efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

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*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

% THOMAS P LICHTENWALNER
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
801 OSTRUM STREET

City or town, state or province, country, and ZIP or foreign postal code
BETHLEHEM, PA 18015

D Employer identification number
23-1352213

E Telephone number
(484) 526-4000

G Gross receipts $ 714,911,692

F Name and address of principal officer
THOMAS P LICHTENWALNER
801 OSTRUM STREET
BETHLEHEM,PA 18015

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW SLHN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1872

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7,117
6	Total number of volunteers (estimate if necessary)	6	1,167
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,934
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	**Current Year**
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,259,519	10,518,074
	9	Program service revenue (Part VIII, line 2g)	628,648,049	676,774,961
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,128,592	22,370,860
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,241,676	4,062,227
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	660,277,836	713,726,122
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,042	694,558
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,390,894	294,313,623
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	348,060,424	364,508,291
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	628,715,360	659,516,472
	19	Revenue less expenses Subtract line 18 from line 12	31,562,476	54,209,650
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	1,412,935,604	1,509,760,322
	21	Total liabilities (Part X, line 26)	902,592,859	1,042,128,910
	22	Net assets or fund balances Subtract line 21 from line 20	510,342,745	467,631,412

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

****** 2017-05-02
Signature of officer Date

THOMAS P LICHTENWALNER SVP FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani	Scott J Mariani			P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400, Whippany, NJ 079811070 — Phone no (973) 898-9494

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

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 MISSION OF THE ORGANIZATION IS TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE NETWORK HAS AN UNWAVERING COMMITMENT TO EXCELLENCE AS WE CARE FOR THE SICK AND INJURED, EDUCATE PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS, AND IMPROVE ACCESS TO CARE IN THE COMMUNITIES WE SERVE PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 62,125,855 including grants of $ 0) (Revenue $ 75,708,307)

General surgery hospital surgeons, combined with available leading-edge surgical technologies, provide patients with some of the most advanced surgical care available today St Luke's has one of the nation's oldest and most experienced minimally invasive robotic surgery programs and was the first in the U S to offer a "guarantee" for robotic prostatectomy Other innovative advanced surgical techniques are offered for a wide range of conditions, such as surgery resulting from trauma injuries, neurosurgical pain management and bariatric surgery PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 59,111,603 including grants of $ 0) (Revenue $ 65,678,072)

General medicine coordinated care is provided for patients in both an outpatient and inpatient setting, in which care is managed by hospitalists Emphasis is also placed on health promotion and disease prevention Preventive and healthy living medical education, routine care of common medical illnesses and ongoing management and coordination of care for complex disease states is provided PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 57,761,208 including grants of $ 0) (Revenue $ 65,483,883)

Cardiovascular medicine St Luke's Heart and Vascular Center offers a full spectrum of advanced heart and vascular services generally available only at major metropolitan teaching hospitals The hospital's heart care program has earned Chest Pain Center accreditation and Joint Commission Certification for heart failure It has repeatedly earned the highest overall open-heart surgery quality rating from the Society of Thoracic Surgeons and was named one of the nation's 50 Top Cardiovascular Hospitals by Thomson Reuters The National Committee for Quality Assurance has awarded the hospital's clinics for the underserved special recognition in the area of heart and stroke care PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)
(Expenses $ 414,635,615 including grants of $ 694,558) (Revenue $ 469,904,699)

4e **Total program service expenses ▶** 593,634,281

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *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		
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *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		No
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	Yes	
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)*

		Line	Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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 . .	**1a**	1,218			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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	**2a**	7,117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	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)? . .			**4a**		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? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**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?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	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	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	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**	Yes	
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**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶THOMAS P LICHTENWALNER 801 OSTRUM STREET BETHLEHEM, PA 18015 (484) 526-4000

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	11,647,400	180,610	1,347,463

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 ▶ 363

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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
PROGRESSIVE PHYSICIAN ASSOCIATES I, 95 HIGHLAND AVENUE BETHLEHEM, PA 18017	MEDICAL	13,060,245
ANESTHESIA SPECIALISTS OF BETHLEHEM, PO BOX 5520 BETHLEHEM, PA 18015	MEDICAL	8,277,233
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 532880314	IT	7,414,498
SODEXHO INC AFFILIATES, PO BOX 360170 PITTSBURGH, PA 15251	FOOD SERVICES	5,601,857
LEND LEASE US CONSTRUCTION INC, 1801 WEST END AVENUE NASHVILLE, TN 37203	CONSTRUCTION	4,900,856

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 ▶ 244

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 163,319				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 75,508				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,279,247				
	g	Noncash contributions included in lines 1a-1f $	3,758,120				
	h	**Total.** Add lines 1a-1f . . . . ▶		10,518,074			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	661,945,838	661,945,838		
	b	SCHOOL OF MEDICINE & NURSING	541900	5,701,932	5,701,932		
	c	PARTNERSHIP INCOME RELATED TO GROUP					
	d	PURCHASING PROGRAM SERVICES	541900	2,406,490	2,381,556	24,934	
	e	OTHER HEATHCARE RELATED REVENUE	900099	6,720,701	6,720,701		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		676,774,961			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		17,840,208			17,840,208
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 1,166,242 / (ii)				
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 1,166,242 / (ii) 0				
	d	Net rental income or (loss) . . . . ▶		1,166,242			1,166,242
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 4,074,963 / (ii) 1,594,299				
	b	Less cost or other basis and sales expenses	(i) / (ii) 1,138,610				
	c	Gain or (loss)	(i) 4,074,963 / (ii) 455,689				
	d	Net gain or (loss) . . . . ▶		4,530,652			4,530,652
	8a	Gross income from fundraising events (not including $ 163,319 of contributions reported on line 1c) See Part IV, line 18 . .	a 46,960				
	b	Less direct expenses	b 46,960				
	c	Net income or (loss) from fundraising events . . ▶		0			
	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 . . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	DIETARY REVENUE	722410	2,837,896			2,837,896
	b	CLEANING REVENUE	812900	58,089			58,089
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		2,895,985			
	12	**Total revenue.** See Instructions . . . . . . ▶		713,726,122	676,750,027	24,934	26,433,087

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	288,608	288,608		
2 Grants and other assistance to domestic individuals See Part IV, line 22	405,950	405,950		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,886,380	7,997,742	888,638	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	237,654,572	213,889,115	23,765,457	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,153,869	10,038,482	1,115,387	
9 Other employee benefits	22,690,804	20,421,724	2,269,080	
10 Payroll taxes	13,927,998	12,535,198	1,392,800	
11 Fees for services (non-employees)				
a Management	1,207,779	1,087,001	120,778	
b Legal	2,625	2,362	263	
c Accounting	20,409	18,368	2,041	
d Lobbying	181,664	163,497	18,167	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,788,313	6,109,482	678,831	
12 Advertising and promotion	67,716	60,944	6,772	
13 Office expenses	22,989,316	20,690,384	2,298,932	
14 Information technology	530,446	477,401	53,045	
15 Royalties . .	0			
16 Occupancy	11,089,458	9,980,512	1,108,946	
17 Travel	301,656	271,490	30,166	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	755,608	680,047	75,561	
20 Interest	13,632,464	12,269,218	1,363,246	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,532,460	31,079,214	3,453,246	
23 Insurance	6,896,519	6,206,867	689,652	
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	126,832,552	114,149,297	12,683,255	
b SLPG RELATED 501(C)(3) EXP	57,168,251	51,451,426	5,716,825	
c PURCHASED SERVICES	19,122,796	17,210,516	1,912,280	
d REPAIRS & MAINTENANCE	9,888,591	8,899,732	988,859	
e All other expenses	52,499,668	47,249,704	5,249,964	
25 **Total functional expenses.** Add lines 1 through 24e	659,516,472	593,634,281	65,882,191	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	27,601	1	17,943
	2	Savings and temporary cash investments	40,537,534	2	44,986,428
	3	Pledges and grants receivable, net	825,046	3	592,234
	4	Accounts receivable, net	100,852,385	4	87,373,616
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	11,762,273	8	13,060,557
	9	Prepaid expenses and deferred charges	17,556,018	9	24,474,309
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a 1,115,470,797			
	b	Less accumulated depreciation — 10b 643,031,167	367,393,424	10c	472,439,630
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	486,824,842	13	468,159,864
	14	Intangible assets	14,652,774	14	14,645,604
	15	Other assets See Part IV, line 11	372,503,707	15	384,010,137
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,412,935,604	16	1,509,760,322
Liabilities	17	Accounts payable and accrued expenses	216,078,655	17	253,655,250
	18	Grants payable	0	18	0
	19	Deferred revenue	2,653,792	19	3,196,506
	20	Tax-exempt bond liabilities	423,683,795	20	416,436,529
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	67,128,239	23	107,748,106
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	193,048,378	25	261,092,519
	26	**Total liabilities.** Add lines 17 through 25	902,592,859	26	1,042,128,910
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	451,505,122	27	407,684,890
	28	Temporarily restricted net assets	32,164,853	28	30,600,990
	29	Permanently restricted net assets	26,672,770	29	29,345,532
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	510,342,745	33	467,631,412
	34	Total liabilities and net assets/fund balances	1,412,935,604	34	1,509,760,322

Part XI Reconcilliation 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	713,726,122
2	Total expenses (must equal Part IX, column (A), line 25)	2	659,516,472
3	Revenue less expenses Subtract line 2 from line 1	3	54,209,650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	510,342,745
5	Net unrealized gains (losses) on investments	5	-11,607,309
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	-85,313,674
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	467,631,412

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
CHARLES D SAUNDERS MD CHAIRMAN - DIRECTOR	1 0 0 0	X		X				0	0	0
SAMUEL R GIAMBER MD VICE CHAIRMAN - DIRECTOR	55 0 0 0	X		X				0	180,610	10,125
RICHARD A ANDERSON DIRECTOR-PRESIDENT/CEO-NETWORK	55 0 0 0	X		X				3,560,530	0	286,505
FAUST E CAPOBIANCO DIRECTOR	1 0 0 0	X						0	0	0
JOHN M DALY MD DIRECTOR	1 0 0 0	X						0	0	0
ROBERT J GREY DIRECTOR	1 0 0 0	X						0	0	0
KOSTAS KALOGEROPOULOS DIRECTOR	1 0 0 0	X						0	0	0
DAVID M LOBACH JR DIRECTOR	1 0 0 0	X						0	0	0
DAVID MUETHING DIRECTOR	1 0 0 0	X						0	0	0
ROBERT A OSTER DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DANIEL P PETROZZO DIRECTOR	1 0 0 0	X						0	0	0
ROBERT D RUMFIELD DIRECTOR	1 0 0 0	X						0	0	0
LUANNE B STAUFFER DIRECTOR	1 0 0 0	X						0	0	0
KRISTINA W WARNER DIRECTOR	1 0 0 0	X						0	0	0
DAVID M YEN MD DIRECTOR	1 0 0 0	X						0	0	0
H CHRISTINA CONNAR DIRECTOR (TERMED 10/01/2015)	1 0 0 0	X						0	0	0
THOMAS J MCGINLEY DIRECTOR (TERMED 02/01/2016)	1 0 0 0	X						0	0	0
DONALD E WIEAND ESQ DIRECTOR (TERMED 02/01/2016)	1 0 0 0	X						0	0	0
JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER	55 0 0 0			X				856,991	0	166,950
THOMAS P LICHTENWALNER SVP FINANCE & CFO	55 0 0 0			X				2,129,487	0	196,603

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JEFFREY A JAHRE MD SVP MEDICAL & ACADEMIC AFFAIRS	55 0 0 0			X				729,726	0	34,164
CAROL A KUPLEN RN MSN SVP/CNO&PRES SLHB (EFF 7/1/15)	55 0 0 0				X			526,992	0	111,930
FRANK FORD PRESIDENT-SL ALLENTOWN CAMPUS	55 0 0 0				X			411,280	0	165,102
MARC A GRANSON MD CHAIRMAN OF SURGERY	55 0 0 0					X		682,112	0	29,347
CHAD T BRISENDINE VP & CHIEF INFORMATION OFFICER	55 0 0 0					X		636,284	0	37,687
DENNIS J DOUGHERTY PT PRESIDENT/CEO ST LUKE'S PT	55 0 0 0					X		571,696	0	30,358
BRIAN A HOEY MD TRAUMA SURGEON	55 0 0 0					X		546,421	0	59,916
ROBERT L WAX ESQ SVP GENERAL COUNSEL (NETWORK)	55 0 0 0					X		545,006	0	101,972
EDWARD R NAWROCKI FORMER KEY EMPLOYEE	55 0 0 0						X	450,875	0	116,804

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III **Support 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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 **Part VI.***	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 **Part VI.***	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 **Part VI.***	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 **Part VI.***	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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ______			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . ______________			
e From 2014. . . . . ______________			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______________________			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . ______________			
d From 2014. . . . . ______________			
e From 2015. . . . . ______________			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
ST LUKE'S HOSPITAL OF BETHLEHEM PA	23-1352213

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 **Form 1120-POL** for this year? ☐ Yes ☐ 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-
2				
3				
4				
5				
6				

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		

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

		(a)	(b)
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?

☐ **Yes** ☐ **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)**2012	**(b)**2013	**(c)**2014	**(d)**2015	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		147,442
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		34,222
i	Other activities?		No	
j	Total Add lines 1c through 1i			181,664
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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).**		
a	Current year	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	
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
SCHEDULE C, PART II-B, QUESTION 1	THE ORGANIZATION IS AN AFFILIATE IN THE ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THIS ORGANIZATION PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE NETWORK AND ALLOCATES A PERCENTAGE OF THESE EXPENDITURES TO VARIOUS AFFILIATES THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENT TO AN OUTSIDE INDEPENDENT FIRM, (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND (3) A PERCENTAGE OF TOTAL COMPENSATION OF TWO ST LUKE'S UNIVERSITY HEALTH NETWORK SENIOR MANAGEMENT PERSONNEL DURING THE YEAR THE ORGANIZATION PAID A CONSULTING FIRM $102,000 IN ORDER TO INFORM AND EDUCATE LEGISLATORS REGARDING MEDICARE AND MEDICAL ASSISTANCE REIMBURSEMENT AS WELL AS OTHER HEALTHCARE ISSUES THE ORGANIZATION IS A MEMBER OF THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $27,239 ADDITIONALLY, ST LUKE'S WARREN HOSPITAL, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMEBER HOSPITALS THIS ORGANIZATION PAID THE NEW JERSEY ASSOCIATION DUES ON BEHALF OF ITS TAX-EXEMPT AFFILIATE A PORITION OF DUES PAID HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED THIS ALLOCATION AMOUNTED TO $6,982 THE ORGANIZATION ALSO ALLOCATES A PORTION OF TOTAL COMPENSATION OF TWO ST LUKE'S UNIVERSITY HEALTH NETWORK SENIOR MANAGEMENT PERSONNEL THE TOTAL AMOUNT OF THIS EXPENSE ALLOCATED TO LOBBYING ACTIVITIES WAS $45,442 THIS ORGANIZATION PAYS ALL EXPENSES, INCLUDING LOBBYING, ON BEHALF OF ALL AFFILIATES WITHIN THE ST LUKE'S UNIVERSITY HEALTH NETWORK AND CHARGES THESE AFFILIATES FOR THESE COSTS LOBBYING EXPENDITURES TO ST LUKE'S UNIVERSITY HEALTH NETWORK AFFILIATES REPRESENTED $101,278 OF THE $181,664 REPORTED ON THIS FEDERAL FORM 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	58,837,623	56,555,787	51,075,580	40,512,256	39,776,236
b Contributions	3,262,882	3,624,172	8,959,372	10,050,736	3,211,916
c Net investment earnings, gains, and losses	501,192	1,416,838	7,703,040	4,844,743	464,531
d Grants or scholarships					
e Other expenditures for facilities and programs	2,655,175	2,759,174	11,182,205	4,332,155	2,940,427
f Administrative expenses					
g End of year balance	59,946,522	58,837,623	56,555,787	51,075,580	40,512,256

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 ▶ 51 050 %

c Temporarily restricted endowment ▶ 48 950 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' 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		60,270,560		60,270,560
b Buildings		420,811,495	250,096,891	170,714,604
c Leasehold improvements		18,337,129	10,347,884	7,989,245
d Equipment		530,810,486	382,586,392	148,224,094
e Other		85,241,127		85,241,127
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				472,439,630

