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Form 990



Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST LUKE'S HOSPITAL OF DULUTH		<b>D</b> Employer identification number  41-0714079	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	915 EAST FIRST STREET		(218) 249-5555	
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55805		<b>G</b> Gross receipts \$ 390,731,682	
<b>F</b> Name and address of principal officer JOHN STRANGE 915 EAST FIRST STREET DULUTH, MN 55805		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.SLHDULUTH.COM				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1881	<b>M</b> State of legal domicile MN	

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO SERVE AS A LEADING HEALTHCARE PROVIDER OF QUALITY HEALTHCARE SERVICES IN OUR SURROUNDING REGION
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
Net Assets or Fund Balances	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

Part II Signature Block

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

Sign Here	***** Signature of officer		2015-10-29 Date		
	ERIC LOHN CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no (218) 249-3003	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

THE PATIENT ABOVE ALL ELSE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 315,813,659 including grants of \$ 532,912 ) (Revenue \$ 374,467,070 )

ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT A OUR MISSION IS TO SERVE AS A LEADING PROVIDER OF QUALITY HEALTHCARE SERVICES IN OUR LOCAL COMMUNITY AND THE SURROUNDING 17-COUNTY REGION OF NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN AS THE FEDERALLY DESIGNATED REGIONAL TRAUMA CENTER FOR THIS REGION, ST LUKE'S PROVIDES CRITICAL ACCESS TO HIGH QUALITY ACUTE HEALTHCARE SERVICES B ST LUKE'S RECOGNIZES ITS RESPONSIBILITY TO THE COMMUNITY BY PROVIDING FINANCIAL SUPPORT TO COMMUNITY ORGANIZATIONS, OFFERING EDUCATION PROGRAMS, OUTREACH PROGRAMS AND SUPPORTING THE COMMUNITY THROUGH EMPLOYEE VOLUNTEER EFFORTS AND DONATIONS WE SUPPORT THE LAKE SUPERIOR COMMUNITY HEALTH CENTER AND THE HEALTH CARE ACCESS OFFICE IN 2014, ST LUKE'S DONATED MORE THAN 800 HOURS TO ENRICH THE HEALTHCARE OF THE COMMUNITY, INCLUDING SERVING ON BOARDS OF THE MN HOMECARE ASSOCIATION, UNITED WAY, AND OTHER NON-PROFIT ORGANIZATIONS IN OUR COMMUNITY C ST LUKE'S SERVES A DISPROPORTIONATE SHARE OF MEDICARE AND MEDICAID PATIENTS ALSO, THROUGH OUR PATIENT ASSISTANCE PROGRAM, WE PROVIDE FULL OR PARTIALLY SUBSIDIZED SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE UNABLE TO PAY AT ADMISSION AND THROUGH PATIENT HANDBOOKS, PATIENTS ARE GIVEN INFORMATION TO CONTACT ST LUKE'S FINANCIAL COUNSELORS FOR INFORMATION ON OUR FINANCIAL ASSISTANCE PROGRAMS ALSO, ST LUKE'S PROVIDES MEDICAL TRANSPORT SERVICES AT LESS THAN COST TO OUR PATIENTS IN THE REGION

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION ST LUKE'S IS A NOT-FOR-PROFIT, COMMUNITY-BASED, NON-DENOMINATIONAL HOSPITAL, GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS AND ALLIED HEALTH PROFESSIONALS ST LUKE'S EMERGENCY DEPARTMENT SERVES PATIENTS REGARDLESS OF ABILITY TO PAY ST LUKE'S RESEARCH DEPARTMENT, THE WHITESIDE INSTITUTE FOR CLINICAL RESEARCH, PARTICIPATES IN INVESTIGATIONAL DRUG PROTOCOLS THAT ARE NON-FUNDED OR UNDER-FUNDED ST LUKE'S IS A CLINICAL TRAINING SITE FOR MANY HEALTHCARE STUDENTS IN ADDITION TO MEDICAL STUDENTS AND RESIDENTS, WE PROVIDE CLINICAL TRAINING FOR STUDENTS IN NURSING, PHYSICAL MEDICINE, RADIOLOGY, RESPIRATORY, LAB, MEDICAL ASSISTANT, OCCUPATIONAL THERAPY, PHYSICIAN ASSISTANT, DIETETICS, SOCIAL WORK, MEDICAL RECORD CODING, PARAMEDIC, HEALTH UNIT COORDINATOR, SURGICAL TECHNOLOGY, ANESTHESIA AND PHARMACY WE CONTRIBUTED TO SCHOLARSHIP FUNDS FOR MEDICAL STUDENTS AT THE UNIVERSITY OF MINNESOTA, DULUTH SCHOOL OF MEDICINE AND NURSING STUDENTS AT THE COLLEGE OF ST SCHOLASTICA AND LAKE SUPERIOR COLLEGE OTHER EDUCATION ACTIVITIES REACH TENS OF THOUSANDS OF PEOPLE THROUGH COMMUNITY EDUCATION AND OUTREACH, HEALTH SCREENINGS, SUPPORT GROUPS AND OTHER COMMUNITY SERVICES OUR SPEAKERS BUREAU OFFERED PROGRAMS AT NO CHARGE TO THOUSANDS MORE TOPICS PRESENTED INCLUDED MEN'S HEALTH, WOMEN AND BREAST CANCER, CHILDREN'S NUTRITION, MENTAL HEALTH ISSUES, CARDIAC ISSUES, FALL PREVENTION, FIRST AID, DIABETES, EYE AND LUNG ISSUES, AND INFECTION CONTROL WE ALSO OFFERED TOURS TO DOZENS OF COMMUNITY AND SCHOOL GROUPS, MADE MEDICAL SUPPLIES/EQUIPMENT DONATIONS TO COMMUNITY AND MEDICAL RELIEF ORGANIZATIONS, DONATED NEWSPAPER ADVERTISING SPACE FOR THE JUNIOR LEAGUE OF DULUTH, PARTICIPATED IN THE COMMUNITY COALITION FOR FALL PREVENTION AND OFFERED BROCHURE PRINTING SERVICES TO A LOCAL MEDICAL PROFESSIONAL GROUP ANNUALLY, WE PROVIDE RENT-FREE, HUNDREDS OF HOURS OF FREE MEETING SPACE FOR COMMUNITY GROUPS, SUCH AS LYME DISEASE SUPPORT GROUP, MOTHERS OF MULTIPLES AND THE OSTOMY CLUB, AND ORGANIZATIONS SUCH AS THE MINNESOTA HOMECARE ASSOCIATION, THE BOY SCOUTS, AND THE COLLEGE OF ST SCHOLASTICA WE OFFER SUPPORT GROUPS TO THE COMMUNITY, INCLUDING - HEART-TO-HEART SUPPORT GROUP - PARKINSON'S DISEASE - LOOK GOOD, FEEL GOOD GROUP (THROUGH THE AMERICAN CANCER SOCIETY) - CANCER INFORMATION AND SUPPORT GROUP - OSTOMY CLUB - BREAST CANCER SUPPORT GROUP - DIABETES SUPPORT GROUP (SPONSORED BY ST LUKE'S, DULUTH DIABETES CENTER AND THE DULUTH FAMILY PRACTICE CENTER) - INSULIN PUMP SUPPORT GROUP (SPONSORED BY ST LUKE'S, DULUTH DIABETES CENTER AND THE DULUTH FAMILY PRACTICE CENTER) - CELIAC SUPPORT GROUP (SPONSORED BY ST LUKE'S AND ST MARY'S/DULUTH CLINIC)WE PARTICIPATE IN MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHER GOVERNMENT SPONSORED HEALTH CARE PROGRAMS DURING 2014, THERE WERE 10,845 ADMISSIONS, 50,156 PATIENT DAYS, 564,456 CLINIC VISITS, 144,138 OUTPATIENT REGISTRATIONS AND 77,322 EMERGENCY/URGENT CARE VISITS

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d





















Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 315,813,659

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	17	
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 . . . . .	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

