OMB No. 1545-0047

D Employer identification number

46-5143606

(See instructions.)

401(a) trust

If only one, complete Parts I V If more than one, describe the

Telephone number ► (484) 526-4000

(B) Expenses

Describe the only (or first) unrelated

(Employees trust, see instructions)

E Unrelated business activity code

▶ X Yes

(C) Net

Other trust

0.000

Form **990-T**

Department of the Treasury

B Exempt under section

408(e)

408A

529(a)

C Book value of all assets at end of year

trade or business here

1a Gross receipts or sales b Less returns and allowances

Check box if

501(C **Q**3)

address changed

220(e)

530(a

trade or business, then complete Parts III-V

The books are in care of ▶THOMAS P

Cost of goods sold (Schedule A line 7) Gross profit Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

ParcI Unrelated Trade or Business Income

Print

Type

OF

H Enter the number of the organization's unrelated trades or businesses

If "Yes" enter the name and identifying number of the parent corporation

Internal Revenue Service

→	b	Net gain (loss) (Form 4797 Part II, line 17) (attach Form 4797)	4b						
~	С	Capital loss deduction for trusts	4c			<u> </u>			 ,
_	5	Income (loss) from a partnership or an S corporation (attach statement)	5			1-3	- CEI\	ÆD	
MAY	6	Rent income (Schedule C)	6	ļ					SC
$\overline{}$	7	Unrelated debt-financed income (Schedule E)	7			1	~4 2 E	?^^h	
Ш	8	Interest, annuities royalties, and rents from a controlled organization (Schedule F	8			, i			<u> </u>
Z	9	Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G)	9	<u> </u>		1		· IT	
CANNED	10	Exploited exempt activity income (Schedule I)	10				-		
\vec{Q}	11	Advertising income (Schedule J)	11						. <u> </u>
Ś	12	Other income (See instructions, attach schedule)	12						
	13	Total Combine lines 3 through 12	13		(<u> </u>			
	Par			ons for lim	iitations o	n deduct	ons) (De	ductio	ns must be directly
		connected with the unrelated business incon	ne)						
	14	Compensation of officers, directors and justees (Schedule K) .					14	
	15	Salaries and wages						15	
	16	Repairs and maintenance						16	
	17	Bad debts			-		•	17	
	18	Interest (attach schedule) (see instructions).						18	
	19	Taxes and licenses						19	
	20	Depreciation (allach Form 4562)			20				
	21	Less depreciation claymed on Schedule A and elsewhere on r	eturn		21a		 .	21b	
	22	Depletion		-				22	
	23	Contributions to deferred compensation plans			•			23	
	24	Employee benefit programs						24	
	25	Excess exempt expenses (Schedule I)			-			25	
	26	Excess readership costs (Schedule J)						26	
	27	Other reductions (attach schedule)						27	
	28	Total deductions Add lines 14 through 27.						28	
	29	Unrelated business taxable income before net operating	loss	deduction	Subtract I	ne 28 fro	m line 13	29	
	30/	Deduction for net operating loss arising in tax years beginni	ng on	or after Janu	ary 1, 2018	(see instruc	tions)	30	
	.31	Unrelated business taxable income. Subtract line 30 from lin	e 29					31	

FINAL PETUPN Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $\underline{07/01}$, 2019, and ending 06/30 20 2► Go to www irs gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

LUKE'S HOSPITAL MONROE CAMPUS

Number street and room or suite no if a P O box see instructions

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

first in the blank space at the end of the previous sentence complete Parts I and II complete a Schedule M for each additional

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

c Balance ▶

1c 2

3

4a

LICHTENWALNER

Name of organization (

801 OSTRUM STREET

BETHLEHEM, PA 18015

Group exemption number (See instructions) ▶ Check organization type > X 501(c) corporation

Check box if name changed and see instructions)

