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Form 990

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

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST LUKE'S QUAKERTOWN HOSPITAL

% THOMAS P LICHTENWALNER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

801 OSTRUM STREET

Room/suite

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

BETHLEHEM, PA 18015

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

D Employer identification number

23-1352203

E Telephone number

(484) 526-4000

G Gross receipts \$

75,241,663

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

1926

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 IN A NON-DISCRIMINATORY MANNER

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

THOMAS P LICHTENWALNER SVP FINANCE/CFO

Type or print name and title

2018-05-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Scott J Mariani

Preparer's signature

Scott J Mariani

Date

2018-05-09

Check ☐ if self-employed

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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.

<b>4a</b>	(Code )	(Expenses \$	14,722,502	including grants of \$	0 )	(Revenue \$	17,435,561 )
See Additional Data							






















<b>4b</b>	(Code )	(Expenses \$	8,313,147	including grants of \$	0 )	(Revenue \$	9,046,407 )
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	6,070,308	including grants of \$	0 )	(Revenue \$	5,931,000 )
See Additional Data							

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	38,117,215	including grants of \$	56,035 )	(Revenue \$	41,919,726 )	

<b>4e</b>	<b>Total program service expenses</b> ▶	67,223,172					
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b> Yes	
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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) 	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	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	465
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</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	
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶THOMAS P LICHENWALNER 801 OSTRUM STREET BETHLEHEM, PA 18015 (484) 526-4000	

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

**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

[illegible]

[illegible]

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 ▶ 12

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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	0
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**Part VIII** Statement of RevenueCheck 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	20,621			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	46,894			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	54,234			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		121,749			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE	541900	73,389,469	73,389,469		
	<b>b</b> RENTAL INCOME FROM AFFILIATES	541900	736,424	736,424		
	<b>c</b> OTHER HEALTHCARE RELATED REVENUE	541900	206,801	206,801		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		74,332,694			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		184,431			184,431
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		398,820				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	398,820 0				
	<b>d</b> Net rental income or (loss) . . . . .		398,820			398,820
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses		12,354			
	<b>c</b> Gain or (loss)		-12,354			
	<b>d</b> Net gain or (loss) . . . . .		-12,354			-12,354
	<b>8a</b> Gross income from fundraising events (not including \$ 20,621 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	4,428			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	4,428			
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	16,713				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	10,853				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		5,860			5,860	
Miscellaneous Revenue	Business Code					
<b>11a</b> DIETARY REVENUE	900099	182,828			182,828	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		182,828				
<b>12 Total revenue.</b> See Instructions . . . . .		75,214,028	74,332,694		759,585	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	54,535	54,535		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,500	1,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	195,071	175,564	19,507	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	25,768,780	23,191,902	2,576,878	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	824,424	741,982	82,442	
<b>9</b> Other employee benefits.	2,982,283	2,684,055	298,228	
<b>10</b> Payroll taxes.	1,431,171	1,288,054	143,117	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	302,497	272,247	30,250	
<b>b</b> Legal.	3,150	2,835	315	
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,188	26,269	2,919	
<b>12</b> Advertising and promotion.	7,328	6,595	733	
<b>13</b> Office expenses.	2,320,412	2,088,371	232,041	
<b>14</b> Information technology.	50,946	45,851	5,095	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	2,448,074	2,203,267	244,807	
<b>17</b> Travel.	15,233	13,710	1,523	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	34,538	31,084	3,454	
<b>20</b> Interest.	868,530	781,677	86,853	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	3,668,348	3,301,513	366,835	
<b>23</b> Insurance.	590,546	531,491	59,055	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	16,285,728	14,657,155	1,628,573	
<b>b</b> SLPG RELATED 501(C)(3) EXP	7,456,979	6,711,281	745,698	
<b>c</b> PURCHASED SERVICES	3,418,180	3,076,362	341,818	
<b>d</b> REPAIRS & MAINTENANCE	1,116,464	1,004,818	111,646	
<b>e</b> All other expenses	4,812,282	4,331,054	481,228	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	74,686,187	67,223,172	7,463,015	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		100,160	<b>3</b>	52,553
	<b>4</b>	Accounts receivable, net . . . . .		8,450,247	<b>4</b>	7,646,435
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		887,414	<b>8</b>	753,704
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		312,813	<b>9</b>	281,444
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	81,736,760		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	61,120,938		
				19,692,347	<b>10c</b>	20,615,822
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		6,275,425	<b>13</b>	7,096,016
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		47,674	<b>15</b>	79,769	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		35,766,080	<b>16</b>	36,525,743	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		3,070,059	<b>17</b>	2,984,201
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		1,074,200	<b>25</b>	841,189
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		4,144,259	<b>26</b>	3,825,390
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		27,160,482	<b>27</b>	27,753,882
	<b>28</b>	Temporarily restricted net assets . . . . .		1,139,460	<b>28</b>	1,501,376
	<b>29</b>	Permanently restricted net assets		3,321,879	<b>29</b>	3,445,095
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		31,621,821	<b>33</b>	32,700,353
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		35,766,080	<b>34</b>	36,525,743	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	75,214,028
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	74,686,187
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	527,841
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	31,621,821
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	556,269
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-5,578
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,700,353