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CASH & EQUIVALENTS	42,292,114	F
(2) GOVERNMENT SECURITIES	108,378,313	F
(3) CORPORATE BONDS	5,660,450	F
(4) COMMON & PREFERRED STOCK	162,306,782	F
(5) MUTUAL FUNDS	149,522,205	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	468,159,864	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	285,551,496
(2) DUE FROM THIRD PARTIES	3,544,715
(3) OTHER ACCOUNTS RECEIVABLE	5,375,153
(4) DEFERRED FINANCING COSTS	5,865,493
(5) ANNUITY CONTRACTS	20,706,891
(6) INSURANCE RRRG ASSETS	16,871,411
(7) OTHER ASSETS	46,094,978
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	384,010,137

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
ADVANCE FROM THIRD PARTY PAYOR	2,099,500
CURRENT PORTION OF PENSION COSTS	5,159,251
DUE TO AFFILIATES	101,505,385
ASSET RETIREMENT OBLIGATION	3,247,932
CHARITABLE GIFT ANNUITIES	18,526,767
SWAP CONTRACT LIABILITY	108,412,755
SELF INSURANCE COSTS	15,856,374
OTHER LIABILITIES	6,284,555
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	261,092,519

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE PARENT ENTITY OF THE NETWORK AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETWORKS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORKS ENDOWMENT FUNDS THE NETWORKS ENDOWMENT CONSISTS OF APPROXIMATELY $35,784,231 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND $80,659,624 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES PLUS THE FOLLOWING WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT SPLIT INTEREST AGREEMENTS, AND OTHER NET ASSETS THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS RETURN OBJECTIVES AND RISK PARAMETERS THE NETWORK HAS ADOPTED ENDOWMENT INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS UNDER THIS POLICY, THE RETURN OBJECTIVE FOR THE ENDOWMENT ASSETS, MEASURED OVER A FULL MARKET CYCLE, SHALL BE TO MAXIMIZE THE RETURN AGAINST A BLENDED INDEX, BASED ON THE ENDOWMENTS TARGET ALLOCATION APPLIED TO THE APPROPRIATE INDIVIDUAL BENCHMARKS THE NETWORK EXPECTS ITS ENDOWMENT FUNDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE INDEX (INTERNATIONAL PORTION) AND LEHMAN BROTHERS INTERMEDIATE GOVERNMENT/CORPORATE INDEX (BOND PORTION) ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THE INDEX RETURN AMOUNTS STRATEGIES EMPLOYED FOR ACHIEVING INVESTMENT OBJECTIVES TO ACHIEVE ITS LONG-TERM RATE OF RETURN OBJECTIVES, THE NETWORK RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED GAINS) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE NETWORK TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS ENDOWMENT SPENDING ALLOCATION AND RELATIONSHIP OF SPENDING POLICY TO INVESTMENT OBJECTIVES THE BOARD OF TRUSTEES OF THE NETWORK DETERMINES THE METHOD TO BE USED TO APPROPRIATE ENDOWMENT FUNDS FOR EXPENDITURE CALCULATIONS ARE PERFORMED FOR INDIVIDUAL ENDOWMENT FUNDS AT A RATE OF 4 5% OF A THREE-YEAR MOVING AVERAGE MARKET VALUE WITH A MINIMUM INCREASE OF 0% AND A MAXIMUM INCREASE OF 10% PER YEAR OVER THE PREVIOUS YEARS SPENDING AMOUNT THE TOTAL IS REDUCED BY THE INCOME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MADE BY THE DONORS THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30 IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% PERCENT ANNUALLY, CONSISTENT WITH ITS INTENTION TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
ADVANCE FROM THIRD PARTY PAYOR	2,099,500
CURRENT PORTION OF PENSION COSTS	5,159,251
DUE TO AFFILIATES	101,505,385
ASSET RETIREMENT OBLIGATION	3,247,932
CHARITABLE GIFT ANNUITIES	18,526,767
SWAP CONTRACT LIABILITY	108,412,755
SELF INSURANCE COSTS	15,856,374
OTHER LIABILITIES	6,284,555

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 **STARLIGHT** (event type)	**(b)** Event #2 **RED & WHITE** (event type)	**(c)** Other events **0** (total number)	**(d)** Total events (add col **(a)** through col **(c)**)
Revenue	1 Gross receipts	151,180	59,099		210,279
	2 Less Contributions	114,211	49,108		163,319
	3 Gross income (line 1 minus line 2)	36,969	9,991		46,960
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,250			1,250
	7 Food and beverages	24,613	6,240		30,853
	8 Entertainment				
	9 Other direct expenses	11,106	3,751		14,857
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,960
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col **(a)** through col **(c)**)
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain ____

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129026897

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ 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			
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			7,316,583	0	7,316,583	1 110 %
b Medicaid (from Worksheet 3, column a)			96,675,768	62,778,790	33,896,978	5 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			103,992,351	62,778,790	41,213,561	6 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,746,903	2,241,104	3,505,799	0 530 %
f Health professions education (from Worksheet 5)			31,333,634	11,880,605	19,453,029	2 950 %
g Subsidized health services (from Worksheet 6)			47,935,062	26,363,068	21,571,994	3 270 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			347,402	0	347,402	0 050 %
j **Total.** Other Benefits			85,363,001	40,484,777	44,878,224	6 800 %
k **Total.** Add lines 7d and 7j			189,355,352	103,263,567	86,091,785	13 050 %

Part II Community 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
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense — Yes / No

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

2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount **2** 42,550,580

3 Enter 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 **3** 5,901,765

4 Provide 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

5 Enter total revenue received from Medicare (including DSH and IME) **5** 172,095,413

6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 174,972,693

7 Subtract line 6 from line 5 This is the surplus (or shortfall) . . . . **7** -2,877,280

8 Describe 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

9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a** Yes

b If "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 . . . . . **9b** Yes

Part IV Management 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 THE CENTER FOR ORAL				
2 & MAXILLOFACIAL				
3 SURGERY & IMPLANT	ORAL SURGERY	50 %		50 %
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? **2** 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)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
	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)

Name of hospital facility or letter of facility reporting group ST LUKE'S HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

		Line	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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		No
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW SLHN ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW SLHN ORG			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ST LUKE'S HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW SLHN ORG			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

			Yes	No
17	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?	17	Yes	
18	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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group ST LUKE'S HOSPITAL

			Yes	No
19	Did the hospital facility or other authorized 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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	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?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

			Yes	No
22	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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	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?	23		No
	If "Yes," explain in Section C			
24	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?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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? **45**

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

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
SCHEDULE H, PART I, LINE 3C	THE GRANTING OF FINANCIAL ASSISTANCE SHALL BE BASED ON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED, AND SHALL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRANT STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION IN ADDITION TO THE FEDERAL POVERTY GUIDELINES ELIGIBILITY CRITERIA NOTED ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE CONSIDERED FOR THOSE INDIVIDUALS WHO ARE UNINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTHCARE BENEFIT PROGRAM, AND THOSE WHO ARE UNABLE TO PAY FOR THEIR CARE, BASED UPON DETERMINATION OF FINANCIAL NEED IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF ST LUKES UNIVERSITY HEALTH NETWORK THERE ARE INSTANCES WHEN A PATIENT APPEARS TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO LACK OF SUPPORTING DOCUMENTATION OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT OR OBTAINED THROUGH OTHER SOURCES, WHICH COULD PROVIDE SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH FINANCIAL ASSISTANCE IN THE EVENT THERE IS NO EVIDENCE TO SUPPORT A PATIENTS ELIGIBILITY FOR FINANCIAL ASSISTANCE, ST LUKES UNIVERSITY HEALTH NETWORK MAY USE OUTSIDE AGENCIES IN DETERMINING ESTIMATED INCOME AMOUNTS FOR THE BASIS OF DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY AND POTENTIAL DISCOUNT AMOUNTS PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCE THAT MAY INCLUDE - STATE-FUNDED PRESCRIPTION PROGRAMS, - HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC, - PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), - FOOD STAMP ELIGIBILITY, - SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, - ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G , MEDICAID SPEND DOWN), - LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS, - PATIENT IS DECEASED WITH NO KNOWN ESTATE, - DECLARED CHAPTER 7 BANKRUPTCY AND CARE WAS INCURRED PRIOR TO BANKRUPTCY, AND - DECLARED CHAPTER 13 BANKRUPTCY AND PATIENT WILL HAVE UNPAID BALANCE AFTER THE PAYMENT SCHEDULE IS RECEIVED ADDITIONALLY, PRESUMPTIVE ELIGIBILITY MIGHT INCLUDE THE USE OF EXTERNAL PUBLICALLY AVAILABLE DATA SOURCES THAT PROVIDE INFORMATION ON A PATIENTS OR A PATIENTS GUARANTORS ABILITY TO PAY (SUCH AS CREDIT SCORING) ONCE DETERMINED, DUE TO THE INHERENT NATURE OF THE PRESUMPTIVE CIRCUMSTANCES, THE PATIENT MAY BE ELIGIBLE FOR UP TO 100% WRITE OFF OF THE ACCOUNT BALANCE ST LUKES UNIVERSITY HEALTH NETWORK WILL PROVIDE, WITHOUT DISCRIMINATION, CARE FOR ALL EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF THEIR FINANCIAL ASSISTANCE ELIGIBILITY OR ABILITY TO PAY IT IS THE POLICY OF ST LUKES UNIVERSITY HEALTH NETWORK TO COMPLY WITH THE STANDARDS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR TRANSPORT ACT OF 1986 ("EMTALA") AND THE EMTALA REGULATIONS IN PROVIDING A MEDICAL SCREENING EXAMINATION AND SUCH FURTHER TREATMENT AS MAY BE NECESSARY TO STABILIZE AN EMERGENCY MEDICAL CONDITION FOR ANY INDIVIDUAL COMING TO THE EMERGENCY DEPARTMENT SEEKING TREATMENT

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE StrataJazz Decision Support/Cost Accounting System ("stratajazz") WAS THE TOOL UTILIZED TO DETERMINE THE COST OF FINANCIAL ASSISTANCE, UNREIMBURSED MEDICAID, MEDICAID HMO AND SUBSIDIZED HEALTH SERVICES THE ENTIRE ACTIVITY WAS COSTED THROUGH THE stratajazz APPLICATION, TO INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOM AND ALL PAYERS COSTING CONSISTED OF ALLOCATING COST FROM THE DEPARTMENTAL LEVEL DOWN TO THE SERVICE ITEM LEVEL ONCE COSTS WERE DETERMINED AT THE SERVICE ITEM LEVEL, WE THEN AGGREGATED ENCOUNTERS INTO THE DEFINED TARGETED GROUPS FOR DETERMINATION OF THE UNREIMBURSED COSTS FOR MEDICAID, MEDICAID HMO AND SUBSIDIZED SERVICES REPORTED ON PART I, LINE 7, CHARITY CARE, BAD DEBT, AND ALL OVERLAPPING CASES REPORTED ELSEWHERE WERE EXCLUDED THE RATIO OF PATIENT CARE COST TO CHARGES WAS UTILIZED TO DETERMINE THE CHARITY CARE THE DEVELOPMENT OF THE RATIO CONFORMS TO THE FORM 990 INSTRUCTIONS THE MEDICARE SHORTFALL/SURPLUS WAS DETERMINED USING THE MEDICARE COMPLEX COST REPORTING FORM UTILIZING ALLOWABLE MEDICARE COSTS

Form and Line Reference	Explanation
SCHEDULE H, PART II	ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA HAS DIRECT INVOLVEMENT IN NUMEROUS COMMUNITY BUILDING ACTIVITIES THAT PROMOTE AND IMPROVE THE HEALTH STATUS AND GENERAL BETTERMENT OF THE COMMUNITIES SERVED BY THE HOSPITAL THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE WAS CALCULATED USING THE ORGANIZATION'S BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION PATIENT ACCOUNTS RECEIVABLE --------------------------- THE NETWORKS PATIENT ACCOUNTS RECEIVABLE CONSIST OF UNSECURED AMOUNTS DUE FOR PATIENT SERVICES BILLED TO PATIENTS AND OTHER THIRD-PARTY PAYORS SUCH AS MEDICARE, MEDICAL ASSISTANCE, BLUE CROSS AND VARIOUS COMMERCIAL INSURANCE COMPANIES AND MANAGED CARE COMPANIES THE PRIMARY SERVICE AREA OF THE NETWORK IS LOCATED IN LEHIGH, NORTHAMPTON, CARBON, SCHUYLKILL AND BUCKS COUNTIES, PENNSYLVANIA AND WARREN COUNTY, NEW JERSEY THE ABILITY OF THESE PATIENTS TO PAY IS SUBJECT TO CHANGES IN GENERAL ECONOMIC CONDITIONS OF THE NETWORKS SERVICE AREA THE NETWORK PERFORMS ONGOING CREDIT EVALUATIONS AND MAINTAINS RESERVES FOR POTENTIAL CREDIT LOSSES ALLOWANCE FOR DOUBTFUL ACCOUNTS ------------------------------- THE NETWORK RECORDS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM THE UNWILLINGNESS OF PATIENTS TO MAKE PAYMENTS FOR SERVICES THE ALLOWANCE IS DETERMINED BY ANALYZING HISTORICAL DATA AND TRENDS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND COLLECTION EFFORTS CEASE CHARITY CARE ------------ THE NETWORK PROVIDES CARE TO ALL PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES CHARGES FOR SERVICES TO PATIENTS WHO MEET THE NETWORK'S GUIDELINES FOR CHARITY CARE ARE NOT REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE CHARGES ASSOCIATED WITH THESE SERVICES FOR CHARITY CARE PROVIDED BY THE NETWORK APPROXIMATE $92,383,053 AND $78,761,201 IN 2016 AND 2015, RESPECTIVELY THE COSTS INCURRED TO PROVIDE SUCH CARE IS DETERMINED USING A COST TO CHARGE RATIO AND WERE APPROXIMATELY $12,500,000 AND $10,900,000 FOR 2016 AND 2015, RESPECTIVELY

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION THE O RGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEF IT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MO RE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION' S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE S ERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT ST ANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVE NUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHAR ITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASUR Y PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN IT S GENERALLY ACCEPTED LEGAL SENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE R ELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TE RM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPIT ALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COM MUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEE T IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF I TS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPIT AL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQ UIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RU LING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHAR ITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CA RE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY' S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE R ULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO C ARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERV ICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUA LIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUN ITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORD ING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STAT ED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATI ON AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEF ICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEI VE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUC H AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS R ELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTI NG THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHE R DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THA T THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIE NT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE M