Section B. Policies

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records  
ERIC LOHN

915 EAST FIRST STREET  
DULUTH, MN 55805 (218) 249-5475

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK EMMEL ..... BOARD CHAIR	1 00 .....	X		X				0	0	0
(2) DALE MOE ..... PAST CHAIR	1 00 .....	X		X				0	0	0
(3) DAVE MCMILLAN ..... BOARD VICE CHAIR	1 00 .....	X		X				0	0	0
(4) GAIL BALDWIN ..... BOARD SECRETARY	1 00 .....	X		X				0	0	0
(5) JESSE FRYE ..... BOARD TREASURER	1 00 1 00	X		X				0	0	0
(6) LISA BODINE ..... BOARD MEMBER	1 00 .....	X						0	0	0
(7) JEFF BORLING ..... BOARD MEMBER	1 00 .....	X						0	0	0
(8) JOHN CLOUTIER ..... BOARD MEMBER	1 00 2 00	X						0	0	0
(9) MARLENE DAVID ..... BOARD MEMBER	1 00 .....	X						0	0	0
(10) EDWIN KING HALL ..... BOARD MEMBER	1 00 1 00	X						0	0	0
(11) BRIAN MURPHY ..... BOARD MEMBER	1 00 .....	X						0	0	0
(12) KATHLEEN NELSON EDD ..... BOARD MEMBER	1 00 .....	X						0	0	0
(13) MARSHALL WATSON MD ..... BOARD MEMBER/PHYSICIAN	40 00 .....	X						826,649	0	18,715
(14) RUTH WESTRA DO ..... BOARD MEMBER	1 00 .....	X						0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELISABETH REVOIR MD ..... BOARD MEMBER/CHIEF OF STAFF	40 00 .....	X						332,920	0	31,712
(16) LINDA VAN ETTA MD ..... BOARD MEMBER/CHIEF OF STAFF ELECT	40 00 .....	X						212,546	0	21,397
(17) JOHN STRANGE ..... PRESIDENT/CEO	35 00 5 00	X		X				605,098	0	150,994
(18) ERIC LOHN ..... VICE PRESIDENT/CFO	35 00 5 00			X				304,205	0	99,539
(19) JOHN YOON MD ..... PHYSICIAN	40 00 .....					X		1,241,834	0	31,712
(20) JOHN WATKINS MD ..... PHYSICIAN	40 00 .....					X		848,033	0	23,410
(21) MARY BOYLAN MD ..... PHYSICIAN	40 00 .....					X		797,550	0	34,016
(22) DAVID FOGARTY MD ..... PHYSICIAN	40 00 .....					X		800,057	0	13,724
(23) JAMES MACNUTT MD ..... PHYSICIAN	40 00 .....					X		803,148	0	11,757

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	6,772,040	0	436,976

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶294

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAYO COLLABORATIVE SERVICES PO BOX 9416 MINNEAPOLIS, MN 55480	LABORATORY SERVICES	1,682,209
STONEARCH CREATIVE 710 S 2ND ST 7TH FLOOR MINNEAPOLIS, MN 55401	MARKETING SERVICES	1,614,374
ECLINICALWORKS LLC 2 TECHNOLOGY DRIVE WESTBOROUGH, MA 01581	IT SERVICES	948,832
RENOIR CORPORATION 15233 VENTURA BLVD 9TH FL SHERMAN OAKS, CA 91403	CONSULTING SERVICES	767,036
CONSULTING RADIOLOGISTS LTD 1221 NICOLLET AVE SUITE 600 MINNEAPOLIS, MN 55403	RADIOLOGICAL SERVICES	676,718

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 ▶51

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d	473,509			
	e	Government grants (contributions) 1e	466,442			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	31,053			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	971,004			
Program Service Revenue	2a	MEDICAL SERVICES	Business Code 621990	271,929,440	271,929,440	
	b	PHARMACY	446110	102,317,227	93,597,453	8,566,479
	c	CREDENTIALING	541900	103,811	84,537	19,274
	d	TRANSCRIPTION	541900	52,273	31,168	21,105
	e	GUEST CARE	541900	37,829		37,829
	f	All other program service revenue		26,490	13,458	13,032
	g	Total. Add lines 2a-2f . . . . .	374,467,070			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,040,709			2,040,709
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real 1,434,499	(ii) Personal		
	b	Less rental expenses	1,297,533			
	c	Rental income or (loss)	136,966			
	d	Net rental income or (loss) . . . . .	136,966			136,966
	7a	Gross amount from sales of assets other than inventory	(i) Securities 9,455,359	(ii) Other		
	b	Less cost or other basis and sales expenses	9,468,411	6,490		
	c	Gain or (loss)	-13,052	-6,490		
	d	Net gain or (loss) . . . . .	-19,542			-19,542
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . . . .		3,475		3,475
		Miscellaneous Revenue	Business Code			
	11a	MEALS/VENDING INCOME	900099	1,341,358		1,341,358
	b	PARKING LOT INCOME	900099	584,069		584,069
	c	LAUNDRY SERVICES	812300	158,456	113,922	44,534
	d	All other revenue . . . . .		139,549	139,549	
	e	Total. Add lines 11a-11d . . . . .		2,223,432		
	12	Total revenue. See Instructions . . . . .		379,823,114	365,526,893	8,949,113
						4,376,104

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	353,593	353,593		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	179,319	179,319		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,603,774		2,603,774	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	172,183,993	155,282,715	16,901,278	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,065,490	6,277,032	788,458	
9	Other employee benefits.	31,655,783	28,123,226	3,532,557	
10	Payroll taxes.	10,599,351	9,163,022	1,436,329	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	317,768		317,768	
c	Accounting.	127,823		127,823	
d	Lobbying.	22,825	22,825		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	96,606		96,606	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,743,792	6,696,008	10,047,784	
12	Advertising and promotion.	467,896	467,896		
13	Office expenses.	5,355,311	2,794,279	2,561,032	
14	Information technology.	3,497,742	2,927,165	570,577	
15	Royalties.				
16	Occupancy.	21,068,312	13,467,350	7,600,962	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,475,664	1,307,397	168,267	
20	Interest.	3,830,504	3,767,443	63,061	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,506,442	6,703,919	2,802,523	
23	Insurance.	2,116,287	2,116,287		
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	MEDICAL SUPPLIES	34,269,267	34,269,267		
b	DRUGS	26,549,159	26,549,159		
c	BAD DEBT EXPENSE	6,604,512	2,027,419	4,577,093	
d	CHARITY CARE	5,882,196	5,882,196		
e	All other expenses	9,399,616	7,436,142	1,963,474	
25	Total functional expenses. Add lines 1 through 24e.	371,973,025	315,813,659	56,159,366	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		13,599,836	1	18,162,343
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,153,754	4	39,227,668
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,983,226	8	7,270,328
	9	Prepaid expenses and deferred charges		2,189,964	9	2,432,968
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a183,725,144			
	b	Less accumulated depreciation	10b124,924,128	53,746,910	10c	58,801,016
	11	Investments—publicly traded securities		23,973,059	11	30,817,471
	12	Investments—other securities See Part IV, line 11		28,438,197	12	29,623,557
	13	Investments—program-related See Part IV, line 11		2,841,149	13	2,267,765
	14	Intangible assets		1,568,393	14	1,513,438
	15	Other assets See Part IV, line 11		18,950,990	15	17,729,367
	16	Total assets. Add lines 1 through 15 (must equal line 34)		193,445,478	16	207,845,921
Liabilities	17	Accounts payable and accrued expenses		35,790,530	17	37,395,861
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		81,620,077	20	80,041,839
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		881,827	23	10,613,679
	24	Unsecured notes and loans payable to unrelated third parties		289,900	24	144,950
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		43,877,842	25	65,729,789
	26	Total liabilities. Add lines 17 through 25		162,460,176	26	193,926,118
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		30,985,302	27	13,919,803
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		30,985,302	33	13,919,803
	34	Total liabilities and net assets/fund balances		193,445,478	34	207,845,921

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	379,823,114
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	371,973,025
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	7,850,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	30,985,302
5	Net unrealized gains (losses) on investments . . . . .	5	452,982
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-25,368,570
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,919,803

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST LUKE'S HOSPITAL OF DULUTH	Employer identification number 41-0714079
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	
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	
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	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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 supervised by or in connection with its supported organizations.	4b	
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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (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	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

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

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ST LUKE'S HOSPITAL OF DULUTH	Employer identification number  41-0714079
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	<b>a</b> Volunteers?		No		
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
	<b>c</b> Media advertisements?		No		
	<b>d</b> Mailings to members, legislators, or the public?		No		
	<b>e</b> Publications, or published or broadcast statements?		No		
	<b>f</b> Grants to other organizations for lobbying purposes?		No		
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	<b>i</b> Other activities?	Yes			22,825
	<b>j</b> Total Add lines 1c through 1i				22,825
	<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	A PORTION OF THE DUES THAT ST LUKE'S HOSPITAL PAYS TO THE AMERICAN HOSPITAL ASSOCIATION AND MINNESOTA HOSPITAL ASSOCIATION ARE USED TO ADVOCATE ON BEHALF OF THE HOSPITAL AND ISSUES RELATING TO HEALTHCARE. IN ADDITION TO THE ABOVE, ST LUKE'S HOSPITAL ALSO PAID A LAW FIRM TO LOBBY ON BEHALF OF THE HOSPITAL.



