business 2 minus col if a gain, co cols 5 thro	ed tradé (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess expen (column 6 column 5, more t column	ises 6 minus , but not than	
(1)												
(2)												
(3)												
(4)												
7.1.1	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, i line 10, c	Part I,						Enter here and on page 1, Part II, line 26			
Totals ▶ Schedule J- Advertising In	come (see instr	uctions)										
Part I Income From Peri			`anaal	idated Rec	·ic							
Faitt Income From Fem	iodicais Report	eu on a c	2011501	luateu Das	13			T		T		
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adverting gain or (los 2 minus con a gain, con cols 5 through the co	s) (col of 3) If npute		5 Circulation 6 Reader income costs		•	7 Excess re costs (col minus colur not more column	lumn 6 mn 5, but e than	
(1)								1				
(2)	1			1	ľ							
(3)	 			1				<u> </u>				
(4)			_	1	أ			[
Totals (carry to Part II, line (5))				1				Į.		1		

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		•				
(2)						
(3)						
(4)						
Totals from Part I ▶						<u></u>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)				<u> </u>	<u></u>	
Schedule K - Compensation	n of Officers D	irectors and Tr	ustees (see instri	ictions)		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 1-			

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