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	EDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CO NSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICAR E UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRA FT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FU LL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENT S (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE C OMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARC H 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS RE ACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR ME DICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIAR IES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES " THERE IS EVERY COMP ELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PUR POSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, P ART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREAT ING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE O N THE FORM 990, SCHEDULE H, PART I THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHO ULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF B AD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSI STANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AN D THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORI TY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT TH AT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THRO UGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDIN G BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY T HE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDI TORS AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED TH AT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARI TY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIO NWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABL E AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	ST LUKES UNIVERSITY HEALTH NETWORK MANAGEMENT DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENTS GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ST LUKES UNIVERSITY HEALTH NETWORK AND A PATIENTS GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS THE CREDIT AND COLLECTION POLICY IS ESTABLISHED AND IS TO BE ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING THE NETWORK'S FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT ST LUKES UNIVERSITY HEALTH NETWORK WILL NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF ABILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR ST LUKE'S FINANCIAL ASSISTANCE PROGRAM ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICE THIS CREDIT AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE PATIENTS WILL BE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES WHENEVER POSSIBLE ALL PATIENT BUSINESS SERVICE DEPARTMENT REPRESENTATIVES WILL BE EDUCATED ON ALL ASPECTS OF THE CREDIT AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS PATIENT BUSINESS SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY THE CREDIT AND COLLECTION POLICY IS TO BE ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES THE SENIOR VICE PRESIDENT AND VICE PRESIDENT OF FINANCE HAVE OVERALL RESPONSIBILITY FOR THE CREDIT AND COLLECTION ACTIVITIES OF THE HOSPITAL THE BUSINESS OFFICE MANAGEMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES ST LUKES UNIVERSITY HEALTH NETWORK MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	ST LUKE'S UNIVERSITY HEALTH NETWORK'S DEPARTMENT OF COMMUNITY HEALTH AND PREVENTIVE MEDICINE OVERSEES ASSESSMENT OF THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY HOSPITALS WITHIN THE NETWORK THE DEPARTMENT IS CHAIRED BY DR BONNIE COYLE, BOARD CERTIFIED IN PREVENTATIVE MEDICINE, WITH OVER 16 YEARS' EXPERIENCE IN PUBLIC AND PREVENTATIVE HEALTH ANALYSIS OF INFORMATION FROM THE FOLLOWING SOURCES IS PART OF THE DEPARTMENT'S ONGOING HEALTH NEEDS ASSESSMENT PROCESS VITAL STATISTICS, PENNSYLVANIA DEPARTMENT OF HEALTH DATA, HOSPITAL DISCHARGE DATA, THE ROBERT WOOD JOHNSON COUNTY HEALTH PROFILES AND OTHER COUNTY DATA AVAILABLE FROM VARIOUS OTHER STATE AGENCIES IN ADDITION, THE DEPARTMENT COLLECTS ONGOING STATISTICS FROM ITS COMPREHENSIVE COMMUNITY BASED PROGRAMMING INITIATIVES AND FROM ESTABLISHED COLLABORATIVE PARTNERSHIPS IN 1996, WITH THE FULL APPROVAL AND SUPPORT OF THE BOARD OF TRUSTEES, ST LUKES COMMUNITY HEALTH DEPARTMENT ASSUMED A LEADERSHIP ROLE IN CREATING A HEALTH IMPROVEMENT PARTNERSHIP WITH KEY AGENCIES AND ORGANIZATIONS IN THE GREATER BETHLEHEM AREA THE BETHLEHEM PARTNERSHIP FOR A HEALTHY COMMUNITY WAS FORMED, CONSISTING OF OVER 60 REPRESENTATIVES FROM HEALTHCARE, BUSINESS, COMMUNITY, EDUCATION AND SERVICE ORGANIZATIONS THIS GROUP COLLECTIVELY DEVELOPED PROGRAMS TO MEET THE IDENTIFIED NEEDS OF ECONOMICALLY DISADVANTAGED FAMILIES, ESPECIALLY CHILDREN, IN BETHLEHEM AND THROUGHOUT THE LEHIGH VALLEY BY CONDUCTING FORMALIZED COMMUNITY ASSESSMENTS ON A REGULAR BASIS THIS PROCESS ALLOWED ST LUKES TO IDENTIFY THE MOST PREVAILING HEALTH CARE NEEDS OF RESIDENTS AND BASE PROGRAM DEVELOPMENT AND DELIVERY ACCORDING TO THESE NEEDS IN THE LAST FIVE YEARS, THE BETHLEHEM PARTNERSHIP HAS TRANSFORMED INTO THE ADOPT A SCHOOL MODEL THIS COMPREHENSIVE APPROACH MAINTAINED THE MOST SUCCESSFUL AND OUTCOMES-DRIVEN WORK WITHIN THE ALLENTOWN AND BETHLEHEM SCHOOL DISTRICTS, WHILE CREATING A MODEL OF SERVICE THAT COULD BE IMPLEMENTED IN OTHER URBAN AND RURAL SCHOOL DISTRICTS WITH MINOR ACCOMMODATIONS THIS ALLOWED US TO BETTER ADDRESS THE NEEDS OF OUR EXPANDING SERVICE AREAS AS OUR ORGANIZATION GREW FROM A ONE CAMPUS COMMUNITY HOSPITAL TO A 7-CAMPUS HOSPITAL NETWORK WE NOW SPEARHEAD A NATIONAL MODEL OF COLLABORATION WITH 200+ PARTNERS REPRESENTING LOCAL BUSINESSES, GOVERNMENT, EDUCATIONAL, SOCIAL SERVICE AND COMMUNITY ORGANIZATIONS A NUMBER OF OUR CHNA DETERMINED HEALTH PRIORITIES ARE ADDRESSED AMONG OUR VULNERABLE POPULATIONS USING THE ADOPT A SCHOOL MODEL THE MISSION OF THE ADOPT A SCHOOL MODEL IS TO CREATE AN ENVIRONMENT WHERE THE ALLENTOWN AND BETHLEHEM AREA SCHOOL DISTRICTS ARE THE HUB TO CULTIVATE THE PHYSICAL AND MENTAL WELL-BEING OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITY THROUGH COLLABORATIVE PARTNERSHIPS, USING EVIDENCE-BASED PROGRAMS, TO CONNECT FAMILIES TO HEALTH SERVICES (MEDICAL, DENTAL, VISION, MENTAL HEALTH AND INSURANCE) WHILE PROMOTING HEALTHY LIVING INITIATIVES, LITERACY AND LEADERSHIP TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH HOSPITAL CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES THROUGH OUR PARTNERSHIP EFFORTS AND INITIATIVES, WE PROVIDE MOBILE YOUTH HEALTH SERVICES (CONNECTING STUDENTS TO MEDICAL, DENTAL & VISION VANS, INSURANCE, PHYSICAL, BEHAVIORAL, AND MENTAL HEALTH ASSESSMENTS AND SERVICES), HEALTHY LIVING INITIATIVES (GET YOUR TAIL ON THE TRAIL, LIVE YOUR LIFE, SCHOOL GARDENS AND NUTRITION PROGRAMS), LITERACY PROGRAMS (DR SEUSS DAY, READING ROCKS! AND LITTLE FREE LIBRARIES), AND YOUTH DEVELOPMENT (LEADER IN ME AND ADOLESCENT CAREER MENTORING) OUR INITIATIVES ARE CONTINUALLY ASSESSED AND EVALUATED TO PROVIDE MEASURABLE AND EFFECTIVE HEALTH OUTCOMES LOCAL SCHOOL COORDINATORS AND COMMUNITY LEADERSHIP COMMITTEES ASSESS, EVALUATE AND GUIDE THE INITIATIVES THAT FEED INTO THE ST LUKES ADOPT A SCHOOL MODEL USING EVIDENCE-BASED PROGRAMS/SERVICES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE SERVICES TO OUR COMMUNITY ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS ALL PATIENTS WILL RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT ALL OF OUR FACILITIES, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER OR SEXUAL ORIENTATION FACTORS ST LUKES UNIVERSITY HEALTH NETWORK STRIVES TO ENSURE THAT ALL PATIENTS RECEIVE ESSENTIAL EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION ALL PERSONS WHO PRESENT THEMSELVES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES SHALL BE ADMITTED AND TREATED, THEY SHALL BE REGISTERED AS PATIENTS OF THE HOSPITAL AND SHALL RECEIVE THOSE NECESSARY SERVICES AS PRESCRIBED BY THE PATIENTS PHYSICIAN IN NO CASE SHALL ANY PROSPECTIVE PATIENT OF ST LUKES UNIVERSITY HEALTH NETWORK BE DENIED NECESSARY HEALTH CARE SERVICES ON THE BASIS OF THEIR ABILITY TO PAY ST LUKES UNIVERSITY HEALTH NETWORK DOES ITS BEST TO EDUCATE AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THE BENEFIT OF OUR PATIENTS THE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE ALL AVAILABLE ON-LINE ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE THE HOSPITAL FACILITY REGISTRATION AREAS WHICH INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS, AND PATIENT FINANCIAL SERVICES SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH ITS COMMUNICATION DEPARTMENT, ST LUKES UNIVERSITY HEALTH NETWORK ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE REFERRAL OF PATIENTS FINANCIAL ASSISTANCE CAN BE MADE BY A MEMBER OF THE HOSPITAL STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	ST LUKES UNIVERSITY HEALTH NETWORKS (SLUHN) BETHLEHEM AND ALLENTOWN CAMPUSES ARE BOTH IN THE LEHIGH VALLEY THE PRIMARY SERVICE AREA CONSISTS OF A LARGELY URBAN POPULATION IN LEHI GH AND NORTHAMPTON COUNTIES IN SOUTHEASTERN PENNSYLVANIA THE FOLLOWING INFORMATION REGARD ING THE COMMUNITY DEMOGRAPHICS IS INCLUDED IN EACH RESPECTIVE ORGANIZATIONS CHNA GEOGRAPH IC DESCRIPTION OF MEDICAL SERVICE AREA & COMMUNITY SERVED ==================================== ===================================== ST LUKES HOSPITAL BETHLEHEM CAMPUS ------------------ ------------------- A TOTAL OF 496,209 PEOPLE LIVE IN THE 408 57 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT, ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2009-2013) 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 1,214 51 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 88 23 PERSONS PER SQUARE MILE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 20 00 AND 2010 THE POPULATION IN THE REPORT AREA GREW BY 46,227 PERSONS, A CHANGE OF 10 34% THIS POPULATION INCREASE IS GREATER THAN BOTH THE PERCENT INCREASE IN POPULATION FOR THE U NITED STATES, WHICH IS 9 74%, AND THE PERCENT INCREASE IN PENNSYLVANIA, WHICH IS 3 43% WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RE CEIVE SERVICES FROM ST LUKES BETHLEHEM WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE U P 80% OF THE POPULATION SERVED BY THIS HOSPITAL THIS REPORT WILL REFER TO THIS AREA AS TH E "ST LUKES BETHLEHEM SERVICE AREA" THE TOP FIVE COUNTIES SERVED BY ST LUKES BETHLEHEM IN PENNSYLVANIA INCLUDE NORTHAMPTON, LEHIGH, CARBON, AND BUCKS COUNTIES IN PENNSYLVANIA, A ND WARREN COUNTY IN NEW JERSEY THERE ARE A TOTAL OF 19 ZIP CODES THAT WERE INCLUDED IN TH E FINAL ANALYSES THE MAP ABOVE IDENTIFIES THE AREAS SERVED ON THE FOLLOWING PAGE IS A TA BLE LISTING THE TOP ZIP CODES AS WELL AS THE PERCENTAGE THAT THE POPULATION FROM EACH ZIP CODE CONSTITUTES FOR THE PATIENT POPULATION SEEN AT ST LUKES BETHLEHEM AND AT SLUHN AS A WHOLE ST LUKES HOSPITAL ALLENTOWN CAMPUS ------------------------------------- A TOTA L OF 328,577 PEOPLE LIVE IN THE 213 54 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2009-2013) 5-YEAR ESTIMATE S THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 1,538 72 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 88 23 PERSONS PER SQUARE MILE WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RE CEIVE ANY SERVICES FROM ST LUKES ALLENTOWN WE DEFINED THE TOP ZIP CODES AS THOSE THAT MA KE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL THIS REPORT WILL REFER TO THIS AREA A S THE "ST LUKES ALLENTOWN SERVICE AREA" THE TOP COUNTIES SERVED BY ST LUKES ALLENTOWN I NCLUDE LEHIGH, BERKS, AND NORTHAMPTON COUNTIES IN PENNSYLVANIA THERE ARE A TOTAL OF 16 ZI P CODES INCLUDED THAT CONSTITUTE 80% OF THE POPULATION SERVED AT ST LUKES ALLENTOWN THE MAP DISPLAYS THE TOP ZIP CODES WHERE OUR PATIENTS ARE FROM THE CHART ON THE FOLLOWING PAG E LISTS THE ZIP CODES AS WELL AS THE PERCENTAGE FOR WHICH EACH ZIP CODE CONSTITUTES WITHIN ST LUKES ALLENTOWN AS WELL AS WITHIN THE ENTIRE NETWORK GENDER ====== ST LUKES HOSPITA L BETHLEHEM CAMPUS -------------------------------------- ACCORDING TO THE U S CENSUS B UREAUS AMERICAN COMMUNITY SURVEY (ACS, 2009-13), THE PERCENTAGE OF FEMALES IN THE ST LUKE S BETHLEHEM SERVICE AREA RANGES FROM 50 55% (CARBON COUNTY) TO 51 41% (LEHIGH COUNTY) THE PERCENTAGE OF MALES RANGES FROM 48 59% (LEHIGH COUNTY) TO 49 45% (CARBON COUNTY) (ACS, 20 09-13) FOR MALES THE PERCENTAGE RANGE IS LOWER, WHICH IS IN ACCORDANCE WITH THE NATIONAL TREND OF THERE BEING A LOWER PERCENTAGE OF MALES (49 19%) (ACS, 2009-13) ST LUKES HOSPIT AL ALLENTOWN CAMPUS ------------------------------------- ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS 2009-13) 5-YEAR ESTIMATES, BETWEEN 50 91% (BERKS COU NTY) AND 51 41% (LEHIGH COUNTY) OF THE POPULATION ARE FEMALES IN THE ST LUKES ALLENTOWN S ERVICE AREA THE MALE POPULATION RANGES FROM 48 93% (NORTHAMPTON COUNTY) TO 49 09% (BERKS COUNTY) AGE === ST LUKES HOSPITAL BETHLEHEM CAMPUS ----------------------------------- --- THE PERCENT OF THE POPULATION THAT FALLS UNDER THE AGE OF 18 AS REPORTED BY THE ACS (2 009-13) IS 22 32% OF THE POPULATION, AND THE PERCENT OF THE POPULATION THAT IS OVER THE AG E OF 65 REPRESENTS 15 79% OF THE POPULATION THIS MEANS THAT 61 89% OF THE POPULATION FALL S BETWEEN THE AGES OF 18-65 THE AGE DISTRIBUTION GRAPH BY PATIENT VISITS FROM ST LUKES I NTERNAL DATA SHOWS THAT THE LARGEST AGE GROUP OF THE PATIENTS SEEN FELL IN THE ABOVE 65 RA NGE, WITH 45-64 BEING THE SECOND HIGHEST AGE GROUP FROM WHICH PATIENTS VISITED ST LUKES B ETHLEHEM IN THE PAST YEAR ST LUKES HOSPITAL ALLENTOWN CAMPUS ------------------------- ------------- DATA FROM THE ACS (2009-13) TELL US