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?	Yes	
<b>b</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	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352203  
**Name:** ST LUKE'S QUAKERTOWN HOSPITAL

Form 990 (2016)

**Form 990, Part III, Line 4a:**

SAME DAY 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

**Form 990, Part III, Line 4b:**

GENERAL MEDICINE MANY OF THE HOSPITAL'S MOST COMMON INPATIENT GENERAL MEDICINE DIAGNOSES REFLECT THE REGION'S LONG HISTORY AS A ROBUST COAL MINING REGION THESE DIAGNOSES INCLUDE PULMONARY/RESPIRATORY INFECTIONS, EDEMA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PNEUMONIA AND PLEURISY ADDITIONAL COMMON DIAGNOSES INCLUDE GASTROINTESTINAL DISORDERS, GI HEMORRHAGE, INFLAMMATORY BOWEL DISEASE, GI OBSTRUCTION, DIABETES, RENAL FAILURE, KIDNEY AND URINARY TRACT INFECTIONS AS A MEMBER OF ST LUKE'S UNIVERSITY HEALTH NETWORK, THE HOSPITAL PROVIDES ITS PATIENTS WITH ACCESS TO SOME OF THE MOST ADVANCED TECHNOLOGY AND MEDICAL EXPERTISE AVAILABLE DIABETES IS A MAJOR HEALTH CONCERN IN THE REGION AND PATIENTS CAN ACCESS THE NETWORK'S HIGHLY TRAINED ENDOCRINOLOGISTS THROUGH A SOPHISTICATED TELEMEDICINE SERVICE PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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**Form 990, Part III, Line 4c:**

INFUSION CHEMO THE SPECIALISTS AT ST LUKE'S KNOW THAT CANCER IS A JOURNEY ST LUKE'S CANCER DOCTORS WORK CLOSELY WITH A LEADING TEAM OF  
RADIATION ONCOLOGISTS, REGIONAL PHYSICIANS, ONCOLOGY NURSES AND CANCER SUPPORT STAFF PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S  
COMMUNITY BENEFIT STATEMENT

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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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SUSAN DALE ..... CHAIR - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0	
KATHLEEN EHRHARDT ..... CO-CHAIR - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0	
DAVID FREEMAN ..... CO-CHAIR - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0	
JOSEPH G O'NEILL DO ..... CO-CHAIR - DIRECTOR	55 0 ..... 0 0	X		X				0	329,916	33,701	
BRENT BERNSTEIN DPM ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0	
THOMAS A FILIPOWICZ MD ..... DIR - MED STAFF PRES(7/1-8/31)	55 0 ..... 0 0	X						0	375,830	32,703	
CHERI FREEH ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0	
SCOTT MCELREE ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0	
EDWARD R NAWROCKI ..... DIRECTOR - PRESIDENT SLQH	55 0 ..... 0 0	X		X				0	528,840	99,989	
BRIDGET O'CONNELL ..... 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX PAGE MD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
DOMINICK PULICE VMD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
DAVID SLIFER ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
LUANNE STAUFFER ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
PETER M CIANFRANI MD ..... DIRECTOR (TERMED 10/31/16)	55 0 ..... 0 0	X						0	230,102	25,424
LEONARD PAPARO DO ..... DIRECTOR (TERMED 10/31/16)	1 0 ..... 0 0	X						0	0	0
STEPHEN SMITH MD ..... DIRECTOR (TERMED 10/31/16)	1 0 ..... 0 0	X						0	0	0
THOMAS P LICHTENWALNER ..... SVP FINANCE & CFO	55 0 ..... 0 0			X				0	950,801	211,434
DENNIS PLFEIGER ..... COO (EFF 2/1/17)	55 0 ..... 0 0			X				0	0	0
NICOLE D YODER DO ..... VPMA (EFF 9/1/16)	55 0 ..... 0 0				X			0	345,186	32,609