[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST LUKE'S HOSPITAL OF DULUTH	Employer identification number  41-0714079
--	--

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

b

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

3b
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 6,260,352                      |                              | 6,260,352      |
| b Buildings . . . . .  |                                      | 74,160,961                     | 52,590,257                   | 21,570,704     |
| c Leasehold improvements . . . . .   |                                      | 4,386,108                      | 1,302,433                    | 3,083,675      |
| d Equipment . . . . .  |                                      | 90,744,140                     | 71,031,438                   | 19,712,702     |
| e Other . . . . .  |                                      | 8,173,583                      |                              | 8,173,583      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 58,801,016     |
- Schedule D (Form 990) 2014



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	367,742,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-12,486,708
e	Add lines 2a through 2d . . . . .	2e	-12,486,708
3	Subtract line 2e from line 1 . . . . .	3	380,229,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	-405,932
c	Add lines 4a and 4b . . . . .	4c	-405,932
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	379,823,115

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	360,918,997
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,433,667
e	Add lines 2a through 2d . . . . .	2e	1,433,667
3	Subtract line 2e from line 1 . . . . .	3	359,485,330
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	12,487,696
c	Add lines 4a and 4b . . . . .	4c	12,487,696
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	371,973,026

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE SYSTEM IS COMPRISED OF THREE SEPARATE NONPROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THAT ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(C)(3) OF THE CODE. THE SYSTEM HAS ELECTED TO ADOPT GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE SYSTEM FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES FOR EVALUATING UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAS NO EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS. THE SYSTEM'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL TAX AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2012 TO 2014 ARE OPEN TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHARITY CARE -5,882,196 PROVISION FOR BAD DEBT -6,604,512
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT INCOME 1,027,735 RENTAL EXPENSES -1,297,533 GIFT SHOP EXPENSES -136,134
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 1,297,533 GIFT SHOP EXPENSES 136,134
PART XII, LINE 4B - OTHER ADJUSTMENTS	CHARITY CARE 5,882,196 PROVISION FOR BAD DEBT 6,604,512 ROUNDING 988

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number  
41-0714079

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			1,893,183		1,893,183	0 510 %
b Medicaid (from Worksheet 3, column a) . . . . .			47,180,860	36,734,028	10,446,832	2 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			49,074,043	36,734,028	12,340,015	3 320 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			117,545		117,545	0 030 %
f Health professions education (from Worksheet 5) . . . . .			6,169,907		6,169,907	1 660 %
g Subsidized health services (from Worksheet 6) . . . . .			17,479,632	12,883,600	4,596,032	1 240 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			383,754		383,754	0 100 %
j <b>Total</b> Other Benefits . . . . .			24,150,838	12,883,600	11,267,238	3 030 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			73,224,881	49,617,628	23,607,253	6 350 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			53,230		53,230	0.010 %
3Community support						
4Environmental improvements			257		257	0 %
5Leadership development and training for community members						
6Coalition building			65,591		65,591	0.020 %
7Community health improvement advocacy			89,622		89,622	0.020 %
8Workforce development						
9Other			5,941		5,941	0 %
10Total			214,641		214,641	0.050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

26,604,512

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

31,410,598

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5127,453,317

6Enter Medicare allowable costs of care relating to payments on line 5.

6176,279,180

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-48,825,863

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CENTER FOR DIAGNOSTIC IMAGING	DIAGNOSTIC IMAGING	21.000 %	0 %	21.000 %
2 2 PAVILION SURGERY CENTER	OUTPATIENT AMBULATORY SURGERY	50.000 %	5.000 %	45.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Other (describe)	Facility reporting group	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
	See Additional Data Table											

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C . . . . .	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.SLHDULUTH.COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

ST LUKE'S HOSPITAL OF DULUTH

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>	No



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **49**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI**

**Supplemental Information**

Provide the following information

- 1** **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2** **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3** **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4** **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5** **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6** **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7** **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE VALUE OF THEIR INCOME AND ASSETS COMPUTED ON THE "ST LUKE'S FINANCIAL ASSISTANCE ELIGIBILTY WORKSHEET "

Form and Line Reference	Explanation
PART I, LINE 7	ST LUKE'S USED COST-TO-CHARGE RATIOS DERIVED FROM THE MOST RECENT COMPLETED MEDICARE COST REPORT



Form and Line Reference	Explanation
PART I, LINE 7G	ST LUKE'S INCLUDED SUBSIDIZED HEALTH SERVICES FROM A MENTAL HEALTH CLINIC (\$1,147,291), A PEDIATRICS CLINIC (\$1,240,027), AND HOMECARE/HOSPICE SERVICES (\$2,208,714)

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE FOR 2014 IS \$6,604,512 AS REPORTED IN PART III, LINE 2 THIS AMOUNT HAS BEEN ELIMINATED WHEN CALCULATING THE COMMUNITY BENEFIT AS A PERCENT OF TOTAL EXPENSE BAD DEBT ACCOUNTS WILL MEET ALL OF THE FOLLOWING CRITERIA I ATTEMPTS HAVE BEEN MADE TO CONTACT THE PATIENT OR GUARANTOR BY MAIL AND TELEPHONE II PATIENT OR GUARANTOR HAS NOT RESPONDED DURING THE COLLECTION CYCLE IN A TIMELY AND RESPONSIBLE MANNER OR HAS DEFAULTED ON A PAYMENT ARRANGEMENT III THERE ARE NO KNOWN CIRCUMSTANCES WHICH WOULD JUSTIFY RECONSIDERATION FOR FINANCIAL ASSISTANCE APPROVAL FOR BAD DEBT WRITE OFFS ARE AS FOLLOWS \$0 TO 2,499 -- PATIENT ACCOUNTS MANAGER OR CBO MANAGER\$2,500 TO 9,999 -- BUSINESS SERVICES DIRECTOR OR CBO MANAGER\$10,000 AND OVER -- CHIEF FINANCIAL OFFICER

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ST LUKE'S COMMUNITY-BUILDING ACTIVITIES INCLUDE CASH, IN-KIND DONATIONS, AND OTHER EXPENDITURES FOR THE DEVELOPMENT OF COMMUNITY HEALTH PROGRAMS AND PARTNERSHIPS

Form and Line Reference	Explanation
PART III, LINE 4	ST LUKE'S DOES NOT INCLUDE A FOOTNOTE IN IT'S AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT ST LUKE'S ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS THROUGH A RECORD KEEPING SYSTEM IN THE BUSINESS SERVICES DEPARTMENT PAYMENT FOR SERVICES IS REQUIRED UPON RECEIPT OF A BILL OR STATEMENT ALL SELF PAY ACCOUNTS ARE ANALYZED FOR COLLECTABILITY BASED ON THE MONTHS PAST DUE AND PAYMENT HISTORY THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS CALCULATED BY APPLYING HISTORICAL EXPERIENCE TO AN AGING OF THESE ACCOUNTS ACCOUNTS THAT ARE DETERMINED TO BE UNCOLLECTIBLE ARE SENT TO A COLLECTION AGENCY AND WRITTEN OFF AT THAT TIME THE COST OF CHARITY CARE WAS REPORTED IN PART III, LINE 3 THIS AMOUNT IS CALCULATED USING THE MEDICARE COST REPORT RATIO FOR THE HOSPITAL, MULTIPLIED BY ST LUKE'S CHARITY CARE EXPENSE FOR FY ENDING 12/31/14