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	THAT 23 35% OF THE POPULATION IN THE ST LUKES ALLENTOWN SERVICE AREA IS UNDER THE AGE OF 18, AND 14 49% OF THE POPULATION IS OVER THE AGE OF 65, LEAVING 62 15% OF THE POPULATION I N THE 18-64 AGE RANGE THE GRAPH ON THE RIGHT IS FROM ST LUKES INTERNAL DATA, AND SHOWS TH AT A HIGH PROPORTION OF THE PATIENTS SEEN AT ST LUKES ALLENTOWN FALL IN THE 45-64 AND 65 AND OLDER AGE RANGES RACE ==== ST LUKES HOSPITAL BETHLEHEM CAMPUS --------------------------------------- WHEN THE ST LUKES BETHLEHEM POPULATION IS BROKEN DOWN BY RACE, THE TOP PIE CHART SHOWS THAT MOST OF THE INDIVIDUALS IN THE POPULATION IDENTIFY AS WHITE, CONSTIT UTING 81 13% OF THE SERVICE AREA (ACS, 2009-13) THE SECOND LARGEST RACE GROUP IN THIS ARE A IS THOSE WHO IDENTIFY AS BLACK, WHO REPRESENT 6 88% OF THE POPULATION (ACS, 2009-13) OV ERALL, RACES OTHER THAN WHITE REPRESENT 18 87% OF THE TOTAL POPULATION IN THE ST LUKES BE THLEHEM SERVICE AREA (ACS 2009-13) ST LUKES HOSPITAL ALLENTOWN CAMPUS ---------------- -------------------- AS EVIDENCED BY THE TOP PIE CHART, THE MAJORITY OF THE POPULATION I N THE ST LUKES ALLENTOWN SERVICE AREA IDENTIFY AS WHITE, CONSTITUTING 79 02% OF THE POPUL ATION THE NEXT LARGEST RACE GROUP IS THOSE WHO IDENTIFY AS SOME OTHER RACE (7 58%), AND T HOSE WHO IDENTIFY AS BLACK (6 95%) ALLENTOWN IS A RACIALLY DIVERSE AREA, AND FROM OUR LAN GUAGE DATA IT IS LIKELY THAT THERE MAY BE A SIGNIFICANT GROUP OF INDIVIDUALS WHO IDENTIFY AS HISPANIC/LATINO OR MIDDLE EASTERN (ACS 2009-13) ETHNICITY ========= ST LUKES HOSPITAL BETHLEHEM CAMPUS --------------------------------------- BY EXAMINING ETHNICITY, WE CAN BETTER UNDERSTAND WHAT THE ST LUKES BETHLEHEM POPULATION LOOKS LIKE THE DATA SHOW THAT M OST OF THE POPULATION IDENTIFIES THEIR ETHNICITY AS NON-HISPANIC (81 36%), AND THE REMAINI NG 18 64% OF THE POPULATION IDENTIFIES AS HISPANIC OR LATINO (ACS, 2009-13) THIS BREAKDOW N IS SIMILAR TO THE PERCENTAGE OF INDIVIDUALS IN LEHIGH COUNTY SPECIFICALLY WHO IDENTIFY A S HISPANIC OR LATINO (19 58%) (ACS, 2009-13) ST LUKES HOSPITAL ALLENTOWN CAMPUS ------- -------------------------------- AS SEEN IN THE PIE CHART, WHEN BREAKING DOWN THE ST LUKE S ALLENTOWN SERVICE AREA POPULATION BY ETHNICITY, THERE IS STILL A MAJORITY OF THE POPULAT ION THAT IS NON-HISPANIC, BUT THE 22 13% OF THE POPULATION THAT IS HISPANIC OR LATINO IS L ARGE, ESPECIALLY COMPARED TO THE OTHER HOSPITAL CAMPUSES WITHIN THE NETWORK (ACS 2009-13) POVERTY ======= ST LUKES HOSPITAL BETHLEHEM CAMPUS ------------------------------------ --- ACCORDING TO THE ACS (2009-13), THE PERCENT OF THE POPULATION THAT HAVE INCOMES THAT F ALL AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) IN THE ST LUKES BETHLEHEM SERVICE AREA IS 13 49% THIS IS COMPARED TO 13 3% OF THE POPULATION IN PENNSYLVANIA AND 15 37% OF THE U S POPULATION WHO HAVE INCOMES THAT FALL AT OR BELOW 100% OF THE FPL IN 2015, THE FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR WAS $ 24,250 (U S DEPARTMENT OF HEALTH AND HUM AN SERVICES, 2015) ST LUKES HOSPITAL ALLENTOWN CAMPUS --------------------------------- ------ ACCORDING TO THE ACS (2009-13), 33 89% OF THE POPULATION IN THE ST LUKES ALLENTOWN SERVICE AREA ARE LIVING WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL), THIS IS SIMILAR TO THE NATIONAL AVERAGE OF 34 23%, BUT IS SLIGHTLY HIGHER THAN THE PENNSY LVANIA AVERAGE OF 30 51% THERE ARE LARGE SECTIONS OF ALLENTOWN ZIP CODES SUCH AS 18102, 1 8103, AND 18109 THAT HAVE OVER 50% OF THEIR POPULATION LIVING AT 200% OF THE FPL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	THE ENTIRE ST LUKE'S UNIVERSITY HEALTH NETWORK PROMOTES THE HEALTH OF THE COMMUNITY ON A DAILY BASIS THROUGHOUT THE YEAR THE NETWORK COORDINATES AND OFFERS NUMEROUS COMMUNITY BENEFIT PROGRAMS, ACTIVITIES AND SUPPORT GROUPS TO THE COMMUNITY, WITH A SPECIAL EMPHASIS ON OUR VULNERABLE POPULATIONS PLEASE REFER TO SCHEDULE O FOR A DETAILED COMMUNITY BENEFIT STATEMENT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE ST LUKE'S UNIVERSITY HEALT H NETWORK NOT FOR-PROFIT ST LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES ================= === ST LUKE'S HEALTH NETWORK, INC ------------- ------------------ ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT OF THE ST LUK E'S UNIVERSITY HEALTH NETWORK ("ST LUKE'S") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM C ONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THIS ORGANIZATION IS THE SOLE M EMBER OR STOCKHOLDER OF EACH AFFILIATED ENTITY ST LUKE'S IS AN INTEGRATED NETWORK OF HEA LTHCARE PROVIDERS THROUGHOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY ST LUKE'S HEALTH NETWORK, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IN TERNAL REVENUE CODE 509(A)(3) AS THE PARENT ORGANIZATION, ST LUKE'S HEALTH NETWORK, INC STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROV IDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HE ALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA AND NEW JERSEY AND SURROUNDING COMMUNIT IES ST LUKE'S HEALTH NETWORK, INC ENSURES THAT ITS NETWORK PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL OR IGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SER VICES ST LUKE'S ACTIVE HOSPITALS INCLUDE ST LUKE'S HOSPITAL OF BETHLEHEM, PA, ST LUKE' S QUAKERTOWN HOSPITAL, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC , ST LUKE'S HOSPITAL AND ERSON CAMPUS AND ST LUKE'S WARREN HOSPITAL EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 EACH PROVIDES MEDIC ALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUD ING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 EACH OPERATES AN ACTIVE EME RGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEA R, 3 EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS, 4 CONTROL OF EACH RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS O F ST LUKE'S HEALTH NETWORK, INC BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT C IVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED T O IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES ST LUKE'S CARE, LLC -------------------- A LIMITED LIABILI TY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HEALTH NETWORK, INC THIS ENTITY IS LOCATED IN ALLENTOWN PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INAC TIVE BUT WILL BE A CLINICALLY INTEGRATED NETWORK GOING FORWARD ST LUKE'S SHARED SAVINGS PLAN, LLC ------------------------------------ A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HEALTH NETWORK, INC THIS ENTITY IS LOCATE D IN ALLENTOWN PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INACTIVE ST LUKE'S HOSPITAL O F BETHLEHEM, PENNSYLVANIA -- ST LUKE'S HOSPIT AL OF BETHLEHEM, PENNSYLVANIA IS COMPRISED OF TWO NON-PROFIT HOSPITAL CAMPUSES A 480-BED CAMPUS IN BETHLEHEM, PENNSYLVANIA AND A 158 BED CAMPUS IN ALLENTOWN, PENNSYLVANIA ST LUK E'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A N INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURP OSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST L UKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 CANCER IMMUNOTHERAPIES, LLC ---------------------------- A L IMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S H OSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S AIRMED, LLC ---------------------- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S HOMESTAR SERVICES, LLC --------------------------------- A LIMITED L IABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SERVICES IN BETHLEHEM, PENNSYL VANIA ST LUKE'S WINDGAP PROPERTY, LLC -------------------------------- A LIMITED LIABILI TY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BET HLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE POCONO MRI IMAGING AND DIAGNOSTIC CENTER, LLC -------------------------------------

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	-------- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SERVICES I N BETHLEHEM, PENNSYLVANIA EVANTAGE HEALTH, LLC -------------------- A LIMITED LIABILITY C OMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEH EM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S HOSPITAL ANDERSON CAMPUS - --------------------------------- ST LUKE'S HOSPITAL ANDERSON CAMPUS IS A 108-BED NON-PR OFIT HOSPITAL LOCATED IN EASTON, PENNSYLVANIA ST LUKE'S HOSPITAL ANDERSON CAMPUS IS RECO GNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT OR GANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECES SARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONA L ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSPITAL ANDERSON CAMPUS OPERATES CONSIST ENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S QUAKERTOWN HOSPI TAL ----------------------------- ST LUKE'S QUAKERTOWN HOSPITAL IS A 62-BED NON-PROFIT H OSPITAL LOCATED IN QUAKERTOWN, PENNSYLVANIA ST LUKE'S QUAKERTOWN HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZAT ION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HE ALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGI N OR ABILITY TO PAY MOREOVER, ST LUKE'S QUAKERTOWN HOSPITAL OPERATES CONSISTENTLY WITH T HE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 CARBON-SCHUYLKILL COMMUNITY HOSPITAL, I NC -- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC IS A 45-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN COALDALE, PENNSYLVANIA CARBON-SCHUY LKILL COMMUNITY HOSPITAL, INC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNA L REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLE SS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, CARBON-SCHUYLK ILL COMMUNITY HOSPITAL, INC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVEN UE RULING 69-545 ST LUKE'S HOSPITAL MONROE CAMPUS -------------------------------- ST LUKE'S HOSPITAL MONROE CAMPUS OPENED ON OCTOBER 1, 2016 AND IS A 108-BED NON-PROFIT COMMUN ITY HOSPITAL LOCATED IN BARTONSVILLE, PENNSYLVANIA, MONROE COUNTY ST LUKE'S HOSPITAL MON ROE CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501 (C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVID ES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, C REED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSPITAL MONROE CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 THIS ORGANI ZATION WAS INACTIVE DURING THE CURRENT FISCAL YEAR ST LUKE'S WARREN HOSPITAL, INC ----- --------------------------- ST LUKE'S WARREN HOSPITAL, INC IS A 198-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN PHILLIPSBURG, NEW JERSEY ST LUKE'S WARREN HOSPITAL, INC IS RE COGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NEC ESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIO NAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S WARREN HOSPITAL, INC OPERATES CONSISTE NTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S WARREN HOSPITAL F OUNDATION, INC --- ST LUKE'S WARREN HOSPITAL FOU NDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA AND NEW JERSEY NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990 Schedule H, Part V Section A. Hospital Facilities

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? 2 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST LUKE'S HOSPITAL-BETHLEHEM CAMPUS 801 OSTRUM STREET BETHLEHEM,PA 180151000 WWW SLHN ORG 451201	X	X		X		X	X			1
2	ST LUKE'S HOSPITAL-ALLENTOWN CAMPUS 1736 W HAMILTON STREET ALLENTOWN,PA 18104 WWW SLHN ORG 451201	X	X		X			X			1

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)
1	St Luke's North 153 Brodhead Road Bethlehem, PA 18017	Outpatient Services - Various
1	St Luke's West End Medical Center 501 Cetronia Road Allentown, PA 18104	Outpatient Services - Various
2	St Luke's Sleep Disorder Center 240 North Cetronia Road Allentown, PA 18104	Outpatient Services - SPECIALIZED CANCER CARE & RADIOLOGY
3	St Luke's Diaylsis Center 1425 Eighth Avenue Bethlehem, PA 18018	Outpatient Services - SPECIALIZED DIALYSIS CARE
4	St Luke's Health Center - Bath 6651 Silver Crest Road Bath, PA 18014	Outpatient Services - Various
5	St Luke's Neurology Associates 1521 Eighth Avenue Bethlehem, PA 18018	Outpatient Services - NeurologY TESTING
6	St Luke's South Side Medical Center 511 East Third Street Bethlehem, PA 18015	Outpatient Services - DentistrY SERVICES
7	St Luke's Care Now 123 Sullivan Rd Forks Township, PA 18040	Outpatient Services - Various
8	St Luke's Heart & Vascular Center 1469 Eighth Avenue Bethlehem, PA 18018	Outpatient Services - Cardiac & NUCLEAR TESTING
9	St Luke's Regional Breast Center 5848 Old Bethlehem Pike Center Valley, PA 18034	Outpatient Services - various SERVICES & LAB BLOOD DRAW
10	St Luke's Physical Therapy 2301 Cherry Lane Hellertown, PA 18015	Outpatient Services - Physical Therapy
11	Sports & Medicine Rehab Center 1441 Schoenersville Road Bethlehem, PA 18018	Outpatient Services - Physical Therapy
12	St Luke's Behavioral Health 1107 Eaton Ave Bethlehem, PA 18018	Outpatient Services - EVALUATION & TREATMENT
13	St Luke's Easton Dental Clinic 100 North 3rd Street Easton, PA 18042	Outpatient Services - DENTISTRY SERVICES
14	St Luke's Sleep Disorder Center 561 East Market Street Bethlehem, PA 18018	Outpatient Services - EVALUATION & TREATMENT OF SLEEP DISORDER

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)
16	St Luke's Community Health 1530 Eighth Avenue Bethlehem, PA 18018	Outpatient Services - COMMUNITY HEALTH
1	St Luke's Physical Therapy 1174 Illicks Mill Road Bethlehem, PA 18018	Outpatient Services - Physical Therapy
2	St Luke's Care Now 1104 North Street Jim Thorpe, PA 18229	Outpatient Services - Urgent CARE, IMAGING & LAB BLOOD DRAW
3	St Luke's Physical Therapy 1901 Hamilton Blvd Allentown, PA 18104	Outpatient Services - Physical Therapy
4	St Luke's Physical Therapy 682 North Brookside ROAD Wescosville, PA 18106	Outpatient Services - Physical Therapy
5	St Luke's Perinatal Associates 701 Ostrum StREET Bethlehem, PA 18018	Outpatient Services - Perinatal
6	St Luke's Physical Therapy 1417 Eighth Avenue Bethlehem, PA 18018	Outpatient Services - Physical Therapy
7	The Vascular Center 1648 WEST Hamilton StREET Allentown, PA 18102	Outpatient Services - Cardiac & VASCULAR TESTING
8	St Luke's Physical Therapy 4136 West Tilghman StREET Allentown, PA 18104	Outpatient Services - Physical Therapy
9	St Luke's Physical Therapy 3560 Route 309 Orefield, PA 18069	Outpatient Services - Physical Therapy
10	St Luke's Physical Therapy 1894 Center Street Northampton, PA 18067	Outpatient Services - Physical Therapy
11	St Luke's Physical Therapy 518-522 Chestnut StREET Emmaus, PA 18049	Outpatient Services - Physical Therapy
12	St Luke's Perinatal Associates 500 Independence Road East Stroudsburg, PA 18301	OUTPATIENT SERVICES - Perinatology
13	St Luke's Physical Therapy 4317 Easton AveNUE Bethlehem, PA 18018	Outpatient Services - Physical Therapy
14	St Luke's Physical Therapy 3213 Nazareth Road Easton, PA 18045	Outpatient Services - Physical Therapy

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)
31	William Penn Diagnostic 4379 Easton Avenue Bethlehem, PA 18018	Outpatient Services - Various
1	St Luke's FP at Donegan 1210 East Fourth Street Bethlehem, PA 18018	Outpatient Services - Family CLINIC
2	St Luke's Physical Therapy 39 SOUTH Main Street Nazareth, PA 18064	Outpatient Services - PHYSICAL THERAPY
3	Women's Health Center 1837 WEST Linden Street Allentown, PA 18104	Outpatient Services - DIAGNOSTIC BREAST CARE
4	St Luke's Physical Therapy 3760 Brookside Road Macungie, PA 18062	Outpatient Services - PHYSICAL THERAPY
5	St Luke's Spine & Pain Associates 830 Ostrum StREET Fountain Hill, PA 18015	Outpatient Services - Pain MANAGEMENT
6	St Luke's Dr Bub & Assoc Family MED 603-619 Dalton StREET Emmaus, PA 18049	Outpatient Services - LABORATORY
7	St Luke's Heart & Vascular Center 3735 Nazareth Road Easton, PA 18045	Outpatient Services - Vascular TESTING
8	St Luke's Internal Medicine Hamilton CT 3050 Hamilton Street Allentown, PA 18104	Outpatient Services - LAB BLOOD DRAW
9	St Luke's Family Health Center 1501 Lehigh Street Allentown, PA 18103	Outpatient Services - Family CLINIC
10	St Luke's Family Practice - Walnutport 330 N Best Avenue Walnutport, PA 18088	Outpatient Services - Family PRACTICE & BLOOD DRAW LAB
11	St Luke's Saucon Valley Family Practice 255 Front St Hellertown, PA 18055	Outpatient Services - FamilY PRACTICE & BLOOD DRAW LAB
12	St Luke's Wound Center at Moravian 634 EAST Broad Street Bethlehem, PA 18018	Outpatient Services - WOUND CARE
13	St Luke's Perinatal Associates 450 Chew StREET Allentown, PA 18102	Outpatient Services - High RISK PREGNANCY
14	St Luke's Perinatal Associates 108 Plaza Drive Blandon, PA 19510	OUTPATIENT SERVICES - Perinatology

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

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," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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" on 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 . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) GENERAL SURGERY RESIDENCY SCHOLARSHIPS	3	950			
(2) MEDICAL SCHOOL SCHOLARSHIPS	83	405,000			

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
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE NETWORK'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

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 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
BETHLEHEM ECONOMIC DEVELOPMENT CORPORATION 10 East Church Street BETHLEHEM,PA 18018	23-2211627	501(C)(3)	7,500				PROGRAM SUPPORT
BUCKS DEVELOPMENT & CONTRACTING CORP 559 Main Street BETHLEHEM,PA 18018	23-1647355		7,734				PROGRAM SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET Bethlehem,PA 18015	23-1882308	501(C)(3)	55,000				PROGRAM SUPPORT

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 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
THE LEHIGH CONFERENCE OF CHURCHES 534 CHEW St Allentown, PA 18102	23-1484205	501(C)(3)	25,000				PROGRAM SUPPORT
CETRONIA AMBULANCE CORPS INC 4300 BROADWAY ALLENTOWN, PA 181049564	23-1740898	501(C)(3)	50,000				PROGRAM SUPPORT
LEHIGH VALLEY ROAD RUNNERS INC PO BOX 592 ALLENTOWN, PA 18105	23-2377635	501(C)(3)	30,000				PROGRAM SUPPORT