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY P RAMSON ..... VP PATIENT SERVICES	55 0 ..... 0 0				X			181,382	0	13,689
PAMELA J ASTL-REIMER ..... PHYSICIAN ASSISTANT	55 0 ..... 0 0					X		137,688	0	29,422
LAURA B HILLEN ..... PHARMACIST	55 0 ..... 0 0					X		128,397	0	22,857
JAMES C WORTHINGTON ..... PHARMACIST	55 0 ..... 0 0					X		125,833	0	26,025
JENNIFER CRAMER ..... PHYSICIAN ASSISTANT	55 0 ..... 0 0					X		124,699	0	20,829
CHRISTINE M DORSEY ..... EMERGENCY MEDICINE	55 0 ..... 0 0					X		123,655	0	5,549
JOHN B SYLVIA ..... FORMER OFFICER	55 0 ..... 0 0						X	0	320,495	29,897

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> ST LUKE'S QUAKERTOWN HOSPITAL		<b>Employer identification number</b> 23-1352203

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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		
<b>Total</b>						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b <b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**SCHEDULE C**  
**(Form 990 or 990-**

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

**2016**

**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  
ST LUKE'S QUAKERTOWN HOSPITAL

**Employer identification number**

23-1352203

**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 7202 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

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL 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. THE AMOUNT ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2017 IS \$11,777.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131027188	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL				Employer identification number 23-1352203	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.  
Complete if the organization answered "Yes" 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,461,339	4,413,477	4,235,113	3,571,488	3,188,234
b Contributions	-16,193	31,590	70,819	50,230	5,281
c Net investment earnings, gains, and losses	508,283	30,479	127,778	656,892	405,746
d Grants or scholarships					
e Other expenditures for facilities and programs	6,958	14,207	20,233	43,497	27,773
f Administrative expenses					
g End of year balance	4,946,471	4,461,339	4,413,477	4,235,113	3,571,488

2

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

a

Board designated or quasi-endowment

69 650 %

b

Permanent endowment

30 350 %

c

Temporarily restricted endowment

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

(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' on 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	0	6,295,812		6,295,812
b Buildings	0	24,823,655	19,103,296	5,720,359
c Leasehold improvements	0	1,388,134	752,335	635,799
d Equipment	0	46,588,070	41,265,307	5,322,763
e Other	0	2,641,089		2,641,089
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				20,615,822

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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) MUTUAL FUNDS	5,620,883	F
(2) CASH & EQUIVALENTS	67,260	F
(3) COMMON & PREFERRED STOCK	1,407,873	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	7,096,016	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	130,586
ASSET RETIREMENT OBLIGATION	65,030
ADVANCE FROM THIRD-PARTY PAYORS	38,400
EST THIRD-PARTY PAYOR SETTLEMENTS	470,011
OTHER LIABILITIES	137,162
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	841,189

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.