Form and Line Reference	Explanation
PART III, LINE 8	THE COST-TO-CHARGE RATIO WAS THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED ON SCHEDULE H, PART III, LINE 6 THE ENTIRE SHORTFALL (\$48,825,863) IS INCLUDED IN THE TOTAL VALUE OF COMMUNITY CONTRIBUTIONS LISTED UNDER "OTHER COMMUNITY CONTRIBUTIONS" AND THEREFORE TREATED AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	<p>THE GENERAL DEBT COLLECTION PROCESS BEGINS EITHER AT THE TIME OF BILLING, OR AFTER ALL IDENTIFIED INSURANCE PAYMENTS HAVE BEEN RECEIVED AND POSTED ANY REMAINING PATIENT LIABILITY WILL BE TRANSFERRED TO THE PATIENT RESPONSIBILITY CATEGORY ANY MONTHLY PAYMENT LESS THAN \$50 A MONTH MUST BE APPROVED BY THE BUSINESS SERVICES DIRECTOR OR THE CENTRAL BILLING OFFICE (CBO) MANAGER UNINSURED PATIENTS WILL RECEIVE A DISCOUNT ON THEIR OUTSTANDING HOSPITAL BALANCE EQUAL TO THE RATE GIVEN TO ST LUKE'S LARGEST CONTRACTED NON-GOVERNMENTAL PAYER THIS DISCOUNT DOES NOT APPLY TO ELECTIVE PROCEDURES OR PHYSICIAN CLINIC BALANCES THE DISCOUNT RATE WILL BE EVALUATED ON EACH JULY 1ST BASED ON THE PAYER DISCOUNT RATES FOR THE PREVIOUS CALENDAR YEAR'S ACTIVITY COLLECTION, LITIGATION AND OR GARNISHMENT ACTIVITIES WILL NOT BE INITIATED UNTIL THE BUSINESS SERVICES DIRECTOR, PATIENT ACCOUNTING MANAGER AND/OR CBO MANAGER VERIFIES THAT I THE PATIENT OR GUARANTOR OWES THE DEBTII ALL THIRD PARTY PAYERS HAVE BEEN BILLEDIII WHEN APPLICABLE, THE PATIENT/GUARANTOR HAS BEEN OFFERED A REASONABLE PAYMENT PLANIV THE PATIENT/GUARANTOR HAS BEEN MADE AWARE OF THE UNINSURED PATIENT DISCOUNT OR FINANCIAL ASSISTANCE PROGRAM, HAS BEEN OFFERED AN APPLICATION AND THE OFFER OF ASSISTANCE TO COMPLETE THE APPLICATION PATIENTS WHO DESIRE ELECTIVE INPATIENT OR OUTPATIENT SERVICES AND ARE UNINSURED OR HAVE LARGE INSURANCE DEDUCTIBLES FIRST MEET WITH A FINANCIAL COUNSELOR TO DISCUSS FINANCIAL ARRANGEMENTS PRIOR TO SERVICES BEING RENDERED A 100% DEPOSIT IS EXPECTED FOR THE EXPECTED PATIENT LIABILITY IN ADVANCE OF SERVICES BEING RENDERED IF THE 100% DEPOSIT CANNOT BE MET, THEN A MINIMUM DEPOSIT OF 50% OF THE EXPECTED PATIENT LIABILITY WILL BE REQUIRED AND THE PATIENT MUST SIGN A PROMISSORY NOTE FOR THE REMAINING BALANCE TO BE PAID WITHIN 30 DAYS OF SERVICES IF NEITHER OF THESE CONDITIONS CAN BE MET, AN ELECTIVE PROCEDURE MAY BE CANCELLED UNTIL SUCH TIME AS THESE FINANCIAL CONDITIONS CAN BE MET</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ST LUKE'S HAS A LONG HISTORY OF PARTICIPATING IN SUCCESSFUL, SUSTAINABLE COLLABORATIVE INITIATIVES ON LOCAL, REGIONAL AND NATIONAL LEVELS 1) ST LUKE'S RESEARCH DEPARTMENT, THE WHITESIDE INSTITUTE FOR CLINICAL RESEARCH, WAS FORMED IN 1996 AS THE RESULT OF A PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, DULUTH (UMMSD), AND CONTINUES TO PROVIDE SERVICES TO ST LUKE'S PATIENTS IN ACCESS TO LOCAL, NATIONAL AND MULTI-NATIONAL CLINICAL STUDIES AS WELL AS TO ST LUKE'S STAFF IN DEVELOPMENT OF RESEARCH STUDIES, REFERRAL TO UM COLLABORATORS AND GRANT WRITING RESOURCES 2) ST LUKE'S HAS COLLABORATED WITH THE MULTI-STATE CONSORTIUM OF ABOUT 56 SUPPORTING ORGANIZATIONS INCLUDING COUNTY PUBLIC HEALTH DEPARTMENTS, HOSPITALS AND CLINICS TO FUND THE BRIDGE TO HEALTH SURVEY THIS PROJECT COLLECTED POPULATION-BASED, HEALTH STATUS DATA ON ADULTS (AGED 18+) IN THE REGION USING A 70 QUESTION SURVEY FORMAT AND WAS CONDUCTED IN 1995, 2000, 2005 AND 2010 TO ADDRESS A NEED THAT BECAME APPARENT AS A RESULT OF THE BRIDGE TO HEALTH SURVEY, THE TWIN PORTS HEALTHCARE ACCESS GROUP WAS FORMED ST LUKE'S JOINED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO DEVELOP TWO PROGRAMS SHARECARE WHICH ESTABLISHED SLIDING FEE SCALES FOR CLINIC AND OUTPATIENT SERVICES TO DIMINISH THE FINANCIAL BARRIER TO PREVENTIVE, MENTAL HEALTH AND PRIMARY CARE SERVICES, AND HEALTHSHARE WHICH IS A COVERAGE MODEL FOR SMALL BUSINESSES FUNDED COLLABORATIVELY BY THE EMPLOYERS, EMPLOYEES AND THE COMMUNITY THIS COVERAGE MODEL PROVIDES A CONTINUUM OF HEALTH CARE SERVICES FOR EMPLOYEES WITHIN A DEFINED NETWORK OF COMMUNITY PROVIDERS 3) ST LUKE'S WAS A LEAD PARTICIPANT IN THE WILDERNESS COALITION PHARMACY SERVICES PROJECT FUNDED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY THIS 3-YEAR PROJECT SUCCESSFULLY IMPLEMENTED 24/7 PROFESSIONAL PHARMACY SERVICES FOR 10 RURAL HOSPITALS IN NORTHEASTERN MINNESOTA USING ST LUKE'S 24 HOUR PHARMACY, AN ITV-BASED SYSTEM OF CONTINUING EDUCATION FOR SITES, PHARMACY POLICIES AND PROCEDURES ADAPTABLE FOR INDIVIDUAL SITES, AS WELL AS BEDSIDE VERIFICATION OF MEDICATION ADMINISTRATION AND MEDICATION BAR CODING AT SOME LOCATIONS THOUGH PROJECT FUNDING HAS ENDED, THE SERVICES REMAIN AND THE PROGRAM IS NOW SELF-SUSTAINING 4) ST LUKE'S IS AN ACTIVE PARTICIPANT IN THE COMMUNITY HEALTH INFORMATION COLLABORATIVE (CHIC) WHICH LAUNCHED "HIE-BRIDGE", A SECURE "HEALTH INFORMATION EXCHANGE" WHICH ALLOWS HEALTH CARE PROVIDERS TO QUICKLY DETERMINE THE LOCATION OF PATIENT MEDICAL RECORDS IN THE REGION AND COMMUNICATE WITH PATIENT'S HOME FACILITY IN ORDER TO PROVIDE PROMPT QUALITY CARE ST LUKE'S ASSISTED CHIC IN THE TEST PHASE OF THIS PROJECT FUNDED BY THE NATIONAL LIBRARY OF MEDICINE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>ST LUKE'S INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR ASSISTANCE THE FOLLOWING WAYS - INFORMATION IS INCLUDED ON THE ST LUKE'S WEB SITE (WWW.SLHDULUTH.COM) REGARDING WHO PATIENTS SHOULD CONTACT FOR INFORMATION OR FINANCIAL ASSISTANCE - THERE ARE POSTINGS IN ALL REGISTRATION AREAS WITH CONTACT INFORMATION AND PHONE NUMBERS REGARDING HOW PATIENTS CAN OBTAIN ASSISTANCE (BOTH FROM ST LUKE'S AND EXTERNAL ORGANIZATIONS) - ALL ST LUKE'S EXTERNAL BILLING AND COLLECTION VENDORS HAVE BEEN INSTRUCTED TO REFER ANY PATIENT INDICATING THEY LACK THE FINANCIAL WHEREWITHAL TO MEET THEIR FINANCIAL OBLIGATIONS TO ST LUKE'S FINANCIAL COUNSELORS AS REQUIRED UNDER A BILLING AND COLLECTION AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL, ST LUKE'S PERFORMS AN ANNUAL AUDIT OF ALL EXTERNAL VENDORS TO ENSURE COMPLIANCE WITH THIS INSTRUCTION AND ALL OTHER ST LUKE'S POLICIES AND PROCEDURES - ST LUKE'S FINANCIAL COUNSELORS' BUSINESS CARDS ARE PROMINENTLY DISPLAYED AND AVAILABLE AT ALL REGISTRATION AREAS (INCLUDING THE EMERGENCY/URGENT CARE AREA) WITH THEIR CONTACT INFORMATION AND PHONE NUMBERS PATIENTS ARE ENCOURAGED TO CONTACT FINANCIAL COUNSELORS - THE ST LUKE'S FINANCIAL COUNSELORS' PHONE NUMBER IS LISTED PROMINENTLY ON THE PATIENT BILLING STATEMENTS - THE FINANCIAL COUNSELORS ARE AVAILABLE WEEKDAYS BY PHONE OR IN PERSON TO DISCUSS AND APPLY FOR FINANCIAL ASSISTANCE PROGRAMS - ST LUKE'S HAS ENGAGED AN EXTERNAL VENDOR TO MEET WITH PATIENTS AT BEDSIDE TO DISCUSS ELIGIBILITY FOR ASSISTANCE WITH GOVERNMENTAL ASSISTANCE PROGRAMS OR ST LUKE'S FINANCIAL ASSISTANCE PROGRAM - ST LUKE'S INPATIENT BOOKLET CONTAINS INFORMATION REGARDING FINANCIAL ASSISTANCE AND CONTACT INFORMATION - AT LEAST ANNUALLY, THE ST LUKE'S AND MEDICAL STAFF NEWSLETTERS CONTAIN ARTICLES REGARDING PATIENT FINANCIAL ASSISTANCE HOSPITAL AND MEDICAL STAFF MEMBERS ARE INFORMED THAT THEY HAVE THE RESPONSIBILITY TO LISTEN FOR FINANCIAL CONCERNS EXPRESSED BY PATIENTS AND TO PROACTIVELY REFER THOSE PATIENTS TO ST LUKE'S FINANCIAL COUNSELORS</p>



Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY OR COMMUNITIES THE ORGANIZATION SERVES ST LUKE'S SERVICE AREA CONSISTS OF A 17-COUNTY REGION OF NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE WESTERN UPPER PENINSULA OF MICHIGAN WITH A POPULATION OF APPROXIMATELY 500,000 THE PRIMARY MARKET CONSISTS OF DULUTH, CLOQUET AND TWO HARBORS, MINNESOTA, AND SUPERIOR, WISCONSIN THIS PRIMARY MARKET SERVES URBAN AND SUBURBAN AREAS WITH A POPULATION OF APPROXIMATELY 166,000 DEMOGRAPHICS OF THE COMMUNITY OR COMMUNITIES (PRIMARY MARKET) PER MOST RECENT CENSUS POPULATIONS DULUTH, MN (86,265), SUPERIOR, WI (27,244) MEDIAN HOUSEHOLD INCOME DULUTH, MN (\$33,766), SUPERIOR, WI (\$31,921)MEDIAN FAMILY INCOME DULUTH, MN (\$46,394), SUPERIOR, WI (\$41,093)% OF FAMILIES BELOW FPG DULUTH, MN (8 6%), SUPERIOR, WI (9 6%)% OF INDIVIDUALS BELOW FPG DULUTH, MN (15 5%), SUPERIOR, WI (13 4%)% OF HOSPITAL MEDICAID PAYOR MIX INPATIENT (12%), OUTPATIENT (13%)% OF HOSPITAL SELF PAY PAYOR MIX INPATIENT (4%), OUTPATIENT (3%)NUMBER OF HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES (PRIMARY MARKET ST LUKE'S HOSPITALLAKE VIEW MEMORIAL HOSPITALCLOQUET COMMUNITY MEMORIAL HOSPITAL ESSENTIA HEALTH SMDC MEDICAL CENTER (FORMERLY MILLER DWAN)ESSENTIA HEALTH ST MARY'S HOSPITAL OF SUPERIORESSSENTIA HEALTH ST MARY'S MEDICAL CENTERNUMBER OF FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS PRESENT IN THE COMMUNITY MUA/P DULUTH, MN (11), SUPERIOR, WI (7)

Form and Line Reference	Explanation
PART VI, LINE 5	ST LUKE'S HAS BUILT A REPUTATION OF PROVIDING QUALITY CARE AND PUTTING THE PATIENT FIRST SINCE OPENING IN 1881, ST LUKE'S HAS GROWN INTO A NATIONALLY RECOGNIZED HEALTH CARE SYSTEM SERVING 17 COUNTIES THROUGHOUT NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN ST LUKE'S HOSPITAL, ALONG WITH ITS PRIMARY AND SPECIALTY CARE CLINICS, OFFERS A COMPREHENSIVE CONTINUUM OF CARE THAT INCLUDES TRAUMA, MEDICAL, SURGICAL, DIAGNOSTIC, THERAPEUTIC AND REHAB SERVICES MORE THAN 2,000 HEALTH CARE PROFESSIONALS, INCLUDING A MEDICAL STAFF OF 365 PHYSICIANS AND OTHER MEDICAL PROVIDERS, MAKE UP ST LUKE'S STAFF WITH RAPID ACCESS TO ST LUKE'S ELECTRONIC MEDICAL RECORDS, PHYSICIANS CAN MAKE INFORMED TREATMENT DECISIONS FOR THEIR PATIENTS ST LUKE'S 14 PRIMARY CARE CLINICS INCLUDE 10 FAMILY PRACTICE CLINICS LOCATED IN DULUTH (4), AND ACROSS MINNESOTA IN SILVER BAY, HIBBING, MOUNTAIN IRON AND HERMANTOWN, MN AS WELL AS IN ASHLAND AND SUPERIOR, WI IN ADDITION, ST LUKE'S DULUTH INTERNAL MEDICINE ASSOCIATES (DIMA) IS LOCATED IN DOWNTOWN DULUTH WHILE ST LUKE'S INTERNAL MEDICINE ASSOCIATES AND ST LUKE'S PEDIATRIC ASSOCIATES ARE LOCATED ON THE ST LUKE'S CAMPUS AN ADDITIONAL 23 SPECIALTY CLINICS LOCATED PRIMARILY ON THE ST LUKE'S CAMPUS, PROVIDE EXPERTISE IN MANY AREAS OF HEALTH CARE INCLUDING CANCER CARE, CARDIAC CARE, HOME CARE AND HOSPICE, ADULT PSYCHIATRY, PLASTIC SURGERY, ALLERGY, ENDOCRINOLOGY, DERMATOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, PHYSICAL MEDICINE AND REHAB, UROLOGY, RHEUMATOLOGY, NEUROSURGERY AND PULMONARY MEDICINE