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 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
NEW VENTURE FUND 1201 CONNECTICUT AVE WASHINGTON,DC 20036	20-5806345	501(C)(3)	16,667				PROGRAM SUPPORT
LEHIGH VALLEY COMMUNITY FOUNDATION 840 West Hamilton St ALLENTOWN,PA 18101	23-1686634	501(C)(3)	10,000				PROGRAM SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

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" on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
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	Yes	
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a	Yes	
b	Any related organization?	6b	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2015 FORMS W-2
SCHEDULE J, PART I, QUESTION 1A	THE ORGANIZATION MAINTAINS A MEMBERSHIP IN A COUNTRY CLUB FOR BUSINESS PURPOSES THE COUNTRY CLUB REQUIRES THAT AN INDIVIDUAL IS NAMED AS THE MEMBER, ACCORDINGLY THE ORGANIZATION HAS DESIGNATED ITS PRESIDENT/CEO, RICHARD A ANDERSON, AS THE MEMBER
SCHEDULE J, PART I, QUESTION 3	COMPENSATION REVIEW ------------------- EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF DIRECTORS THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF DIRECTORS AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS BONUS/INCENTIVE -------------- THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS, INCLUDING JOINT COMMISSION, PENNSYLVANIA DEPARTMENT OF HEALTH AND PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION ACCREDITATIONS, EVIDENCE-BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES, SUCH AS PATIENT SATISFACTION, MORTALITY RATE, AND LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST-PER-ADJUSTED DISCHARGE AND NET INCOME OTHER REPORTABLE COMPENSATION ---------------------------- OTHER BENEFITS INCLUDE DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS DEFERRED COMPENSATION --------------------- DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2015 FORM W-2 NONTAXABLE BENEFITS ------------------ NONTAXABLE BENEFITS REPRESENTS HEALTH AND WELFARE BENEFITS RECEIVED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2015 FORM W-2 COMPENSATION REPORTED ON PRIOR 990 --------------------------------- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN B(III) - OTHER COMPENSATION
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATING TO PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE INDIVIDUALS HAVE SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, $1,885,119 AND THOMAS P LICHTENWALNER, $1,413,651 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RICHARD A ANDERSON, $249,136, JOEL D FAGERSTROM, $129,764, THOMAS P LICHTENWALNER, $167,870, CAROL A KUPLEN, RN, MSN, $76,765, FRANK FORD, $133,336, ROBERT L WAX, ESQ , $61,452, AND EDWARD R NAWROCKI, $71,809 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES BRIAN A HOEY, M D , $11,700
SCHEDULE J, PART I, QUESTIONS 6A AND 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN INCLUDES JCAHO, DEPARTMENT OF HEALTH AND TRAUMA CENTER ACCREDITATIONS, EVIDENCE BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES SUCH AS PATIENT SATISFACTION, MORTALITY RATE, LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST PER ADJUSTED DISCHARGE AND FINALLY NET INCOME
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDED VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE, THUS A TAXABLE EVENT OCCURRED FOR TAX REPORTING PURPOSES THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS P LICHTENWALNER, $496,619 THIS AMOUNT HAS BEEN REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE DEFERRED COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SAMUEL R GIAMBER MD VICE CHAIRMAN - DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	164,054	0	16,556	7,207	2,918	190,735	0
1 RICHARD A ANDERSON DIRECTOR-PRESIDENT/CEO-NETWORK	(i)	1,010,531	614,533	1,935,466	267,686	18,819	3,847,035	0
	(ii)	0	0	0	0	0	0	0
2 JOEL D FAGERSTROM EVP & CHIEF OPERATING OFFICER	(i)	548,304	290,237	18,450	140,364	26,586	1,023,941	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS P LICHTENWALNER SVP FINANCE & CFO	(i)	455,713	241,335	1,432,439	186,420	10,183	2,326,090	496,619
	(ii)	0	0	0	0	0	0	0
4 JEFFREY A JAHRE MD SVP MEDICAL & ACADEMIC AFFAIRS	(i)	439,845	269,882	19,999	14,575	19,589	763,890	0
	(ii)	0	0	0	0	0	0	0
5 CAROL A KUPLEN RN MSN SVP/CNO&PRES SLHB (EFF 7/1/15)	(i)	330,387	177,915	18,690	95,315	16,615	638,922	0
	(ii)	0	0	0	0	0	0	0
6 FRANK FORD PRESIDENT-SL ALLENTOWN CAMPUS	(i)	266,424	125,566	19,290	147,911	17,191	576,382	0
	(ii)	0	0	0	0	0	0	0
7 MARC A GRANSON MD CHAIRMAN OF SURGERY	(i)	487,669	174,463	19,980	10,600	18,747	711,459	0
	(ii)	0	0	0	0	0	0	0
8 CHAD T BRISENDINE VP & CHIEF INFORMATION OFFICER	(i)	316,596	308,245	11,443	10,600	27,087	673,971	0
	(ii)	0	0	0	0	0	0	0
9 DENNIS J DOUGHERTY PT PRESIDENT/CEO ST LUKE'S PT	(i)	310,406	260,000	1,290	14,575	15,783	602,054	0
	(ii)	0	0	0	0	0	0	0
10 BRIAN A HOEY MD TRAUMA SURGEON	(i)	545,431	0	990	35,550	24,366	606,337	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT L WAX ESQ SVP GENERAL COUNSEL (NETWORK)	(i)	358,483	186,253	270	76,027	25,945	646,978	0
	(ii)	0	0	0	0	0	0	0
12 EDWARD R NAWROCKI FORMER KEY EMPLOYEE	(i)	302,198	138,727	9,950	90,359	26,445	567,679	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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	23-1653718	5248088D6	02-21-2007	266,310,000	REFUND, ALLENTOWN & EQUIPMENT		X		X		X
B	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RAJ3	06-12-2008	172,181,064	ANDERSON, LAND & EQUIPMENT		X		X		X
C	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RAX2	05-13-2010	24,936,114	REFUND, ANDERSON & EQUIPMENT		X		X		X
D	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-1352213		05-13-2010	10,238,847	REFUND, ANDERSON & EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	266,310,000	172,181,064	24,936,114	10,238,847
4	Gross proceeds in reserve funds	10,614,811	14,917,609	1,900,984	808,979
5	Capitalized interest from proceeds	6,241,731	9,130,300	0	0
6	Proceeds in refunding escrows	136,945,603	0	21,026,176	8,947,858
7	Issuance costs from proceeds	2,656,561	2,053,609	455,646	193,904
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	120,616,807	157,812,664	3,158,279	1,344,032
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	2011	2011

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?	X		X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		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		X		X		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		X		X		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 ▶	0 %		0 %		0 %		0 %	
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		X		X		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		X		X		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?		X		X		X		X
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		X		X		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		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		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			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BANK OF AMERICA		0		0		0	
c	Term of hedge	8 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
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		X		X		X	
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		X		X		X	

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

Return Reference	Explanation
TAX-EXEMPT BONDS	PLEASE REFER TO THE SCHEDULE O SUPPLEMENTAL NARRATIVE INFORMATION WITH RESPECT TO CORE FORM, PART X, LINE 20, TAX-EXEMPT BOND LIABILITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129026897

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*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-1352213	66353RBC7	05-13-2010	34,925,000	REFUND, ANDERSON & EQUIPMENT		X		X		X
B	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RBH6	06-27-2013	25,190,962	ANDERSON EXPANSION		X		X		X
C	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	66353RBH6	06-27-2013	40,305,538	ANDERSON EXPANSION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	34,925,000	25,190,962	40,305,538	
4	Gross proceeds in reserve funds	2,719,307	0	0	
5	Capitalized interest from proceeds	0	564,398	903,037	
6	Proceeds in refunding escrows	30,077,377	0	0	
7	Issuance costs from proceeds	651,790	492,190	787,504	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	4,517,835	23,570,661	37,713,058	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	1,299,112	2,078,579	
13	Year of substantial completion	2011	2014	2015	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X		X		X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III **Private Business Use** *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		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		X		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 ▶	0 %		0 %		0 %			
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		X		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		X		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?		X		X		X		
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		X		X			

Part IV **Arbitrage**

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		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	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	BANK OF AMERICA		0		0			
c	Term of hedge	5 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

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		X		X		
b	Name of provider	0		0		0			
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		X		X			
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		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		X		X			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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? Yes	No

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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) RAYMOND S MIDLAM	FAMILY MEMBER OF DIRECTOR	197,719	EMPLOYEE		No
(2) CTR FOR ORAL MAX SURG ST LUKES	50% OWNER IN JV WITH SLHB	637,250	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	**Explanation**
SCHEDULE l, PART IV	ST LUKES HOSPITAL OF BETHLEHEM PA HOLDS A 50% EQUITY INTEREST IN THE CENTER FOR ORAL AND MAXILLOFACIAL SURGERY AND IMPLANTOLOGY AT ST LUKES, LLC, WHICH PROVIDES ORAL SURGERY SERVICES AND ENABLES THE JOINT VENTURE TO RESPOND TO COMMUNITY NEEDS THE REMAINING 50% OF THE JOINT VENTURE IS OWNED BY A FAMILY MEMBER OF A CURRENT MEMBER OF THE BOARD OF DIRECTORS AS OF JUNE 30, 2016, THE TOTAL AMOUNT INVESTED IN THE JOINT VENTURE BY THIS ORGANIZATION WAS $637,250 ALL TRANSACTIONS AND SERVICES ARE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129026897

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	109,371	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	2	640,000	FMV
16 Real estate—Commercial	X	3	2,948,500	FMV
17 Real estate—Other	X	1	45,000	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (WINE)	X	1	15,249	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, QUESTION 32B	THE ORGANIZATION UTILIZES THE SERVICES OF AN INDEPENDENT INVESTMENT MANAGEMENT FIRM TO SELL DONATED SECURITIES THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ST LUKE'S HOSPITAL OF BETHLEHEM PA	23-1352213

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	St Luke's University Hospital of Bethlehem, Pennsylvania comprises two campuses, one in Bethlehem ("SL-Bethlehem") and one in Allentown ("SL-Allentown"), both in Lehigh County St Luke's University Hospital of Bethlehem, Pennsylvania is recognized by the IRS as an Internal Revenue Code Section 501(c)(3) tax-exempt organization Pursuant to its charitable purposes, St Luke's University Hospital provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay Moreover, St Luke's University Hospital operates consistently with the following criteria outlines in the IRS Revenue Ruling 69-545 1) St Luke's University Hospital provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2) St Luke's University Hospital operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3) St Luke's University Hospital maintains an open medical staff, with privileges available to all qualified physicians, 4) Control of St Luke's University Hospital rests with its Board of Directors and the Board of Directors of St Luke's Health Network, Inc , d b a St Luke's University Health Network Both boards comprise a majority of independent civic leaders and other prominent members of the community, as well as physicians on the Hospital/Network medical staff, and 5) Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities The operations of St Luke's University Hospital, as shown through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of St Luke's University Hospital is for the benefit of the public and that no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally Mission ======== The mission of St Luke's University Hospital, Bethlehem PA is to provide compassionate, excellent quality and cost-effective healthcare to residents of the communities served regardless of race, color, creed, sex, national origin or ability to pay St Luke's has an unwavering commitment to excellence as we care for the sick and injured, educate physicians, nurses and other healthcare providers, and improve access to care in the communities we serve, regardless of a patient's ability to pay for their care Bethlehem Campus ================ SL-Bethlehem is a joint commission-accredited, not-for-profit, tertiary care, teaching hospital located in Bethlehem, PA, founded in 1872 SL-Bethlehem offers more than 90 medical specialties and has 452 licensed acute care and rehab beds In FY '16, there were 25,918 admissions and observations, 366,926 outpatient registrations and 51,601 ED visits The Older Adult Behavioral Health Unit treats adults 60 years of age and over in a secure and intimate setting created to address the unique behavioral health needs of older adults The Unit operates at 84 percent of capacity Additional senior services include The Center for Positive Aging, senior surgical program, long-term care facility networking and Nurses Improving Care for Healthsystem Elders (NICHE) designation In FY '16, SL-Bethlehem invested more than $16 9 million in technologic and facility improvements Investments included the acquisition of the Medical Office Building adjacent to the hospital complex, fit out of the Bethlehem Sports Medicine and Rehabilitation Center and completed renovation to two inpatient nursing floors Infrastructural improvements were made to the hospital roof through the replacement of the coping stones, combined with various heating, ventilation and air conditioning improvements, along with other general construction projects New technological investments included an MRI Upgrade and related room renovation, Cardiac Cath Lab Mac Upgrades, the purchase of Pulse Oximeter Monitoring Equipment, Radiation Oncology HDR equipment, Arctic Sun warmer units and various other equipment supporting the OR, physical therapy and numerous other departments The Network continued to expand access and visibility to strengthen its referral base in Monroe County A purchase agreement was signed for a 39-acre site for a proposed new St Luke's hospital tentatively scheduled to open in Fall 2016 Additionally, the Network acquired a pediatric practice and opened St Luke's Heart & Vascular Center in East Stroudsburg, Monroe County St Luke's Physician Group employs 22 full-time primary care providers and GI, Pulmonary, Orthopaedic, OB/GYN, Nephrology, Neurosurgery, Urology, Vascular Surgery, Medical and Surgical Oncology specialists in Monroe County Areas of Exceptional Medical Expertise include Trauma ------ Level I Adult Trauma Center awarded three-year accreditation with no significant issues identified by Pennsylvania Trauma Systems Foundation, more than 3,945 trauma cases network-wide in FY16 Oncology -------- St Luke's provides cancer services throughout its Network, providing care to approximately 2,900 new oncology patients each year St Luke's has three comprehensive outpatient cancer centers that provide physician outpatient services, infusion and radiation therapy, located in Allentown, Bethlehem and Easton (Anderson Campus), and also provides cancer services in Quakertown, Coaldale, East Stroudsburg and Warren County, NJ St Luke's is one of only two healthcare networks in Pennsylvania to earn national three-year accreditation with commendation as an integrated network cancer program from the Commission on Cancer of the American College of Surgeons, and one of only 51 healthcare networks nationwide, recognized for achieving the highest level of quality and patient safety in Radiation Oncology, earning a three-year accreditation from the American College of Radiology (ACR) St Luke's Cancer Center is staffed by a team of fellowship-trained cancer experts specializing in surgical oncology, medical oncology, radiation oncology, gynecologic oncology, thoracic surgery, urologic surgery and neurosurgical oncology The Center emphasizes patient satisfaction and treats all types of cancer, including abdominal, bone and joint, brain and spine, breast, colon and rectum, cancer of the digestive system, gynecologic, head and neck, liver, lung/thoracic, lymphoma/leukemia, melanoma, prostate, thyroid/endocrine system and urinary The Center offers advanced programs for melanoma, lung, breast, brain and spine, prostate, gynecological and gastrointestinal cancers St Luke's takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists This multidisciplinary partnership results in improved patient care and offers the full cancer care spectrum including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, palliative and end-of-life care Cancer patients only need to call one phone number (Hope Line) in order to access the oncology services at SLUHN St Lukes Brain and Spine Tumor Center was the first in the region to offer "Frameless Stereotactic Radiosurgery" (SRS) for malignant and benign brain tumors The frameless system uses surface mapping, tracking and the patients facial features during treatments, allowing SRS to be performed non-invasively, without using traditional frame-based immobilization devices (no pins into the skull) This provides more comfortable, faster treatment and recovery experience that is not available anywhere else in the region Laser Interstitial Therapy (LITT) using Visualase, an MRI-guided laser ablation system is another breakthrough in treatment of brain cancer, and also a regional first By delivering light energy through a laser applicator, LITT can precisely locate intracranial soft tissue lesions and destroy them It is frequently the preferred treatment for patients with a recurrence of a tumor that has already been treated with SRS INTRABEAM IORT technology is available at St Lukes Anderson Campus This procedure spares some women with early stage breast cancer weeks of radiation therapy Using low energy X-rays, INTRABEAM is precisely administered to the tumor bed following lumpectomy before the incision is closed Some early stage breast cancers may be treated with only a single treatment while others may require additional standard radiation therapy but over a shorter time period