501(c) trust

(A) Income

NE

For Paperwork Reduction Act Notice, see instructions

Form 990-T (2019)

	t !'a	Total Unrelated Business Taxable Income					
32	fotal instruc	of unrelated business taxable income computed from all unrelated trades o	r businesses (se				
33		$/ \sim 1$. 32			
34		nts paid for disallowed fringes able contributions (see instructions for limitation rules)		. 38			
5		unrelated business taxable income before pre-2018 NOLs and specific deduct	e e e e e e e e e e e e e e e e e e e				
•		m the sum of lines 32 and 33	ion Subtract iii	35			0
6		ction for net operating loss arising in tax years beginning before Januar	• v 1 2018 (se				
•	instruc		y 1 2010 (ae	36			
7		of unrelated business taxable income before specific deduction. Subtract line 36 from line	35	. 37			
8		ic deduction (Generally \$1 000 but see line 38 instructions for exceptions)	30	38			
9		ated business taxable income Subtract line 38 from line 37 If line 38 is greater	ater than line 37	·			
		he smaller of zero or line 37		39			0
ar	t IV 🗍	Tax Computation					
0	7	zations Taxable as Corporations Multiply line 39 by 21% (0.21)	· 	▶ 40			
1	,	' \	Income tax or	n		-	
	the am-	nount on line 39 from Tax rate schedule or Schedule D (Form 1041) .		▶ 41			
2	Proxy t	tax See instructions		▶ 42			
3	Alterna	ative minimum tax (trusts only)	•	. 43			
Ļ	Tax on	n Noncompliant Facility Income See instructions		. 44			
5	Total A	Add lines 42, 43 and 44 to line 40 or 41 whichever applies		. 45			
ar	tV + i	i Tax and Payments					
3 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a					
b	Other	credits (see instructions). 46b					
С	Genera	al business credit. Attach Form 3800 (see interpretations)]					
d	Credit f	for prior year minimum tax (attach Form 880) or 8827)		᠋ . Ⅰ			
е	Total c	credits Add lines 46a through 46d		46e			
7	Subtrac	act line 46e from line 45		. 47			
3	Other ta	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 O	ther (attach schedule)). 48			
€	Total ta	tax Add lines 47 and 48 (see instructions)		- 49			0
0		net 965 tax hability paid from Form 965-A or Form 965-B. Part II. column (k). line 3		. 50			
	-	ents. A 2018 overpayment credited to 2019		_			
		estimated tax payments	3 <u>,</u> 750				
	-	posited with Form 8868					
	-	n organizations Tax paid or withheld at source (see instructions)					
e		p withholding (see instructions)					
r -		for small employer health insurance premiums (attach Form 8941)		⊣			
g		credits adjustments and payments Form 2439 Form 4136 Other Total ▶ 5 g					
2	_			52		3,7	75n
3	•	payments Add lines 51a through 51g sted tax penalty (see instructions) Check if Form 2220 is attached .		53			
3 4		ie If line 52 is less than the total of lines 49 50 and 53 enter amount owed.		<u> </u>			
. 5.		ayment If line 52 is larger than the total of lines 49 50 and 53 enter amount overpaid	. lo			3,7	750
~	•	he amount of line 55 you want Credited to 2020 estimated tax	Refunded			3,7	
יי פרים	t VI	Statements Regarding Certain Activities and Other Information					
7		y time during the 2019 calendar year, did the organization have an interest in			uthority	Yes	No
	-	a financial account (bank, securities, or other) in a foreign country? If "Yes"					
		N Form 114, Report of Foreign Bank and Financial Accounts If Yes,' enter					
	here ▶			ŭ			Ϋ́.
8	During	the tax year, did the organization receive a distribution from or was it the grantor of, or	r transferor to, a fo	reign trust?			X,
	If "Yes	'see instructions for other forms the organization may have to file					
9	Enter th	the amount of tax-exempt interest received or accrued during the tax year > \$				L I	
	U	Under penalties of perjury I declare that I have examined this return including accompanying schedules and true confect and complete Deplaration of preparer (other than taxpayer) is based on all information of which preparer	statements and to th	ne best of my	knowledge	and belie	ef it
Sigr	า ⊾ "			May the IR	S discuss	this re	elurn
ler•		Mores Of Jolhwine 11/6/2020 SRV P	/// A / V \	with the p	reparer sh		
	/s	Signature of officer / Date Title		(see instruction:		es	No
			ا م	heck lif	PTIN		
		Print/Type preparer's name Preparer's signature Date	E(2020			4040	6
aıd		SCOTT J MARIANI 11/0	05/2020 se	elf-employed	P006		
Paid Prep	arer	SCOTT J MARIANI Firms name WITHUMSMITH+BROWN, PC	95/2020 se	m's EIN ▶ 4	22-202	7092	
Paid Prep		SCOTT J MARIANI 11/0	95/2020 se	m's EIN ▶ 4		7092 9494	