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
MOUNT ROYAL MEDICAL CLINIC 1400 WOODLAND AVE DULUTH, MN 55803	OUTPATIENT MEDICAL
DENFELD MEDICAL CLINIC 4702 GRAND AVE DULUTH, MN 55807	OUTPATIENT MEDICAL
ST LUKE'S CARDIOLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
ST LUKE'S OCCUPATIONAL HEALTH 4702 GRAND AVE DULUTH, MN 55807	OUTPATIENT MEDICAL
ST LUKE'S PHYSICAL MEDICINE & REHAB ASS 1011 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S NEUROSURGERY ASSOCIATES 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S ALLERGY & IMMUNOLOGY ASSOCIAT 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
PAVILION OUTPATIENT SURGERY CENTER 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S ENDOCRINOLOGY ASSOCIATES 1011 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S RHEUMATOLOGY ASSOCIATES 1000 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S ONCOLOGY & HEMATOLOGY ASSOCIA 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
ST LUKE'S RADIATION ONCOLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55805	OUTPATIENT MEDICAL
ST LUKE'S DERMATOLOGY ASSOC 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
LAURENTIAN MEDICAL CLINIC 8373 UNITY DRIVE VIRGINIA, MN 55792	OUTPATIENT MEDICAL
BAY AREA MEDICAL CLINIC 50 OUTER DRIVE SILVER BAY, MN 55614	OUTPATIENT MEDICAL

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
HIBBING FAMILY MEDICAL CLINIC 1120 E 34TH ST HIBBING,MN 55746	OUTPATIENT MEDICAL
MILLER CREEK MEDICAL CLINIC 4884 MILLER TRUNK HWY HERMANTOWN,MN 55811	OUTPATIENT MEDICAL
PS RUDIE MEDICAL CLINIC 26 EAST SUPERIOR STREET DULUTH,MN 55802	OUTPATIENT MEDICAL
Q-CARE EXPRESS CLINIC 619 W CENTRAL ENTRANCE DULUTH,MN 55811	OUTPATIENT MEDICAL
ST LUKE'S PLASTIC SURGERY ASSOCIATES 1012 E 2ND ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S CARDIOTHORACIC SURGERY ASSOC 920 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S GASTROENTEROLOGY ASSOCIATES 1012 E 2ND ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S INFECTIOUS DISEASE ASSOCIATES 1001 E SUPERIOR ST DULUTH,MN 55802	OUTPATIENT MEDICAL
ST LUKE'S INTERNAL MEDICINE ASSOCIATES 1001 E SUPERIOR ST DULUTH,MN 55802	OUTPATIENT MEDICAL
ST LUKE'S ORTHOPEDICS & SPORTS MEDICINE 1012 E 2ND ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S PAVILION SURGICAL ASSOCIATES 920 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S MENTAL HEALTH 220 N 6TH AVE E DULUTH,MN 55802	OUTPATIENT MEDICAL
ST LUKE'S PULMONARY MEDICINE ASSOCIATES 920 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S UROLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH,MN 55802	OUTPATIENT MEDICAL
DULUTH INTERNAL MEDICINE ASSOCIATES 220 MEDICAL ARTS BLDG DULUTH,MN 55802	OUTPATIENT MEDICAL

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
ST LUKE'S PEDIATRIC ASSOCIATES 1012 E 2ND ST DULUTH,MN 55805	OUTPATIENT MEDICAL
LESTER RIVER MEDICAL CLINIC 6351 E SUPERIOR ST DULUTH,MN 55804	OUTPATIENT MEDICAL
CHEQUAMEGON CLINIC 415 ELLIS AVE ASHLAND,WI 54806	OUTPATIENT MEDICAL
MARINER MEDICAL CLINIC 109 N 28TH ST E SUPERIOR,WI 54880	OUTPATIENT MEDICAL
MARINER CLINIC URGENT CARE 109 N 28TH ST E SUPERIOR,WI 54880	OUTPATIENT MEDICAL
MARINER OUTPATIENT SURGERY CENTER 109 N 28TH ST E SUPERIOR,WI 54880	OUTPATIENT MEDICAL
ST LUKE'S HOME CARE 220 N 6TH AVE E DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S ANESTHESIA ASSOCIATES 915 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S EMERGENCY SERVICES 915 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S OBSTETRICS AND GYNECOLOGY ASSO 1000 E 1ST ST SUITE LL DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S HOSPICE 1011 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S OUTPATIENT THERAPY 1001 E SUPERIOR ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S OPHTHALMOLOGY ASSOC 324 W SUPERIOR ST SUITE 800 DULUTH,MN 55802	OUTPATIENT MEDICAL
ST LUKE'S URGENT CARE 915 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL
ST LUKE'S NEUROLOGY ASSOCIATES 1012 E 2ND ST DULUTH,MN 55805	OUTPATIENT MEDICAL

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
DENFELD MEDICAL CLINIC URGENT CARE 4702 GRAND AVE DULUTH,MN 55807	OUTPATIENT MEDICAL
LAURENTIAN MEDICAL CLINIC URGENT CARE 8373 UNITY DRIVE MOUNTAIN IRON,MN 55768	OUTPATIENT MEDICAL
MILLER CREEK MEDICAL CLINIC URGENT CARE 4884 MILLER TRUNK HWY HERMANTOWN,MN 55811	OUTPATIENT MEDICAL
NORTHLAND ENT 920 E 1ST ST DULUTH,MN 55805	OUTPATIENT MEDICAL

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number  
41-0714079

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

7

3

Enter total number of other organizations listed in the line 1 table . . . . .

2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION ASSISTANCE	88	179,319			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE HOSPITAL REQUESTS THAT GRANTEEES PROVIDE AN UPDATE ON THE IMPACT OF THE GRANT SIX MONTHS AFTER THE GRANT HAS BEEN MADE IN ADDITION, THE ACCOUNTING DEPARTMENT REVIEWS INVOICES SUPPORTING THE FUNDS USED FROM THE GRANT THE AFOREMENTIONED PROCESS HELPS ENSURE THE GRANT WAS USED FOR THE INDENDED PURPOSE
PART III	HR POLICY E-5 NON-CONTRACT EMPLOYEES WITH AN FTE OF 0.6 OR ABOVE ARE ELIGIBLE FOR REIMBURSEMENT FOR COURSES ONE (1) CALENDAR YEAR AFTER THEIR DATE OF HIRE COURSES MUST BE TAKEN AT AN ACCREDITED INSTITUTION (COLLEGES, UNIVERSITIES, VOCATIONAL SCHOOLS, CORRESPONDENCE SCHOOLS) COMPLETION OF THE COURSE WITH AT LEAST A "C" GRADE OR EQUIVALENT IS REQUIRED VERIFICATION OF SATISFACTORY COURSE COMPLETION MUST BE FURNISHED TO THE DEPARTMENT OF HUMAN RESOURCES FOR ALL COURSES TAKEN THE EMPLOYEE MUST CONTINUE TO WORK AT ST LUKE'S FOR AT LEAST ONE (1) CALENDAR YEAR AFTER COMPLETION OF THE COURSE ST LUKE'S REIMBURSES A PERCENTAGE OF THE TOTAL COST UP TO \$3,000.00 PER CALENDAR YEAR INCLUDING TUITION, REQUIRED BOOKS AND REQUIRED COURSE FEES FOR COURSES COMPLETED DURING THE CALENDAR YEAR, FOR EMPLOYEES MEETING THE ABOVE ELIGIBILITY CRITERIA AND PROVIDING RECEIPTS FOR TUITION OR COURSE FEES



Additional Data

Software ID:  
Software Version:  
EIN: 41-0714079  
Name: ST LUKE'S HOSPITAL OF DULUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE SUPERIOR COMMUNITY HEALTH CENTER4325 GRAND AVENUE DULUTH,MN 55807	23-7167576	501(C)(3)	82,500				TO SERVE LOW INCOME, UNINSURED CLIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT32 EAST 1ST STREET SUITE 200 DULUTH, MN 55802	41-1350021	501(C)(3)	65,000				TRAINING AND SUPPORT FOR SEXUAL ASSAULT NURSE EXAMINER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION130 W SUPERIOR ST STE700 DULUTH,MN 55802	13-5613797	501(C)(3)	7,000				SUPPORT THE HEART WALK AND GO RED FOR WOMEN CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY250 WILLIAMS ST NW ATLANTA,GA 30303	13-1788491	501(C)(3)	11,100				TO SUPPORT RELAY FOR LIFE FUNDRAISER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH SUPERIOR SYMPHONY ASSOCIATION 331 WEST SUPERIOR STREET 100 DULUTH, MN 55802	41-0760835	501(C)(3)	12,500				SUPPORT FOR DULUTH SUPERIOR SYMPHONY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH AREA CHAMBER OF COMMERCE5 WEST FIRST STREET 101 DULUTH, MN 55802	41-0225910	501(C)(6)	11,250				SPONSOR FOR 2013 DULUTH DAYS AT THE CAPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARROWHEAD EMS ASSOCIATION INC4219 ENTERPRISE CIRCLE DULUTH,MN 55811	41-1522627	501(C)(3)	5,000				SPONSOR FOR THE ARROWHEAD EMS ANNUAL CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRAUS ANDERSON CONSTRUCTION3716 ONEOTA ST DULUTH, MN 55807	41-0808757		7,500				SPONSOR DULUTH BIKE FESTIVAL