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Cardiology and Cardiovascular Surgery ------------------------------------ The only hospital in region named one of nation's top cardiovascular hospitals, six-year recipient (Truven, formerly Thomson-Reuters, 1999, 2001, 2002, 2003, 2012, 2014), multiple-year recipient of highest rating for cardiac surgery, represents top decile performance achieved by only 6 percent of U S hospitals (Society of Thoracic Surgery, 2008, 2009, 2011, 2012, 2013, 2015), lowest mortality index in the region for heart disease and heart surgery patients, region's first accredited chest pain center, region's first Joint Commission-certified heart failure program Cath/Electrophysiology Lab volumes have increased 8 percent and cardiac surgery volumes have increased 35 percent over the past two years The first Ventricular Assist Device (VAD) procedure in the Network was completed in 2014, since that time we have completed 15 such procedures with outstanding outcomes St Luke's Heart & Vascular Center (Center) has offices in Allentown, Bethlehem, Brodheadsville, Coaldale, East Stroudsburg, Easton, Pennsburg, Quakertown, Walnutport and Wind Gap in Pennsylvania and in Phillipsburg and Warren Hills in New Jersey St Luke's offers comprehensive cardiovascular surgical services, excluding heart transplants The Center has established St Luke's Heart Valve Center, St Luke's Atrial Fibrillation Center, St Luke's Vascular Center and St Luke's Women's Heart Center, each offering a multidisciplinary approach to diagnosis and treatment options St Lukes Bethlehem was selected as one of the few U S hospitals to offer transcatheter aortic valve replacement (TAVR), a catheter-based valve replacement procedure, and is the first institution in the region approved to perform the TAVR procedure independently St Lukes is the only cardiovascular program in the region to offer a minimally invasive approach to mitral valve repair (MitraClip) St Lukes Bethlehem is also one of the region's busiest sites for thoracic stent graft repair of thoracic aortic diseases resulting from trauma or aneurysms Services include Atrial Fibrillation expert team of cardiac electrophysiologists and cardiac surgeons specialize in treating atrial fibrillation and other heart rhythm disorders, cardiology testing, minimally invasive cardiology procedures, cardiac rehabilitation, heart and heart valve surgery, women's heart issues, clinical trials and research, and full range of vascular surgeries and treatments Neuroscience ------------ The St Luke's Center for Neuroscience provides coordinated care of conditions of the nervous system including amyotrophic lateral sclerosis (ALS), aneurysms, balance disorders, brain and spine conditions, epilepsy (including epilepsy monitoring unit), headaches, memory disorders, including Alzheimer's disease, movement disorders, multiple sclerosis, myasthenia gravis, normal pressure hydrocephalus, peripheral nerve disease and sleep disorders The St Luke's Stroke Center in Bethlehem, Allentown, and Bethlehem Township were accredited by the Joint Commission in FY15 as a Primary Stroke Center, and feature a 24-hour, multidisciplinary emergency response team for the management of acute stroke patients, as well as a team of health care providers dedicated to the ongoing care of stroke victims St Luke's earned the Stroke Gold plus Honor Roll Elite award, the highest award conferred to hospitals for stroke care, and Stroke National Honor Roll recognition in 2015 by the American Heart Association/American Stroke Association This award recognizes at least 85 percent compliance in each of the seven Get with the Guidelines Stroke Achievement Measures over a period of 24 consecutive months The award also recognizes door-to-needle times that are within 60 minutes of onset for at least 75 percent of applicable patients In 2014, St Lukes Center for Neuroscience was also recognized as a U S News and World Report Best Regional Hospital for Neurology and Neurosurgery Orthopedic Care --------------- St Lukes Orthopedic Care physicians have extensive experience and specialized training in specific areas of expertise including total joint replacement and reconstruction, including anterior hip approach replacements, minimally invasive surgery, primary and reconstructive surgery of the spine, sports injuries, diseases and conditions of the hand, wrist and elbow, traumatic injuries, comprehensive sports medicine In 2014, St Lukes was also recognized as a U S News and World Report Best Regional Hospital for Orthopaedics Radiology/Interventional Services --------------------------------- Enterprise agreement with GE Healthcare, making St Luke's one of only a few health care networks in the country partnering with GE to develop new imaging technology through the use of all-digital systems In addition, St Luke's is an international show site for GE, bringing physicians from all over the world to visit the Network and observe procedures being performed with advanced medical technologies St Luke's was first in the U S to install the GE Discovery IGS 730 Hybrid Operating Room, an interventional suite that combines the best of imaging and surgical technology in one operating room St Lukes was also the first hospital in Pennsylvania to earn American College of Radiology recognition in Cardiac MRI St Lukes Regional Breast Center in Center Valley provides diagnostic mammograms and higher-level breast imaging St Lukes Womens Imaging Centers in Allentown, Coaldale, Upper Perkiomen and Phillipsburg offer low-dose 3D mammography with SensorySuite from GE Healthcare In the Suite, women are surrounded by an interactive experience that stimulates the senses and reduces anxiety The 3D technology uses a low-dose, short X-ray sweep around the compressed breast This imaging technique is designed to separate the tissues and reduce the overlapping of structures to create a clearer image A fully-accredited vascular lab offers the latest ultrasound imaging, the Logic 9, which provides 3-D ultrasound images for optimal diagnosis St Luke's Anderson Campus features advanced technologies including a wide-bore MRI that offers uncompromised image quality and a high-definition, low-dose CT that reduces radiation exposure up to 50 percent St Lukes University Hospital in Bethlehem, St Lukes Warren Campus and St Lukes Monroe Campus offer GEs Silent Scan MRI technology which turns down the volume during an MRI exam significantly, reducing anxiety and the need for repeat scans The application is whisper quiet for individuals who require head scans Wide-bore MRI, beneficial for larger and claustrophobic patients, is available at St Lukes Anderson, Bethlehem, Monroe and Warren Campuses Also, St Lukes University Hospital in Bethlehem now has a Bi-Plane Room for advanced Neuroimaging The biplane allows us to provide for faster, safer and fewer radiation doses during complex neuro interventions This imaging equipment allows for visualization in two different planes simultaneously rather than having to image separately to gain the same information Women's/Children's Health ------------------------- Leader in state and national programs to improve perinatal care, achieving an early elective delivery rate of 0 percent for more than a year, and is well below the 3 percent national and 2 percent state average rates, maintained a 0 percent rate of health care associated bloodstream infections in newborns for more than a year, specialized care for high-risk pregnancy, one of the region's most utilized obstetrical service (Allentown/Bethlehem), two neonatal intensive care units (Allentown/Bethlehem) achieved zero infections per 100 ventilator days, below the 9 infections per 100 days national benchmark established by the National Healthcare Safety Network, pediatric specialty care provided by St Christopher's Hospital for Children and St Luke's Pediatric Endocrinology, Nephrology and Gastroenterology Robotic/Minimally Invasive Surgery --------------------------------- Pennsylvania's most experienced robotic surgical teams, St Luke's fellowship-trained gynecologic oncologists perform robotic surgery for gynecologic cancers, fellowship-trained urologists perform robotic surgery for prostate cancer Additionally, St Luke's offers robotic technology for the following thoracic surgery, ENT, gall bladder and colon resection SL Allentown is a nationally recognized Center for Excellence in Minimally Invasive Surgery and St Luke's offers a minimally invasive surgical fellowship

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Community Outreach ================== In keeping with its commitment to the communities it serves SL-Bethlehem annually reaches more than 100,000 people through its community outreach endeavors The Hospital offers a variety of free screenings/services for community-run events throughout the year Community outreach, includes, but is not limited to, the following 1) utilized numerous media outlets to educate the community about health issues that may impact them, 2) provided first aid services and a wide range of health screenings at numerous community events including Historic Bethlehem Blueberry Festival, Connie Mack Baseball Tournament, Endurorama Bike Event, Southern Lehigh Swimming Championships, MS Beach Bash, VegFest, Town Hall Cyclocross, Cops and Kids Literacy Event, Runners World Half Marathon, Christkindlmarket, Hellertown Relay for Life, Celtic Classic, ArtsQuest Farmers Market and Man Care Health Fair, 3) conducted more than 125 classes related to BLS/CPR, ACLS, PALS, EMS educational outreach, Newborn/New Mom Care, Babys First Year, Grandparenting and pregnancy orientations, 4) provided mobile medical services to more than 387 children in the Bethlehem School District, during more than 819 visits including physicals, adolescent health assessments, vision services, insurance referrals and nutrition counseling, 5) provided mobile dental services to more than 1,000 children in the Bethlehem School District, 6) conducted literacy initiatives including an after school Reading Rocks! program and a Read Across America Dr Seuss Event at Donegan Elementary School, Fountain Hill Elementary School and William Penn Elementary School in the Bethlehem School District, 7) Provided career mentoring and/or job skills experience to over 200 students of the Bethlehem School District, 8) In partnership with Kellyn Foundation, conduction nutrition and garden education to over 700 3rd-5th grade students at Donegan Elementary School, Marvine Elementary School and Fountain Hill Elementary School, 9) In partnership with St Lukes Sports Medicine Department conducted a summer healthy living program for over 50 students at Fountain Hill Elementary School focusing on physical activity, healthy eating, sunscreen and proper hydration education, 10) Conducted the Get Your Tail on the Trail program, a 165 mile physical activity challenge, in partnership with the Delaware & Lehigh National Heritage Corridor to increase physical activity for residents of Bethlehem, 11) Partnered with the City of Bethlehem to launch Bike Bethlehem, a free bike share program, funded by St Lukes, and 12) Conducted in-kind diabetes screening and colon cancer awareness programs at The Hispanic Center of the Lehigh Valley and Holy Infancy Church to over 60 participants Allentown Campus ================ SL-Allentown was founded in 1945 as the Allentown Osteopathic Medical Center and is located in the west end of the city of Allentown In 1997, the not-for-profit medical center entered into a merger with St Luke's Since joining St Luke's, the 131-licensed bed, Joint Commission accredited SL-Allentown has experienced triple-digit increases in observations and admissions (FY16 - 10,214) and ED visits (FY16 - 50,532) and outpatient registrations (FY16 173,381) St Luke's Allentown Campus has invested more than $170 million in technologic and facility improvements since SLA joined the Network In FY'16, these improvements included $2 5 million to operationalize a GI/Endo suite with two GI labs at our West End Medical Center, and to demolish our Annex building and replace it with a Medical Office Building in scheduled for FY19 An additional $2 million was used to replace a main air handler unit, to start a project to operationalize our eighth operating room and to upgrade various pieces of medical equipment including ultrasound equipment, anesthesia machines, pumps and x-ray equipment that will provide better patient care A five-story addition, opened in June 2003, included a 10,000 square foot emergency department expansion, five state-of-the-art operating room suites, some of the most advanced imaging technology from GE Healthcare, the addition of a 10-bed intensive care unit and various support departments In January 2007, St Luke's nationally-recognized cardiovascular program was introduced at SL-Allentown The comprehensive program includes emergency care for heart attacks, provides 24 hours-a-day, seven days-a-week, cardiac testing, cardiac catheterization electrophysiology studies and other cardiac procedures by some of the most experienced physicians in the region SL-Allentown's bariatric surgery program has been designated an accredited center of the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program SL-Allentown provides extensive education and support programs for bariatric patients In August 2007, St Luke's opened an outpatient cancer center at the Integrated Health Campus in South Whitehall Township, adjacent to Allentown The center provides a very comfortable, inviting environment where patients can receive high quality, compassionate, comprehensive and coordinated outpatient cancer care under one roof Additional outpatient services at the Integrated Health Campus include Center for Neuroscience, Sleep Disorders Center, Center for Urology, Weight Loss (Bariatric) Program SL-Allentown doubled its size and the size of the emergency department in September 2008 The renovation added six new ICU beds for critical care patients, 22 new medical/surgical beds, two cardiac catheterization laboratories, a 680 sq ft open heart operating room suite and a post anesthesia unit (surgical recovery area) The New Beginnings Birthing Center underwent a significant renovation and expansion in the summer of 2009 Fifteen private post-partum rooms were added to accommodate more than 1,400 annual births In spring of 2010, a new 32 medical-surgical unit was opened, as well as a new wound management center with two new hyperbaric chambers, and in early April, a HomeStar retail pharmacy was added to fill prescriptions for patients, visitors and employees St Luke's has added outpatient facilities in close proximity to the SL-Allentown to meet the community's healthcare needs These include St Luke's Family Health Center, Women's Health Center, St Luke's Perinatal Center and St Luke's Women's Imaging Center, as well as specialty St Luke's physician practices for orthopedics, cardiology, neurology, pulmonology, nephrology and general surgery The pediatric clinic was expanded and enhanced in 2012 In December 2011, SL-Allentown acquired a 107,000 sq ft facility in a highly visible area adjacent to the City of Allentown for development of St Luke's West End Medical Center, an outpatient facility to support SL-Allentown This Center opened in May 2013 with a total investment thru November 2014 of $18 1 million Current services include walk-in care, occupational medicine, lab, imaging, sports & human performance fitness center, mammography, two GI endoscopy labs, and physical therapy Physician practices including orthopaedic, pediatric, pain management, gastroenterology, OB/GYN, urology, and neurosurgery Additionally, a new $9 6 million, 360-space parking deck and Hospital lobby at SL-Allentown were added in April 2013 These new facilities improve access for patients and visitors An additional operating room was added in November 2013 St Lukes Allentown Campus Specialty Services include - Bariatric Services - Cardiac Catheterization - Cardiology - Critical Care - Emergency Services - Endocrinology - Family Health Center Clinic - Gastroenterology - Hyperbaric Medicine - Infusion Services - KidsCare Children's Clinic - Neurology - NICU - Obstetrics and Gynecology - Oncology/Hematology - Orthopedics, joint and muscle disorders - Pain Management - Perinatal Services - Podiatry and foot care clinic - Pulmonary critical care - QuickCare (urgent care) - Radiology (advanced) - Respiratory Therapy - Sleep Disorders - Sports Medicine, Physical and Occupational Therapy, Rehab - Stroke Center (Joint Commission designated) - Surgery (general and laparoscopic) - Vascular Services - Women's Imaging Center - Women's Health Center - Wound Management