%

Enter here and on page 1,

Part I line 7, column (A)

 \blacktriangleright

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Enter here and on page 1

Part I, line 7 column (B)

(4)

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	iditios, respuise		pt Controlled Or				o mod dom	51107	
Name of controlled organization	2 Employer identification numb	oer 3 Ne	t unrelated income) (see instructions)	4 Total	of specified ints made	ıncluded	f column 4 th in the contro ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)	<u>-</u>								
Nonexempt Controlled Organi	zations								
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .	 Total of specification payments mad 		includ	t of column ed in the co ation's gross	ntrolling		Deductions directly nected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals Schedule G-Investment I	ncomo of a Sou	- 		. ▶.	Enter Part I	columns 5 a nere and on line 8 colum	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1 1 I line 8 column (B)
Schedule G-investment in	TOTAL OF A SEC	stion so ite	3 Dedu		I IIZALIOI				5 Total deductions
1 Description of income	2 Amount of	fincome	directly co (attach so	nnected			t asides schedu le)		and set-asides (col. 3 plus col. 4)
(1)				<u> </u>					
(2)								_	
(3)									
(4)									
	Enter here and Part I line 9 c								Enter here and on page 1 Part Hine 9 column (B)
Totals . ► Schedule I – Exploited Exc	empt Activity In	come, Oth	 er Than Advert	using In	come (s	ee instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected a production unrelated business inc	with or business	ited trade s (column plumn 3) compute	from ac	s income tivity that inrelated s income	6 Exper attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)						···			
(3)			- 						
<u> </u>									
(4)	Enter here and on page 1 Part I line 10 col (A)	Enter here ar page 1 Par line 10 col	rt I,						Enter here and on page 1 Part II line 25
Totals -	<u> </u>								
Schedule J- Advertising li									
Part I Income From Per	iodicals Report	ted on a Co	onsolidated Ba	SIS	_				1
1 Name of periodical	2 Gross advertising income	3 Direct advertising o	2 minus	ss) (col col 3) If ompute		culation ome	6 Reade cost		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
/1)	-								1
(1)	 		_		 				
(2)	-	<u>-</u>			 		 		-
(3)	 						 		1
(4)							 		1
Totals (carry to Part II line (5))					_				Form 990-T (201

Part II 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						
	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 26
Totals, Part II (lines 1-5)			_			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attribulable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
Total Enter here and on page 1 Part II, line 14	•		

Form **990-T** (2019)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

ST. LUKE'S HEALTH NETWORK 23-2384282

ST LUKE'S HOSPITAL MONROE CAMPUS EIN 46-5143606 FORM 990-T FOR THE YEAR ENDED JUNE 30, 2020

THE TAXPAYER'S FINAL FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, IS BEING FILED TO REFLECT A REFUND OF THE ESTIMATED TAXES REMITTED WITH RESPECT TO INTERNAL REVENUE CODE §512(A)(7) DUE TO THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7), THE TAXPAYER NO LONGER HAS A REQUIREMENT TO FILE A FORM 990-T ANNUALLY AND THE ESTIMATED TAXES REMITTED SHOULD BE REFUNDED