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER DULUTH424 W SUPERIOR ST DULUTH,MN 55802	41-0857077	501(C)(3)	5,000				SPONSOR DULUTH BIKE FESTIVAL

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number  
41-0714079

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

**Part II** **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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	MEMBERS IN THE 457F PLAN JOHN STRANGE (\$87,007) AND ERIC LOHN (\$73,394)

Additional Data

Software ID:  
Software Version:  
EIN: 41-0714079  
Name: ST LUKE'S HOSPITAL OF DULUTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARSHALL WATSON MD, BOARD MEMBER/PHYSICIAN	(i)	826,349	0	300	4,675	14,040	845,364	0
	(ii)	0	0	0	0	0	0	0
1 ELISABETH REVOIR MD, BOARD MEMBER/CHIEF OF STAFF	(i)	332,470	0	450	4,675	27,037	364,632	0
	(ii)	0	0	0	0	0	0	0
2 LINDA VAN ETTA MD, BOARD MEMBER/CHIEF OF STAFF ELECT	(i)	210,566	0	1,980	10,073	11,324	233,943	0
	(ii)	0	0	0	0	0	0	0
3 JOHN STRANGE, PRESIDENT/CEO	(i)	603,118	0	1,980	10,973	140,021	756,092	0
	(ii)	0	0	0	0	0	0	0
4 ERIC LOHN, VICE PRESIDENT/CFO	(i)	303,905	0	300	2,416	97,123	403,744	0
	(ii)	0	0	0	0	0	0	0
5 JOHN YOON MD, PHYSICIAN	(i)	1,241,153	0	681	4,675	27,037	1,273,546	0
	(ii)	0	0	0	0	0	0	0
6 JOHN WATKINS MD, PHYSICIAN	(i)	847,733	0	300	4,675	18,735	871,443	0
	(ii)	0	0	0	0	0	0	0
7 MARY BOYLAN MD, PHYSICIAN	(i)	796,260	0	1,290	6,979	27,037	831,566	0
	(ii)	0	0	0	0	0	0	0
8 DAVID FOGARTY MD, PHYSICIAN	(i)	799,607	0	450	2,400	11,324	813,781	0
	(ii)	0	0	0	0	0	0	0
9 JAMES MACNUTT MD, PHYSICIAN	(i)	802,878	0	270	3,625	8,132	814,905	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number  
41-0714079

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DULUTH ECONOMIC DEVELOPMENT AUTHORITY	41-6005105	26444CGT3	10-10-2012	83,148,022	REFINANCE SERIES 2002 BONDS PURCHASE EQUIPMENT, FUND HOSPITAL ADDITION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,980,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	83,148,022							
4	Gross proceeds in reserve funds	6,778,669							
5	Capitalized interest from proceeds	1,838,509							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,625,011							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	21,776,946							
11	Other spent proceeds	48,537,410							
12	Other unspent proceeds	11,558,827							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number  
41-0714079

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRUCE JESSEN	FAMILY MEMBER OF BOARD MEMBER	107,920	COMPENSATION		No
(2) JOHN M VANETTA MD	FAMILY MEMBER OF BOARD MEMBER	226,880	COMPENSATION		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