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Community Outreach ================== In keeping w ith its commitment to the communities it serves SL-Allentow n annually reaches more than 83,000 people through its community outreach endeavors The Hospital offers a variety of free screenings/services for community-run events throughout the year Community outreach, includes, but is not limited to, the follow ing 1) utilized numerous media outlets to educate the community about health issues that may impact them, 2) provided in-kind medical services/screenings at the follow ing community events Women's 5K Expo, City of Allentow n 250th Parade and Festival, The Great Allentow n Fair, SportsFest, Tail on the Trail, St Luke's Half Marathon Expo, St Luke's Hospice Charity Bike Ride, City of Allentow n Firew orks Display, March for Babies, Live Well LV, 3) provided monthly educational sessions on w eight management and bariatric surgery, 24-hour online support and a monthly support group for bariatric patients, 4) provided mobile medical services to 289 students in the Allentow n School District, during more than 800 visits including physicals, adolescent health assessments, vision services, insurance referrals and nutrition counseling, 5) provided mobile dental services to more than 400 students in the Allentow n School District, 6) provided free vision screenings and glasses w hen needed to 433 students in the Allentow n School district, 7) conducted literacy initiatives including an after school Reading Rocks! Program and a Read Across America Dr Seuss Event at Union Terrace, McKinley and Cleveland Elementary Schools in the Allentow n School District, 8) provided nutrition and garden education to more than 400 students and family members from Union Terrace and McKinley elementary schools through a partnership w ith the Kellyn Foundation, 9) With in-kind funding, support a Community School Coordinator at Raub Middle School, w hich launched as a Community School during this fiscal year The Community School Coordinator ensures student success ensuring basic needs are met, programming for academic success and school attendance, 10) brought 60 third-grade students from Cleveland Elementary School to tour the St Lukes Rodale Organic Farm to learn about composting, crop planting and harvesting, 11) Provided career mentoring and/or job skills experience to over 300 students of the Allentow n School District, 12) Conducted the Get Your Tail on the Trail program, a 165 mile physical activity challenge, in partnership w ith the Delaw are & Lehigh National Heritage Corridor to increase physical activity for residents of Allentow n, 13) Conducted/participated in the follow ing health fairs w hich included provision of multiple free health screenings Allentow n YMCA Senior Health & Fitness Day, St Lukes Half Marathon, Emergency Preparedness Fair, March for Babies, St Lukes Hospice Charity Bike Ride, Live Well LV St Luke's w as originally founded in 1872 to care for the w orkers at the steel foundries in Bethlehem Today, St Luke's has grow n into one of Pennsylvania's largest integrated healthcare netw orks and enjoys a national reputation for clinical excellence St Luke's provides services at more than 200 locations w hich include five Pennsylvania hospital sites and St Luke's Warren Hospital in Phillipsburg, NJ More than 517 employed primary care, specialty care and hospital physicians provide services at more than 215 practice sites, as w ell as in all Netw ork hospitals St Luke's also includes various outpatient testing and service facilities, home health, inpatient/outpatient hospice services and other related organizations St Luke's offers emergency and transport services in Pennsylvania and New Jersey and is the largest hospital-based EMS unit in Pennsylvania In FY15, St Luke's provided treatment and services to 61,495 admissions and observations, 1,116,761 outpatient visits and 229,357 ED visits Ninety-three percent of the 1,299 Netw ork medical staff is board certified, a significant portion of medical staff see patients at multiple Netw ork hospitals St Luke's encompasses more than 10,000 employees, making St Luke's the region's second largest employer It is served by more than 1,300 volunteers Aw ards and Clinical Achievements ================================ The Netw ork has received more than 183 significant national and state aw ards for clinical excellence and efficient management since 1997 These include, but are not limited to NATIONAL AWARDS --------------- 1) Truven (Solucient, Thomson-Reuters) 2) 100 Top Hospitals 100 Top Hospitals Teaching Category (1997, 2001) Major Teaching Category (2015, 2016) 3) Top Cardiovascular Hospitals (1999, 2001, 2002, 2003, 2012, 2014) 4) 100 Top ICU Hospitals (2000) 5) U S New s & World Report Americas Best Hospitals - Best Heart Hospitals (1999, 2000, 2001, 2002, 2003, 2004, 2005) - Best Digestive Disease Hospitals (2007, 2008) - Best Ear, Nose & Throat Hospitals (2008) 6) U S New s & World Report Top Performance - GI, Geriatrics, Nephrology, Neuro, Pulmonary, Urology (2011) - Cardiac, Diabetes, GI, Geriatrics, Nephrology, Neuro, Ortho, Pulmonary, Urology (2012) - Diabetes, GI, Geriatrics, Neuro, Ortho, Pulmonary (2013) - Diabetes, GI, Geriatrics, Nephrology, Neurology & Neurosurgery, Ortho, Pulmonary, Urology (2014) - COPD, Heart Bypass Surgery (2015) 7) Bariatric Center of Excellence (2009 - 2015) - ASMBS 8) Commission on Cancer Outstanding Achievement Aw ard (2004, 2007, 2010 American College of Surgeons) 9) Highest Quality Rating for Open Heart Surgery (2008, 2009, 2011, 2012, 2015, 2016 American College of Thoracic Surgeons) 10) Most Wired Aw ard for 2013, 2014, 2016 American Hospital Association 11) Premier Quality Aw ard for CABG (2006) 12) Premier Quality Aw ard for Hip/Knee Replacement (2006, 2007, 2008) 13) Premier QUEST Aw ard for High Value Healthcare (SLA, SLB, SLQ, - 2011, SLM, SLQ 2013) 14) Premier 2014 QUEST Aw ards Winners SLRA, SLM, Finalist- SLQ, Citation of Merit- SLA 15) Premier 2015 QUEST High Performance Aw ards SLA, SLB, SLM, SLQ, SLRA 16) Premier 2016 QUEST Aw ards Finalist (6 of 7 measures-top performance) SLRA, SLQ, Citation of Merit (5 of 7 measures-top performance) SLA, SLM 17) National Medal of Honor for Organ Donation (2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 U S Department of Health & Human Services) 18) Top Integrated Healthcare Netw orks (2004, 2005, 2007 IHN) 19) American Heart Assoc Stroke Silver Plus Quality Aw ard (SLA/SLB - 2012, SLW - 2016), Gold Plus Aw ard (SLA/SLB - 2013, 2014, 2015, 2016), National Stroke Honor Roll (SLA/SLB - 2013, 2014) Honor Roll Elite (SLA/SLA - 2015, 2016), Silver Aw ard (SLM - 2016), Bronze Aw ard (SLM - 2015, SLRA, SLQ - 2016) 20) Hospital of Choice Aw ard - U S Alliance of Healthcare Providers (2005, 2006) 21) The Joint Commission Top Performer on Key Quality Measures Recognition (SLW-2011, SLM, SLW-2012, SLA/B, SLM, SLQ, SLW-2013, SLA/SLB, SLM, SLQ, SLW- 2014) 22) National Committee for Quality Assurance (NCQA) Level 3 Patient - Centered Medical Home Recognition for 66 SLUHN primary care practices 23) Outcome Concept System - HomeCare Elite (St Lukes Home Care Agency- 2007, 2009, 2011, 2012, 2013, 2014, 2015) 24) Womens Choice Aw ard- Americas Best Stroke Centers (2015), Americas Best Hospitals for Obstetrics (2016), Americas Best Hospitals (2016) 25) Blue Distinction Center + (2015) Cardiac Care, Maternity Care 26) EMS Silver Recognition (2016) American Heart Assoc-Mission Lifeline 12 months of 75% adherence to STEMI quality metrics 27) Renal Physicians Assoc 2017 ESRD Patient Safety Improvement Aw ard St Lukes Nephrology Assoc 28) St Lukes Regional Breast Care Center- American College of Radiology designated Center of Excellence 29) HealthGrades - Top 50 Hospitals in the U S (2009, 2010, 2011) - Distinguished Hospital for Clinical Excellence Aw ard (SLA/SLB - 2016) - Americas 100 Best Hospitals for Critical Care (SLA/SLB, SLRA 2015-2016) - Americas 100 Best Hospitals for Stroke Care Aw ard (SLA/SLB - 2015, 2016) - Cranial Neurosurgery Excellence Aw ard (SLA/SLB - 2016) - Neuroscience Excellence Aw ard (SLA/SLB - 2016) - Pulmonary Care Excellence Aw ard (SLA/SLB - 2014,2016, SLRA, SLQ 2015, 2016) - Patient Safety Excellence Aw ard (SLRA - 2016) - General Surgery Excellence Aw ard (SLRA - 2016) - Gastrointestinal Care Excellence Aw ard (SLRA - 2016) 30) Morning Call Readers Choice - Best Hospital/Health Netw ork 2016 - Best MRI/Diagnostic Imaging 2016 - Best Obstetrician 2016 - Best Place to have a Baby 2008, 2010, 2012, 2014, 2015, 2016 - Nursing Services 2006, 2013, 2014, 2015 - Emergency Services 2008, 2014, 2015 - Cancer Center 2012, 2013, 2015 - Urgent Care (St Lukes CareNow) 2013, 2014, 2015

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PENNSYLVANIA AWARDS ------------------- 1) Best Place to Work in PA (2003, 2004, 2005) 2) HAP Achievement Awards (2004, 2006, 2008, 2010 four awards, 2011, 2012 two awards, 2013 two awards, 2014 - four awards, 2016 - two awards) 3) Pennsylvania Donate Life Hospital Challenge Gold Level Achievement Award (2013) Sponsored by HAP, PA DOH and Gift of Life Donor Program Honors hospitals for activities held to increase donor awareness and designations within their hospital and to capture those activities on a scorecard Recipients Gold = 20 hospitals/Systems, Silver = 6, Bronze = 1 NEW JERSEY AWARDS ----------------- 1) NJHA Excellence in Quality Improvement Award (2013, 2014) Affiliation - Lewis Katz School of Medicine at Temple University == According to the Association of American Medical Colleges, our nation faces an anticipated shortage of 91,000 physicians by 2020 and 140,000 by 2025 To ensure continued regional access to physicians, St Luke's and the Lewis Katz School of Medicine at Temple University (LKSOM) developed the first and only medical school campus in the greater Lehigh Valley Temple/St Lukes School of Medicine Enrolled students complete the first year at Temple, followed by years two, three and four at St Luke's University Hospital in Bethlehem The inaugural class graduated in May 2015 The School expects to graduate 300 physicians in ten years of which the School hopes to retain 50 percent in the greater Lehigh Valley The courses and competencies of this program are identical to the requirements for students training the full four years at the Temple Campus in Philadelphia Students applying to the program are interviewed at St Luke's by St Luke's physicians who are faculty members of LKSOM Clinical medical skills, interpersonal and communication skills, professionalism, multiculturalism, socioeconomic and social and ethical issues are taught throughout the four years St Luke's physicians, who are faculty members of LKSOM, teach the first year doctoring course in Philadelphia St Luke's is also a Comprehensive Clinical Teaching Campus for LKSOM Approximately 16 third and fourth-year medical students enrolled at the Temple Campus may complete their clinical rotations at St Luke's University Hospital St Luke's also trains students from the Philadelphia College of Osteopathic Medicine and other medical schools that rotate on electives at St Luke's Graduate Medical Education and Other Education Programs === St Luke's has a long history of involvement in medical education, especially graduate medical education, and is one of only 400 members of the prestigious Council of Teaching Hospitals St Luke's is dedicated to quality medical education coupled with compassionate patient-centered, technologically sophisticated care The goal of St Luke's graduate medical education program is to train young physicians who will have the knowledge and skills to enter private practice and/or go into fellowships for further training Medical education programs are conducted primarily at the Bethlehem, Allentown and Warren campuses Each year, more than 180 interns/residents/fellows train at St Luke's 23 fully accredited programs which include Dental, Emergency Medicine (dually accredited allopathic and osteopathic), Family Medicine (dually accredited allopathic and osteopathic at Bethlehem and Warren), General Surgery, Internal Medicine (dually accredited allopathic and osteopathic), OB-GYN, Orthopedic Physical Therapy, Orthopedic Surgery, Pharmacy, Podiatric Medicine and Surgery residencies, and Cardiovascular Disease, Geriatric Medicine, Hospice and Palliative Care Medicine, Podiatric Dermatology, Sports Medicine and Surgical Critical Care fellowships More than 200 members of St Luke's medical staff hold faculty appointments at prestigious medical schools including the Lewis Katz School of Medicine at Temple University, The University of Pennsylvania and Philadelphia College of Osteopathic Medicine St Luke's also conducts postgraduate continuing medical education through its sponsorship of more than 500 annual continuing medical education (CME) programs for physicians, nurses and ancillary healthcare professionals St Luke's offers clinical rotations in the following advanced practitioner programs certified registered nurse anesthetist program, certified registered nurse practitioners programs (enrollees from DeSales University, Drexel University, University of Pennsylvania, Walden University, Georgetown University, Temple University, Thomas Jefferson University and others), emergency medicine PA/NP fellowships, trauma/surgical critical care PA/NP fellowships, physician assistant program (enrollees from DeSales, Drexel, King's College, Pennsylvania, Arcadia, Salus University and others) and the only formal physician assistant observer programs St Luke's serves as a major training site for undergraduate and graduate nursing students from St Luke's School of Nursing, Moravian College, DeSales University, Cedar Crest College, Northampton Community College, Lehigh Carbon Community College, Bucks County Community College and the Pennsylvania State Universitys Lehigh Valley campus St Luke's serves as a major training site for allied health advanced practitioners More than 300 allied health students annually spend more than 63,400 hours at St Luke's - an average of 250 hours per student Allied health professionals work in teams to facilitate functionality of the healthcare system through provision of a range of diagnostic, technical, therapeutic and direct patient care and support services Allied health professionals train in many disciplines including lab, medical assistants, MRI, nuclear medicine, phlebotomy, physical/occupational therapy, athletic trainers, radiology and respiratory care Students from 22 colleges, universities and technical institutes are enrolled in St Luke's programs St Luke's also trains students in surgical technology in its own school of surgical technology Additional education programs include pastoral care and hospital administration internships St Luke's also routinely hosts high school student for health care career exploration observational experiences St Luke's School of Nursing ========================== St Luke's University Hospital of Bethlehem, Pennsylvania was the fourth hospital in the country to operate a school for nurses Established in 1884, St Luke's School of Nursing is the nation's oldest hospital-based, diploma nursing school in continuous operation More than 4,000 nursing students have successfully completed the program St Luke's School of Nursing is approved by the Pennsylvania State Board of Nursing and is fully accredited by the Accreditation Commission for Education in Nursing More than 150 students are enrolled in the 20-month program Community Support ================= In keeping with its commitment to the communities it serves, St Luke's, through its hospitals and other affiliates, offers a variety of free services/screenings for community-run events throughout the year St Luke's also accepts requests for donations to fellow non-profit institutions St Luke's Community Health Department supports the mission of the Bethlehem Partnership (Partnership) for a Healthy Community which focuses on improving the health status and quality of life of the community, especially those with limited resources Established in 1996 by the Board of Trustees of St Luke's University Health Network, the Partnership is a national model for collaborative efforts to improve access to healthcare services Currently more than 200 participating/funding agencies, including those from local business, government, educational and community organizations, are actively involved in Partnership programs St Luke's provides the administrative and medical leadership, staff and financial support for the Partnership The Partnership philosophy is through community participation with shared responsibility, the physical, mental, emotional and spiritual wellness of individuals and the quality of life in the community can be enhanced Services are provided primarily to at-risk and underserved children and adults through St Luke's four mobile health/dental vans Bonnie Coyle, MD, has served as medical director for the Bethlehem Area School District, at no cost to the district, for 11 years

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Under St Luke's leadership, Partnership achievements for FY16 included, but are not limited to, the following 1) Dental and medical care, primarily to underserved children and adolescents Care is generally provided in four mobile health vans which regularly visit various schools, an adolescent shelter, and other community gathering sites In FY16, mobile health vans provided nearly 1,661 patient visits to 847 uninsured students, mobile dental health vans provided to over 1,529 patient visits Specialized pediatric dental care and adult care was provided at the Easton Dental Center for 2,804 patient visits A comprehensive vision program is also offered to screen and provide glasses for children at risk In FY16, over 600 patients received vision care 2) The AIDS Service Center fully supports the National HIV/AIDS Strategys four primary goals The center provided clinical care and case management services to 402 unduplicated clients in FY16 Care was provided to 99 HIV+ patients at the Easton Clinic Ninety percent of the ASC patients have a suppressed viral load The clinics patient retention rate of 95 percent exceeded the top 10 percent national rate of 92 percent The percentage of new patients with CD4 count of <200 (indicating an AIDS diagnosis) decreased to a 5-year low of 16 percent 3) For the past 20 years, St Lukes University Health Network has collaborated with the Allentown School District, Bethlehem Area School District, and Lehigh Valley Workforce Development Board Inc , to provide career-mentoring programs for in-school and out-of-school youth in Lehigh and Northampton Counties at Bethlehem and Allentown Campuses In collaboration with the Bethlehem Area School District, the School-To-Work Program provides English as a Second Language students the opportunity to explore healthcare careers Its intent is to engage at-risk students to remain in school by exposing them to health careers, to offer support and guidance as they work to achieve fluency in English, and to obtain valuable career and life skills In FY16, 94 percent (15 of 16 enrolled) of the students completed the program successfully In collaboration with the Bethlehem Area School District and the Lehigh Valley Workforce Development Board Inc , the Health Career Exploration Program provides employability skills training and unsubsidized work experiences at St Lukes Bethlehem Campus 84% (16 out of 19) of the HCEP students completed the program successfully, with a high school graduation rate of 84% (16 out of 19) The CareerLinking Academy Program, in collaboration with the Bethlehem Area School District and Allentown School District, combines observational learning experiences and professional development sessions focusing on exposure to healthcare careers with job readiness skills training 100% (19 out of 19) of the students completed the program successfully, with 100% (9 out of 9) high school graduation rate 4) Reading Rocks! is an innovative community collaboration, which began in 2009 in association with Lehigh University to boost literacy among elementary age students who are reading below grade level Volunteers from local colleges and universities (Moravian College, Lehigh University, Northampton Community College, and Muhlenberg College) serve as student mentors to work closely with the children in the programs In the Bethlehem Area School Districts, 666 students participated in Reading Rocks! and in the Allentown School District, 62 students participated 5) The Little Free Library (LFL) program was initiated in 2014-2015 and is an opportunity for the St Lukes Community Health Department to promote literacy in high risk communities surrounding our adopted schools as well as at the St Lukes entities themselves One LFL was placed at William Penn Elementary School, Bethlehem Area School District and two at Allentown School District, Cleveland and McKinley Elementary Schools Over 8,000 books were provided to fill the LFL and also distributed from the mobile medical and dental vans 6) The National Education Associations Read Across America is an annual reading motivation and awareness program that calls for every child in every community to celebrate reading on March 2, the birthday of childrens author Dr Seuss St Lukes employees and community partner volunteers read to over 400 students in both Bethlehem Area and Allentown Elementary Schools during this event 7) St Luke's Nurse-Family Partnership (NFP) is an evidence-based, nurse home visiting program to improve the health, wellbeing and economic self-sufficiency of low-income, first-time parents and their children Care is provided in this voluntary prevention program by specially educated registered nurses beginning early in the mother's pregnancy and continuing until her child's second birthday In FY16, the NFP served 357 families residing in the Lehigh Valley (encompassing the cities of Allentown, Bethlehem and Easton and the surrounding rural areas) 8) St Luke's Parent Advocate in the Home (PATH) program provides health and supportive services to families with children age 3 years or younger In FY16, PATH provided 2,400 visits to 101 patients A visiting nurse assists families to understand child growth and development, home safety, discipline, healthy eating, problem solving and parenting This program focuses on early child development, nutrition, health and preparing the families and their children to be ready for school 9) St Luke's Visiting Nurse Advocate for the County (VNAC) program provides child health monitoring and child advocacy services to children living in troubled homes in Northampton and Lehigh counties In FY16, 97 unduplicated clients were served by VNAC nurses St Luke's community outreach programs include an extensive network of pediatric and adult medical and specialty clinics at various easily accessible locations in Allentown and Bethlehem In FY16, more than 95,000 clinic patient visits were provided In December 2008, the Board of Trustees of St Luke's University Health Network redesigned the Network's charity care program for patient access to discounted hospital services The Network has established a Community Benefit Tracking Service to comply with new IRS Form 990 Guidelines to report community benefit activities and expenditures Additional community support included, but is not limited to, the following 1) For more than 20 years, St Luke's employees have sponsored an annual children's winter coat drive, purchasing new coats and other articles of clothing for more than 100 children in need 2) St Luke's University Health Network's InfoLink/866StLukes-Health Information Contact Center At an annual cost of $80,000, more than 70,000 sessions are recorded annually providing assistance via phone, email (infolink@sluhn org) and Live Chat The scope of services covered by InfoLink includes registration for free health screenings, lectures, support groups, community classes and programs InfoLink can help the public find doctors who accept specific insurances, assist with appointment scheduling and provide information on the St Luke's Charity Care Program In FY2016, InfoLink added a Live Chat option for real-time customer convenience, as part of the network Care Your Way/Easy Access To Healthcare initiative 3) Television Programs St Luke's University Health Network produces a live, call-in weekly television program, Talk with Your Doctor that highlights various health care topics and weekly reaches more than a million viewers at an annual production and marketing cost of $110,000 St Luke's physicians and other healthcare providers supply information on healthy living, health screenings, advances in healthcare treatment and technology and related topics St Luke's also co-produces The Peak, an Emmy Award-winning weekly television program that features health and wellness segments at an annual cost of $125,000 A new, St Lukes produced quarterly TV program appeared in 2016, Health Now, which aired locally, and featured in depth discussions on national trends in health research on specific clinical services such as Cancer and Heart Disease Costs to produce Health Now were $20,000 4) Development and sponsorship of a number of community wellness initiatives including Tail on the Trail, a wellness incentive program serving more than 5,000 community members 5) A multi-specialty advisory committee meets monthly to ascertain which community requests can best be served by St Lukes support Each month, SLUHN receives more than 40 community requests Of those requests, about 50 percent are supported with in-kind and/or monetary donations The monetary donations alone total more than $100,000 annually