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

**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.

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

**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
See Additional Data Table	

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

Return Reference	Explanation

# Supplemental Information

Return Reference	Explanation
<p>SCHEDULE D, PART V, QUESTION 4</p>	<p>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 TH E PARENT ENTITY OF THE NETWORK AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AU DITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES F OR THE YEARS ENDED JUNE 30, 2017 AND JUNE 30, 2016, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY THE FOLLOWING FOOTNOTE IS INC LUD ED IN THE NETWORKS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORK S ENDOWMENT FUNDS THE NETWORKS ENDOWMENT CONSISTS OF APPROXIMATELY \$38,099,312 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$90,579,031 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A V ARIETY 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-RESTRI CTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMEN TS 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 NETWO RK HAS ADOPTED ENDOWMENT INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A PREDIC TABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN T HE PURCHASING POWER OF ENDOWMENT ASSETS UNDER THIS POLICY, THE RETURN OBJECTIVE FOR THE E NDOWMENT 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 IN DIVIDUAL BENCHMARKS THE NETWORK EXPECTS ITS ENDOWMENT FUNDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&amp;P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE IND EX (INTERNATIONAL PORTION) AND LEHMAN BROTHERS INTERMEDIATE GOVERNMENT/CORPORATE INDEX (BO ND 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 RETUR N 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 Y IELD (INTEREST AND DIVIDENDS) THE NETWORK TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLA CES GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM OBJECTIVES WITHI N PRUDENT RISK CONSTRAINTS ENDOWMENT SPENDING ALLOCATION AND RELATIONSHIP OF SPENDING POL ICY 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 IN DIVIDUAL ENDOWMENT FUNDS AT A RATE OF 4 5% OF A THREE-YEAR MOVING AVERAGE MARKET VALUE WIT H A MINIMUM INCREASE OF 0% AND</p>

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	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 PREFERENC ES/RESTRICTIONS MADE BY THE DONORS THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30 IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXP ECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, THE NETW ORK 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 E NDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>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</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2016
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL	Employer identification number 23-1352203
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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

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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.

Revenue		(a)Event #1 <b>PERFORMANCE</b> (event type)	(b) Event #2 (event type)	(c)Other events <b>0</b> (total number)	(d) Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	25,049			25,049
	<b>2</b> Less Contributions . . . . .	20,621			20,621
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	4,428			4,428
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	621			621
	<b>8</b> Entertainment . . . . .	2,500			2,500
	<b>9</b> Other direct expenses . . . . .	1,307			1,307
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				4,428
	<b>11</b> 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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

ST LUKE'S QUAKERTOWN HOSPITAL

23-1352203

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 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
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	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)			761,439		761,439	1 020 %
b Medicaid (from Worksheet 3, column a)			9,459,491	4,974,763	4,484,728	6 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			10,220,930	4,974,763	5,246,167	7 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			431,167	51,384	379,783	0 510 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			7,423,218	4,751,478	2,671,740	3 580 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			82,563		82,563	0 110 %
j Total. Other Benefits			7,936,948	4,802,862	3,134,086	4 200 %
k Total. Add lines 7d and 7j			18,157,878	9,777,625	8,380,253	11 220 %



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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	2,308,621	
<b>3</b> 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.	<b>3</b>	296,278	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	21,198,016
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	20,517,677
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	680,339
<b>8</b> 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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)  
ST LUKE'S QUAKERTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www slhn org</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW SLHN ORG</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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)

ST LUKE'S QUAKERTOWN HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 0 %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SLHN ORG		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SLHN ORG		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SLHN ORG		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

ST LUKE'S QUAKERTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST LUKE'S QUAKERTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**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? 5