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

**2014**

**Open to Public  
Inspection**

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

**Employer identification number**

41-0714079

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD AS THE PRESIDING OFFICER, ALL OTHER OFFICERS OF THE HOSPITAL WHO ARE DIRECTORS, AND SUCH ADDITIONAL DIRECTORS AS THE CHAIRPERSON MAY APPOINT WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY OF THE BOARD TO TRANSACT ALL REGULAR BUSINESS OF THE HOSPITAL, INCLUDING THE AUTHORITY TO REVIEW THE COMPENSATION PAID TO THE HOSPITAL'S EMPLOYED PHYSICIANS, SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD OR BY STATUTE, AND SHALL MEET AS NECESSARY IN ADDITION, THE EXECUTIVE COMMITTEE SHALL OVERSEE THE HOSPITAL'S PUBLIC RELATIONS ACTIVITIES AND KEEP THE CORPORATION'S HEALTH CARE EFFORTS CONTINUALLY BEFORE THE COMMUNITIES SERVED THROUGH THE USE OF PUBLICATIONS AND OTHER COMMUNICATIONS DESCRIBING THE HOSPITAL'S SERVICES, PROGRAMS, AND NEEDS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ST LUKE'S HOSPITAL SHALL HAVE THREE CLASSES OF MEMBERSHIPS A) PAST MEMBERS OF ST LUKE'S HOSPITAL OF DULUTH - THE INDIVIDUALS AND ORGANIZATIONS LISTED ON THE HOSPITAL'S OFFICIAL ROSTER OF MEMBERS AS OF MAY 20, 2005 SHALL BE MEMBERS AND HAVE THE NUMBER OF VOTES AS IDENTIFIED ON THAT LIST B) MEMBERS OF THE ST LUKE'S HOSPITAL OF DULUTH - ANY INDIVIDUAL OR ORGANIZATION THAT, SUBSEQUENT TO MAY 20, 2005, CONTRIBUTES \$100 OR MORE TO THE HOSPITAL SHALL, UPON REQUEST FROM SUCH INDIVIDUAL OR ORGANIZATION AND APPROVAL BY THE BOARD OF DIRECTORS, BE A MEMBER OF THE ORGANIZATION WITH ONE VOTE C) EX OFFICIO MEMBERS - EACH DIRECTOR AND THE PRESIDENT/CEO OF THE HOSPITAL SHALL BE A VOTING MEMBER OF THE HOSPITAL DURING HIS OR HER TERM IN SUCH OFFICE AND SHALL HAVE ONE VOTE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING RIGHTS OF THE MEMBERS OF THE CORPORATION SHALL BE LIMITED TO THE FOLLOWING MATTERS A) APPROVAL OF ANY TRANSACTION THAT WOULD CULMINATE IN THE TRANSFER OF CONTROL OF HOSPITAL OPERATIONS TO A SECRETARIAN OR RELIGIOUS ORGANIZATION B) APPROVAL OF ANY TRANSACTIONS WHICH WOULD CULMINATE IN THE TRANSFER OF CONTORL OF THE HOSPITAL'S OPERATIONS TO A FOR-PROFIT ENTITY C) APPROVAL OF THE DISSOLUTION OF THE HOSPITAL OR THE CESSATION OF THE HOSPITAL OPERATIONS THE FOREGOING ACTIONS SHALL BE APPROVED AND ADOPTED ONLY AFTER AUTHORIZATION BY THE BOARD OF DIRECTORS AND APPROVAL BY THE MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>MANAGEMENT REFERENCED MULTIPLE SOURCES OF INFORMATION IN ORDER TO ACCURATELY PREPARE THE 2014 FORM 990. THESE SOURCES INCLUDE THE INTERNAL REVENUE SERVICE WEBSITE, LEGAL COUNSEL, HEALTHCARE TRADE ASSOCIATIONS, AND OTHER VARIOUS PUBLICATIONS. ONCE THE FORM 990 WAS PREPARED, IT WAS REVIEWED BY THE FOLLOWING GROUPS: 1. ST. LUKE'S SENIOR MANAGEMENT (OCTOBER 2015); 2. ST. LUKE'S BOARD OF DIRECTORS (OCTOBER 2015); 3. ST. LUKE'S FINANCE COMMITTEE (OCTOBER 2015). ALL OF THE ABOVE GROUPS WERE PROVIDED WITH A COMPLETE COPY OF THE 2014 FORM 990. IN OCTOBER 2015, THE CHIEF FINANCIAL OFFICER MADE A PRESENTATION TO THE BOARD REGARDING THE FORM 990 AND THEIR RESPONSIBILITIES. IN THE CASE OF THE FINANCE COMMITTEE AND BOARD OF DIRECTORS, THE FORM 990 REVIEW WAS LISTED AS AN AGENDA ITEM AT THEIR RESPECTIVE MEETINGS. THE CFO OF ST. LUKE'S PROVIDED AN OVERVIEW OF THE RETURN AND ANSWERED ANY QUESTIONS OR CONCERNS FROM THE BOARD/COMMITTEE MEMBERS. ANY SUGGESTED CHANGES TO THE FORM 990 WERE EVALUATED, WITH LEGAL COUNSEL IF NECESSARY, AND INCORPORATED INTO THE RETURN AS APPROPRIATE. THE RETURN WAS THEN FILED ON OR BEFORE NOVEMBER 15, 2015.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH DIRECTOR, OFFICER AND COMMITTEE MEMBER SHALL SIGN, AS A CONDITION TO SERVING THE CORPORATION IN HIS/HER RESPECTIVE ROLE AND ANNUALLY THEREAFTER, A STATEMENT AGREEING TO BE BOUND BY THE TERMS OF THE POLICY. PURSUANT TO THE POLICY, ANY DIRECTOR, OFFICER OR COMMITTEE MEMBER HAVING A FINANCIAL INTEREST IN A CONTRACT OR OTHER TRANSACTION PRESENTED TO THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF FOR AUTHORIZATION, APPROVAL, OR RATIFICATION SHALL MAKE A PROMPT, FULL AND FRANK DISCLOSURE OF SUCH PERSON'S INTEREST TO THE BOARD OR COMMITTEE PRIOR TO ITS ACTING ON SUCH CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL INCLUDE ANY RELEVANT AND MATERIAL FACTS, KNOWN TO SUCH PERSON, ABOUT THE CONTRACT OR TRANSACTION WHICH MIGHT REASONABLY BE CONSTRUED TO BE ADVERSE TO THE CORPORATION'S INTEREST. THE BOARD OR COMMITTEE TO WHICH SUCH DISCLOSURE IS MADE SHALL THEREUPON DETERMINE, BY MAJORITY VOTE, WHETHER THE DISCLOSURE SHOWS THAT A CONFLICT OF INTEREST EXISTS OR CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT IS DEEMED TO EXIST, SUCH PERSON SHALL NOT VOTE ON, NOR USE PERSONAL INFLUENCE ON, OR PARTICIPATE (OTHER THAN TO PRESENT FACTUAL INFORMATION TO OR RESPOND TO QUESTIONS) IN THE DISCUSSIONS AND DELIBERATIONS WITH RESPECT TO SUCH CONTRACT OR TRANSACTIONS. SUCH PERSON MAY BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY MEETING WHERE THE CONTRACT OR TRANSACTION IS UNDER DISCUSSION OR IS BEING VOTED UPON. THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION, AND WHETHER A QUORUM WAS PRESENT.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION AT ST LUKE'S HOSPITAL IS GOVERNED AND CONTROLLED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, ACCORDING TO POLICIES SET BY THE BOARD AS A WHOLE. THE COMMITTEE IS MADE UP ENTIRELY OF COMMUNITY LEADERS, NONE OF WHOM ARE EMPLOYED BY ST LUKE'S HOSPITAL. THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION PROGRAM FOR THE CEO, CFO AND OTHER EXECUTIVES AND PRESENTS THE SUMMARY OF ITS ANALYSIS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. CONTEMPORANEOUS DOCUMENTS AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS ARE MAINTAINED BY THE CEO AND HUMAN RESOURCES DEPARTMENT. THE COMMITTEE, WITH THE AID OF AN INDEPENDENT CONSULTANT, HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION. THIS PHILOSOPHY DEFINES A PEER GROUP OF ORGANIZATIONS ACROSS THE COUNTRY AND INCLUDES ORGANIZATIONS OF SIMILAR SIZE, SCOPE, AND MANAGEMENT CHALLENGE. IT ALSO ESTABLISHES THE COMPETITIVE LEVEL AT WHICH THE COMMITTEE WANTS TO COMPENSATE ST LUKE'S HOSPITAL EXECUTIVES COMPARED TO THE PEER GROUP ORGANIZATIONS. THE COMMITTEE REVIEWS COMPARABILITY DATA ON SALARY LEVELS, INCENTIVE PAY, AND BENEFIT COSTS, ASSESSING EACH ELEMENT OF COMPENSATION INDEPENDENTLY AND TOTAL COMPENSATION IN AGGREGATE. THE COMMITTEE RETAINS INDEPENDENT CONSULTANTS TO GATHER COMPARABILITY DATA ON EXECUTIVE COMPENSATION IN SLH'S PEER GROUP. THESE CONSULTANTS ASSIST THE COMMITTEE IN MAKING ITS DETERMINATION THAT EXECUTIVE COMPENSATION AT SLH REMAINS REASONABLE AND CONSISTENT WITH SLH'S BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. THE COMMITTEE REVIEWS THE COMPENSATION PROGRAM FOR THE CEO, CFO AND OTHER EXECUTIVES OF THE ORGANIZATION IN DEPTH EVERY FEW YEARS AND THE LAST FULL REVIEW OCCURRED IN 2013. IN THE YEARS BETWEEN COMPREHENSIVE REVIEWS, THE COMMITTEE RELIES ON UPDATES TO THE PEER GROUP DATA BASED ON THE YEAR-TO-YEAR MARKET MOVEMENT IN THE INDUSTRY, AS PROVIDED BY THE INDEPENDENT CONSULTANT. THE COMMITTEE DILIGENTLY FOLLOWS BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION, INCLUDING THE PROCESS PRESCRIBED BY THE IRS FOR GOVERNING EXECUTIVE COMPENSATION IN THE TAX-EXEMPT SECTOR. IT IS COMMITTED TO ACCURATELY DISCLOSING EXECUTIVE COMPENSATION ON FORM 990.</p>



Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ST LUKE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS ARE REVIEWED AND UPDATED ANNUALLY BY THE BOARD OF DIRECTORS. THEY ARE NOT AVAILABLE TO THE GENERAL PUBLIC. FINANCIAL INFORMATION IS MADE AVAILABLE THROUGH ST LUKE'S ANNUAL REPORT (PUBLISHED EVERY YEAR AND AVAILABLE ON ST LUKE'S WEBSITE AT <a href="http://WWW.SLHDULUTH.COM">WWW.SLHDULUTH.COM</a> ) AND THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE GUIDANCE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY -25,732,738 CAPITAL REIMBURSEMENT FROM ST. LUKE'S FOUNDATION 170,129 CONTRIBUTION TO SLH VOLUNTEER SERVICE GUILD -10,000 CAPITAL GRANTS 204,039

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKE'S HOSPITAL OF DULUTH

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

41-0714079

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST LUKE'S FOUNDATION 1000 EAST FIRST STREET NO 102  DULUTH, MN 55805 41-1448118	FUNDRAISING SUPPORT FOR HEALTH CARE/HOSPITAL	MN	501(C)(3)	LINE 11A, I	ST LUKE'S HOSPITAL OF DULUTH	Yes	
(2) LAKE VIEW MEMORIAL HOSPITAL INC 325 11TH AVENUE  TWO HARBORS, MN 55616 41-0786046	HEALTH CARE/HOSPITAL	MN	501(C)(3)	LINE 3	ST LUKE'S HOSPITAL OF DULUTH	Yes	
(3) LAKE VIEW MEMORIAL HOSPITAL FOUNDATION OF NORTHEAST MINNESOTA 325 11TH AVENUE  TWO HARBORS, MN 55616 41-1700972	FUNDRAISING SUPPORT FOR LAKE VIEW MEMORIAL HOSPITAL	MN	501(C)(3)	LINE 11A, I	LAKE VIEW MEMORIAL HOSPITAL		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST LUKE'S FOUNDATION	C	473,509	FAIR MARKET VALUE
(2) ST LUKE'S FOUNDATION	L	265,428	FAIR MARKET VALUE
(3) LAKE VIEW MEMORIAL HOSPITAL INC	L	1,601,000	FAIR MARKET VALUE
(4) LAKE VIEW MEMORIAL HOSPITAL INC	D	4,100,780	FAIR MARKET VALUE

Schedule R (Form 990) 2014

**Part VI** **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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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