Return Reference	Explanation
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

Return Reference	Explanation
CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE ST LUKE'S UNIVERSITY HEALTH NETWORK IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE INTERNAL REVENUE SERVICE THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE ST LUKE'S HOSPITAL & HEALTH NETWORK VIA AN INTERCOMPANY ACCOUNT

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	ST LUKE'S HEALTH NETWORK, INC IS THE SOLE MEMBER OF THIS ORGANIZATION ST LUKE'S HEALTH NETWORK, INC HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE ST LUKE'S UNIVERSITY HEALTH NETWORK FINANCE COMMITTEE WAS UPDATED AS TO THIS ORGANIZATION'S CURRENT YEAR FORM 990 PRIOR TO FILING ST LUKE'S HEALTH NETWORK, INC BOARD OF DIRECTORS HAS DELEGATED TO THE FINANCE COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE NETWORK AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE NETWORK'S FINANCE PERSONNEL, INCLUDING ITS SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT OF FINANCE, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER NETWORK INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE NETWORK'S INTERNAL WORKING GROUP FOR THEIR REVIEW THE NETWORK'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE NETWORK'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE ST LUKE'S HEALTH NETWORK, INC FINANCE COMMITTEE THEREAFTER, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE NETWORK HAS A WRITTEN CONFLICT OF INTEREST POLICY AND REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THAT POLICY THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, DIRECTORS, BOARD COMMITTEE MEMBERS AND SENIOR MANAGERS ANNUALLY THE NETWORK'S COMPLIANCE DEPARTMENT, INCLUDING ITS CORPORATE COMPLIANCE OFFICER AND SENIOR VICE PRESIDENT/GENERAL COUNSEL, ASSUME RESPONSIBILITY FOR THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRES AND ENFORCEMENT WITH THE POLICY IF A DIRECTOR DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE DIRECTOR'S POTENTIAL CONFLICT MAY BE DISCLOSED TO THE ORGANIZATION'S GOVERNING BODY, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE DIRECTOR'S PARTICIPATION ON THE BOARD AFTER CONSULTATION AND DISCUSSION THE BOARD OF DIRECTORS MAY TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE NETWORK'S CONFLICT OF INTEREST POLICY

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK COMPENSATION REVIEW EXECUTIVE COMPENSATION FOR THE NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF DIRECTORS THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF DIRECTORS AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS PLEASE REFER TO THE SCHEDULE J, PART III RESPONSE TO SCHEDULE J, PART I, QUESTION 3 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK ST LUKE'S HEALTH NETWORK, INC HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION AND RELATED ORGANIZATIONS PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS PLEASE NOTE, THIS ORGANIZATION'S FORM 990 REFLECTS INDIVIDUALS WHO PROVIDE SERVICES TO OTHER ORGANIZATIONS THIS ORGANIZATION ISSUES W-2'S TO THOSE INDIVIDUALS AND FILES THE APPLICABLE FORMS WITH THE INTERNAL REVENUE SERVICE THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO OTHER AFFILIATES VIA AN INTERCOMPANY ACCOUNT

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	EDWARD R NAWROCKI, REPORTED AS A FORMER KEY EMPLOYEE ON THIS FORM 990, IS STILL EMPLOYED WITHIN THE ST LUKE'S UNIVERSITY HEALTH NETWORK AS THE PRESIDENT OF ST LUKE'S HOSPITAL ANDERSON CAMPUS AND ST LUKES QUAKERTOWN HOSPITAL, BOTH RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATIONS ADDITIONALLY, THE ORGANIZATION RE-EVALUATED THE LISTING OF KEY EMPLOYEES INCLUDED IN THIS FEDERAL FORM 990 AND DETERMINED THAT CERTAIN INDIVIDUALS PREVIOUSLY REPORTED AS KEY EMPLOYEES OF THIS ORGANIZATION DO NOT MEET THE FEDERAL FORM 990 RULES AND REGULATIONS WITH RESPECT TO KEY EMPLOYEE STATUS THEREFORE, CERTAIN INDIVIDUALS PREVIOUSLY REPORTED HAVE BEEN APPROPRIATELY REMOVED FROM CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 THE KEY EMPLOYEES REMOVED FROM THIS FEDERAL FORM 990 DO FUNCTION IN A NETWORK CAPACITY ACCORDINGLY, THEIR COMPENSATION AND BENEFITS WILL BE INCLUDED ON THE FEDERAL FORM 990 OF ST LUKES HEALTH NETWORK, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THE NETWORK INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE NETWORK THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS WITHIN THE NETWORK, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART X	CERTAIN RESTATEMENTS HAVE BEEN MADE TO THE PRIOR YEAR BALANCES PREVIOUSLY REPORTED TO CONFORM TO THE CURRENT YEAR PRESENTATION ON THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS

Return Reference	Explanation
CORE FORM, PART X, LINE 20	THE 2007 SERIES TAX-EXEMPT BOND ISSUANCE INCLUDED IN SCHEDULE K, PART I INCLUDES A CUSIP NUMBER IN ADDITION TO THE ONE DISCLOSED IN SCHEDULE K, PART I, LINE (A), COLUMN (C) THIS IS THE FOLLOWING 5248055D6 PLEASE NOTE THAT THE RESPECTIVE TERM OF HEDGE ASSOCIATED WITH THIS CUSIP NUMBER IS 9 8% AND THAT THE 8 0% DISCLOSED ON SCHEDULE K IS ASSOCIATED WITH THE CUSIP NUMBER REPORTED ON SCHEDULE K THE 2008A SERIES TAX-EXEMPT BOND ISSUANCE INCLUDED IN SCHEDULE K, PART I INCLUDES CUSIP NUMBERS IN ADDITION TO THE ONE DISCLOSED IN SCHEDULE K, PART I, LINE (A), COLUMN (C) THESE ARE THE FOLLOWING 66353RAB0, 66353RAC8, 66353RAD6, 66353RAE4, 66353RAF1, 66353RAG9, 66353RAH7 AND 66353RAJ3 THE 2010A SERIES TAX-EXEMPT BOND ISSUANCE INCLUDED IN SCHEDULE K, PART I INCLUDES CUSIP NUMBERS IN ADDITION TO THE ONE DISCLOSED IN SCHEDULE K, PART I, LINE (A), COLUMN (C) THESE ARE THE FOLLOWING 66353RBD5, 66353RBE3, 66353RAK0, 66353RAL8, 66353RAM6, 66353RAN4, 66353RAP9, 66353RAQ7, 66353RAR5, 66353RAS3, 66353RAT1, 66353RAU8, 66353RAV6, 66353RAW4, 66353RAX2, 66353RAY0 AND 66353RAZ7 THE 2010B SERIES TAX-EXEMPT BOND ISSUANCE INCLUDED IN SCHEDULE K, PART I INCLUDES A CUSIP NUMBER IN ADDITION TO THE ONE DISCLOSED IN SCHEDULE K, PART I, LINE (A), COLUMN (C) THIS IS THE FOLLOWING 66353RBB9

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASES OF PROPERTY AND EQUIPMENT, $424,955, - GAIN ON RETIREMENT/PURCHASE OF BONDS, ($869,000), - CHANGE IN FAIR MARKET VALUE OF 2007 DERIVATIVE, ($29,312,196), - CHANGE IN ADDITIONAL PENSION LIABILITY, ($50,449,111), - OTHER CHANGES IN UNRESTRICTED NET ASSETS, ($351,065), - PLEDGES RECEIVED - TEMPORARILY RESTRICTED, ($2,025,744), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASES OF PROPERTY AND EQUIPMENT - TEMPORARILY RESTRICTED, ($319,094), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - TEMPORARILY RESTRICTED, ($1,866,520), - NET ASSETS RELEASED (PLEDGES) FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT (BUILDING FUND) - TEMPORARILY RESTRICTED, ($180,906), - INCOME TRANSFERRED TO OPERATIONS - TEMPORARILY RESTRICTED, $69,736, - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - TEMPORARILY RESTRICTED, ($76,338), - APPRECIATION TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED, ($750,568), - INCOME TRANSFER FROM ENDOWMENT - TEMPORARILY RESTRICTED, $330,872, - INCOME RELEASED AND TRANSFERRED TO GENERAL FUND FOR OPERATIONS - PERMANENTLY RESTRICTED, ($451,755), - APPRECIATION TRANSFER TO TEMPORARILY RESTRICTED - PERMANENTLY RESTRICTED, $803,657, AND - INCOME TRANSFER TO TEMPORARILY RESTRICTED - PERMANENTLY RESTRICTED, ($290,597)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THE NETWORK'S FINANCE COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A NETWORK WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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
(1) CANCER IMMUNOTHERAPIES LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 20-8783508	INACTIVE	PA	0	0	BETHLEHEM
(2) ST LUKE'S AIRMED LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 27-4643964	INACTIVE	PA	0	0	BETHLEHEM
(3) ST LUKE'S HOMESTAR SERVICES LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 26-0369246	HEALTH SVCS	PA	20,087,101	5,872,679	BETHLEHEM
(4) ST LUKE'S WINDGAP PROPERTY LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2641715	INACTIVE	PA	0	0	BETHLEHEM
(5) POCONO MRI IMAGING AND DIAGNOSTIC CENTER 801 OSTRUM STREET BETHLEHEM, PA 18015 20-4960982	HEALTH SVCS	PA	1,404	7,570,349	BETHLEHEM
(6) EVANTAGE HEALTH LLC 801 OSTRUM STREET BETHLEHEM, PA 18015	INACTIVE	PA	0	0	BETHLEHEM

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
See Additional Data Table							

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DIALYSIS LIMITED 801 OSTRUM ST BETHLEHEM, PA 18015 36-4448704	INACTIVE	PA	BETHLEHEM	RELATED	0	0		No			No	99 000 %

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	(i) No
(1) ST LUKE'S HEALTH NETWORK INSURANCE COMP 801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150	FINANCIAL VEHICLE	VT	BETHLEHEM	C CORP	15,255,369	70,192,382	100 000 %	Yes	
(2) ST LUKE'S PHYSICIAN HOSPITAL ORG INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818	HEALTHCARE SVCS	PA	BETHLEHEM	C CORP	52,536	882,009	50 000 %	Yes	
(3) HILLCREST EMERGENCY SERVICES PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(4) TWO RIVERS ENTERPRISES INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606	REAL ESTATE	NJ	N/A	C CORP					No
(5) ST LUKE'S WARREN PHYSICIAN GROUP PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(6) ST LUKE'S EIGHTH & EATON HOLDINGS INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-7192801	INACTIVE	PA	N/A	C CORP					No

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

		Yes	No
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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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) Disproprtionate 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
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THIS ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE ST LUKE'S UNIVERSITY HEALTH NETWORK IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKE'S HOSPITAL OF BETHLEHEM PA

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) CANCER IMMUNOTHERAPIES LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 20-8783508	INACTIVE	PA	0	0	BETHLEHEM
(1) ST LUKE'S AIRMED LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 27-4643964	INACTIVE	PA	0	0	BETHLEHEM
(2) ST LUKE'S HOMESTAR SERVICES LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 26-0369246	HEALTH SVCS	PA	20,087,101	5,872,679	BETHLEHEM
(3) ST LUKE'S WINDGAP PROPERTY LLC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2641715	INACTIVE	PA	0	0	BETHLEHEM
(4) POCONO MRI IMAGING AND DIAGNOSTIC CENTER 801 OSTRUM STREET BETHLEHEM, PA 18015 20-4960982	HEALTH SVCS	PA	1,404	7,570,349	BETHLEHEM
(5) EVANTAGE HEALTH LLC 801 OSTRUM STREET BETHLEHEM, PA 18015	INACTIVE	PA	0	0	BETHLEHEM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
ST LUKE'S HEALTH NETWORK INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2384282	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	NA		No
ST LUKE'S QUAKERTOWN HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352203	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
CARBON-SCHUYLKILL COMMUNITY HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18015 25-1550350	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
QUAKERTOWN REHABILITATION CENTER 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2543924	HEALTH SVCS	PA	501(C)(3)	170B1AIII	SLHN INC		No
ST LUKE'S EMERGENCY & TRANSPORT SVCS 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2179542	HEALTH SVCS	PA	501(C)(3)	170B1AIII	SLHN INC		No
ST LUKE'S PHYSICIAN GROUP INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2380812	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	SLHN INC		No
VNA OF ST LUKE'S - HOME HEALTHHOSPICE 801 OSTRUM STREET BETHLEHEM, PA 18015 24-0795497	HEALTH SVCS	PA	501(C)(3)	509(A)(1)	BETHLEHEM	Yes	
HOMESTAR MEDICAL EQUIP & INFUSION SVCS 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2418254	INACTIVE	PA	501(C)(3)	509(A)(2)	VNA		No
ST LUKE'S WARREN HOSPITAL INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-1494454	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SLHN INC		No
ST LUKE'S WARREN HOSPITAL FDN INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-2522476	SUPPORT SLWH	NJ	501(C)(3)	509(A)(1)	SLWH INC		No
ST LUKE'S HOSPITAL ANDERSON CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015 45-4394739	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
ST LUKE'S HOSPITAL - MONROE CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015 46-5143606	INACTIVE	PA	501(c)(3)	HOSPITAL	SLHN INC		No