Name and address	Type of Facility (describe)
<b>1</b> ST LUKE'S BONE & JOINT INSTITUTE 1534 PARK AVENUE QUAKERTOWN, PA 18951	OUTPATIENT SERVICES - VARIOUS
<b>2</b> ST LUKE'S UPPER PERKIOMEN OP CENTER 2793 GERYVILLE PIKE PENNSBURG, PA 18073	OUTPATIENT SERVICES - VARIOUS
<b>3</b> ST LUKE'S HEART & VASCULAR CENTER 1532 PARK AVENUE QUAKERTOWN, PA 18951	OUTPATIENT SERVICE - VARIOUS
<b>4</b> WOMEN'S IMAGING CENTER 121 SOUTH 11TH STREET QUAKERTOWN, PA 18951	OUTPATIENT SERVICES - DIAGNOSTIC BREAST CARE
<b>5</b> ST LUKE'S PHYSICAL THERAPY - CV 5848 OLD BETHLEHEM PIKE SUITE 102 CENTER VALLEY, PA 18034	OUTPATIENT SERVICES - PHYSICAL THERAPY
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>THE GRANTING OF FINANCIAL ASSISTANCE IS BASED UPON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED, AND DOES 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 PATIENT'S 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 PROVIDES, 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.</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	<p>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, FINANCIAL ASSISTANCE AT COST, BAD DEBT, AND ALL OVERLAPPING CASES REPORTED ELSEWHERE WERE EXCLUDED THE RATIO OF PATIENT CARE COST TO CHARGES WAS UTILIZED TO DETERMINE THE FINANCIAL ASSISTANCE AT COST 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</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE AMOUNT INCLUDED IN SCHEDULE H, PART I, LINE 7G AS COMMUNITY BENEFIT EXPENSE REPRESENT SUBSIDIZED HEALTH SERVICES RELATED TO BEHAVIORAL HEALTH SERVICES, OBGYN SERVICES, WOUND CARE SERVICES, EMERGENCY ROOM TRAUMA SERVICES AND PRIMARY CARE HEALTH SERVICES PRIMARY CARE HEALTH SERVICES ARE A DOCUMENTED HEALTH NEED WITHIN THE COMMUNITY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART II	ST LUKE'S QUAKERTOWN HOSPITAL 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2, 3 & 4	<p>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.</p> <p>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.</p> <p>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 \$100,156,452 AND \$92,383,053 IN 2017 AND 2016, RESPECTIVELY. THE COSTS INCURRED TO PROVIDE SUCH CARE IS DETERMINED USING A COST TO CHARGE RATIO AND WERE APPROXIMATELY \$13,500,000 AND \$12,500,000 FOR 2017 AND 2016, RESPECTIVELY.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE 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 SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS") THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE 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 TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF 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 TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS 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 COMMUNITY 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 MEET 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 ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL 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 REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE 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 RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING 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 SERVICES (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 QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING 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 STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING 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, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPI</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>TAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE 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 DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (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 COMMUNITY 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 MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLE. THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING 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 ON THE FORM 990, SCHEDULE H, PART I. THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD 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 ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY 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 THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE 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 AUDITORS. AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS." ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. 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</p>



Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>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 PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ST LUKES UNIVERSITY HEALTH NETWORK AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS BILLING &amp; COLLECTION POLICY ----- THE CREDIT AND COLLECTION POLICY IS 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 THE ORGANIZATION'S CREDIT AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE THE ORGANIZATION MAKES SURE THAT PATIENTS ARE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES, WHENEVER POSSIBLE ALL PATIENT BUSINESS SERVICE DEPARTMENT REPRESENTATIVES ARE 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 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 EMERGENCY &amp; MEDICALLY NECESSARY SERVICES -----</p> <p>ST LUKES UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPARTMENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS ADDITIONALLY, ST LUKE'S DOES NOT PERMIT 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 THE ST LUKE'S FINANCIAL ASSISTANCE PROGRAM ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICES COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) -----</p> <p>----- ST LUKES UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R)(6) PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD OR GREATER, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS ARE INITIATED AGAINST THE PATIENT SUBSEQUENT TO THE NOTIFICATION PERIOD ST LUKES UNIVERSITY HEALTH NETWORK, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE ST LUKES UNIVERSITY HEALTH NETWORK MAY AUTHORIZE THIRD PARTIES TO REPORT ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD THE ORGANIZATION ENSURES REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY AND ENSURES THE FOLLOWING ACTIONS ARE TAKEN AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA 1) THE PATIENT IS PROVIDED WITH WRITTEN NOTICE WHICH - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS, - IDENTIFIES THE ECA(S) THAT ST LUKES UNIVERSITY HEALTH NETWORK INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE, AND - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED 2) THE PATIENT IS PROVIDED WITH A COPY OF THE PLAIN LANGUAGE SUMMARY, AND 3) REASONABLE EFFORTS ARE MADE TO ORALLY NOTIFY THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS ST LUKES UNIVERSITY HEALTH NETWORK ACCEPTS AND PROCESSES ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD THE APPLICATION PERIOD BEGINS ON THE DATE THE CARE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>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 DATA AND OUTCOMES FROM ITS COMPREHENSIVE COMMUNITY BASED PROGRAMMING INITIATIVES AND FROM ESTABLISHED COLLABORATIVE PARTNERSHIPS. THE ADOPT A SCHOOL MODEL IS A COMPREHENSIVE APPROACH USING SUCCESSFUL AND OUTCOMES-DRIVEN WORK, WHILE CREATING A MODEL OF SERVICE. THIS MODEL ALLOWS US TO BETTER ADDRESS THE NEEDS OF OUR EXPANDING SERVICE AREAS AS OUR ORGANIZATION GROWS. WE NOW SPEARHEAD A NATIONAL MODEL OF COLLABORATION ACROSS OUR NETWORK 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 QUAKERTOWN SCHOOL DISTRICT IS 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. WE RECENTLY BEGAN DENTAL, LITERACY AND LEADERSHIP DEVELOPMENT INITIATIVES IN THE QUAKERTOWN SCHOOL DISTRICT TO ADDRESS THE NEEDS WITHIN THE COMMUNITY.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	<p>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 ST LUKE'S 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 ARE ADMITTED AND TREATED, THEY ARE REGISTERED AS PATIENTS OF THE HOSPITAL AND RECEIVE ANY NECESSARY SERVICES AS PRESCRIBED BY THE PATIENTS PHYSICIAN. A PROSPECTIVE PATIENT OF ST LUKES UNIVERSITY HEALTH NETWORK IS NEVER DENIED NECESSARY HEALTHCARE 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 THE PATIENTS, THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE ALL AVAILABLE ON-LINE. ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN THE HOSPITAL FACILITY REGISTRATION AREAS. THESE INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS AND PATIENT FINANCIAL SERVICES. THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE NETWORK'S PRIMARY SERVICE AREA. 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. FINANCIAL ASSISTANCE REFERRALS 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. ALL PATIENTS ARE OFFERED A COPY OF THE PLAIN LANGUAGE SUMMARY AS PART OF THE INTAKE OR DISCHARGE PROCESS. ADDITIONALLY, FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	<p>ST LUKES UNIVERSITY HEALTH NETWORKS (SLUHNS) QUAKERTOWN CAMPUS SERVES THE GREATER LEHIGH VALLEY REGIONS IN SOUTHEASTERN PENNSYLVANIA ALTHOUGH LOCATED IN BUCKS COUNTY, THIS HOSPITAL MOSTLY SERVES THE NORTHERN PART OF THE COUNTY IN THE QUAKERTOWN REGION QUAKERTOWN IS UNIQUELY SITUATED ON THE BORDER OF BOTH THE DELAWARE VALLEY AND THE LEHIGH VALLEY WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RECEIVE SERVICES FROM ST LUKES QUAKERTOWN WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL THERE ARE FOUR MAJOR HIGHWAYS THAT FEED INTO THE QUAKERTOWN AREA, MAKING TRAVEL TO OTHER AREAS VERY ACCESSIBLE ST LUKE'S QUAKERTOWN WORKS TIRELESSLY TO PROVIDE PATIENTS WITH SUPERIOR CARE ST LUKES QUAKERTOWN IS HIGHLY SUPPORTIVE OF THE SURROUNDING COMMUNITY, EXEMPLIFIED THROUGH THE ADDITION OF NEW SERVICES AND THE CREATION OF JOBS IN THE REGION THE FOLLOWING INFORMATION REGARDING THE COMMUNITY DEMOGRAPHICS IS INCLUDED IN THE ORGANIZATIONS CHNA GEOGRAPHIC DESCRIPTION OF MEDICAL SERVICE AREA &amp; COMMUNITY SERVED</p> <p>=====</p> <p>WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL THE TOP FIVE COUNTIES SERVED BY ST LUKES QUAKERTOWN INCLUDE NORTHAMPTON, LEHIGH, BERKS, BUCKS AND MONTGOMERY COUNTIES THERE ARE A TOTAL OF 17 ZIP CODES THAT WERE INCLUDED A TOTAL OF 185,316 PEOPLE LIVE IN THE 360.34 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS, 2009-13) 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 514.28 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 2000 AND 2010 THE POPULATION IN THE REPORT AREA GREW BY 17,785 PERSONS, AN INCREASE OF 10.67% THIS PERCENT POPULATION CHANGE IS HIGHER THAN THAT SEEN IN PENNSYLVANIA (3.43%) AND IN THE U S AS A WHOLE (9.74%) GENDER ===== IN THE ST LUKES QUAKERTOWN SERVICE AREA, THE PERCENTAGE OF FEMALES IN THE POPULATION RANGES FROM 50.91% TO 51.48% (ACS, 2009-13) THE PERCENTAGE OF MALES IN OUR SERVICE AREA RANGES FROM 48.52% TO 49.09% (ACS, 2009-13) THIS PATTERN IS SIMILAR TO THE U S AS A WHOLE, WHERE THERE ARE MORE FEMALES (50.81%) THAN MALES (49.19%) (ACS, 2009-13) AGE === 22.41% OF THE POPULATION IN THE ST LUKES QUAKERTOWN SERVICE AREA IS UNDER THE AGE OF 18 AND 13.91% OF THE POPULATION IS OVER THE AGE OF 65 (ACS, 2009-13) THIS MEANS THAT 63.68% OF THE POPULATION IN THIS SERVICE AREA FALLS BETWEEN THE AGES OF 18-64 DATA SHOWS THAT A HIGHER NUMBER OF OUR PATIENTS SEEN FELL IN THE 45-64 OR THE 65 AND ABOVE AGE GROUPS IT IS LIKELY THAT THERE WAS A HIGH PERCENTAGE OF PATIENTS THAT FELL IN THE ABOVE 65 GROUP BECAUSE AS PEOPLE AGE THEY FACE MORE HEALTH ISSUES SUCH AS CHRONIC DISEASES RACE ==== WITHIN THE ST LUKES QUAKERTOWN SERVICE AREA, 91.54% OF THE POPULATION IS WHITE, 2.38% IS BLACK, AND 2.15% IS ASIAN THE OTHER RACE GROUPS MAKE UP THE REMAINING 3.93% OF THE POPULATION (ACS, 2009-13) ETHNICITY ===== ACCORDING TO THE ACS (2009-13), 92.53% OF THE POPULATION IN THE SERVICE AREA IDENTIFIES AS NON-HISPANIC AND 7.47% IDENTIFY AS HISPANIC OR LATINO OUR 2016 CHNA SURVEY WAS ABLE TO CAPTURE THIS VULNERABLE POPULATION IN OUR DATA POVERTY ===== ACCORDING TO THE ACS (2009-13), 8.62% OF THE POPULATION IN THE ST LUKES QUAKERTOWN SERVICE AREA HAS INCOMES THAT FALL AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) THIS PERCENTAGE IS LOWER THAN THAT SEEN IN PENNSYLVANIA (13.3%) AND IN THE U S AS A WHOLE (15.37%) WHEN LOOKING AT THE PERCENT OF THE POPULATION THAT HAS INCOMES THAT FALL AT OR BELOW 200% OF THE FPL, 21.23% OF THE POPULATION FALLS AT THIS LEVEL AS COMPARED TO HIGHER PERCENTAGES SEEN IN PENNSYLVANIA (30.51%) AND THE U S (34.23%) (ACS, 2009-13)</p>

## 990 Schedule H, Supplemental Information

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, OUTCOMES-BASED INITIATIVES 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	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE ST LUKE'S UNIVERSITY HEALTH H NETWORK NOT FOR-PROFIT ST LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES</p> <p>===== 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 THE ST LUKE'S ACTIVE HOSPITALS INCLUDE ST LUKE'S HOSPITAL OF BE THLEHEM, PA, ST LUKE'S HOSPITAL ANDERSON CAMPUS, ST LUKE'S HOSPITAL MONROE CAMPUS, ST L UKE'S QUAKERTOWN HOSPITAL, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC AND ST LUKE'S WARRE N HOSPITAL EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTL INED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545 1 EACH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 EACH OPERATES AN ACTIVE EMERGEN CY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICI ANS, 4 CONTROL OF EACH RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF ST LUKE'S HEALTH NETWORK, INC BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IM PROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE , PROGRAMS AND ACTIVITIES ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ----- ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS COMPRISED OF TWO NON-PROFIT HOSPITAL CAMPUSES A 480-BED CAMPUS IN BETHLEHEM, PENNSYLVANIA AND A 15 8 BED CAMPUS IN ALLENTOWN, PENNSYLVANIA ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEM PT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NA TIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S AIRMED, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INC OME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS C URRENTLY INACTIVE ST LUKE'S HOMESTAR SERVICES, LLC ----- A L IMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S H OSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SERVICES IN BETHLEHEM, PENNSYLVANIA POCONO MRI IMAGING AND DIAGNOSTIC CENTER, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES O WNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SE RVICES IN BETHLEHEM, PENNSYLVANIA EVANTAGE HEALTH, LLC ----- A LIMITED LIA BILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S CARE, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES CLINICAL SERVICES IN ALLENTOWN, PENNSYLVANIA ST LUKE'S SHARED SAVINGS PLAN, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED B Y ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS LOCATED IN ALLENTOWN PENN SYLVANIA THE ORGANIZATION IS CURRENTLY INACTIVE ST LUKE'S HOSPITAL ANDERSON CAMPUS ---- ST LUKE'S HOSPITA</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>L ANDERSON CAMPUS IS A 108-BED NON-PROFIT HOSPITAL LOCATED IN EASTON, PENNSYLVANIA ST LU KE'S HOSPITAL ANDERSON 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 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLES S OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSP ITAL ANDERSON CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULIN G 69-545 ST LUKE'S HOSPITAL MONROE CAMPUS -----</p> <p>----- ST LUKE'S H OSPITAL MONROE CAMPUS OPENED ON OCTOBER 1, 2016 AND IS A 108-BED NON-PROFIT COMMUNITY HOSP ITAL LOCATED IN BARTONSVILLE, PENNSYLVANIA, MONROE COUNTY ST LUKE'S HOSPITAL MONROE CAMP US 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 PROVIDES MEDIC ALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SE X, 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 ORGANIZATION W AS INACTIVE DURING THE CURRENT FISCAL YEAR CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC -----</p> <p>----- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC DBA ST LUKE'S MINERS MEMORIAL MEDICAL CENTER IS A 45-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN COALDALE, PENNSYLVANIA CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION P URSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES NECESSARY HEALTHCA RE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR A BILITY TO PAY MOREOVER, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S QUAKERTOWN HOSPITAL -- -----</p> <p>----- ST LUKE'S QUAKERTOWN HOSPITAL IS A 62-BED NON-PROFIT HOSPITA L 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 ORGANIZATION P URSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCA RE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR A BILITY TO PAY MOREOVER, ST LUKE'S QUAKERTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE CRI TERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S WARREN HOSPITAL, INC -----</p> <p>----- ST LUKE'S WARREN HOSPITAL, INC IS A 198-BED NON-PROFIT ACUTE CARE H OSPITAL LOCATED IN PHILLIPSBURG, NEW JERSEY ST LUKE'S WARREN HOSPITAL, INC IS RECOGNIZE D BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZ ATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORI GIN OR ABILITY TO PAY MOREOVER, ST LUKE'S WARREN HOSPITAL, INC OPERATES CONSISTENTLY WI TH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S WARREN HOSPITAL FOUNDATI ON, INC -----</p> <p>----- ST LUKE'S WARREN HOSPITAL FOUNDATION , INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUAN T TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (3) THE ORGANIZATION WAS STATUTORILY MERGED INTO ST LUKES WARREN HOSP ITAL, INC EFFECTIVE JUNE 30, 2016 ST LUKE'S PHYSICIAN GROUP, INC -----</p> <p>----- ST LUKE'S PHYSICIAN GROUP, 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-PR IVATE FOUNDATION PURSUANT TO INTERNAL RE</p>



## 990 Schedule H, Supplemental Information

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:** 23-1352203  
**Name:** ST LUKE'S QUAKERTOWN HOSPITAL

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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 QUAKERTOWN HOSPITAL 1021 PARK AVENUE QUAKERTOWN, PA 18951 WWW.SLHN.ORG 170301	X	X					X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, QUESTION 3I	IN 2016, THE ORGANIZATION COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND BEGAN A THREE - YEAR IMPLEMENTATION PLAN FOR EACH SIGNIFICANT HEALTH NEED IDENTIFIED THROUGH THE CHNA THE ORGANIZATION DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBED PLANS TO ADDRESS EACH IDENTIFIED HEALTH NEED THE ORGANIZATION'S MOST RECENT CHNA DOES NOT SPECIFICALLY DESCRIBE THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA HOWEVER, ANNUALLY THE ORGANIZATION PUBLICIZES INFORMATION ON ITS WEBSITE WHICH DESCRIBES THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITALS MOST RECENTLY CONDUCTED CHNA THE ORGANIZATION'S REPORT INCLUDES DETAIL WHICH SUMMARIZES AND EVALUATES MAJOR EFFORTS TIED TO THE ORGANIZATION'S 2016 IMPLEMENTATION PLAN THE ORGANIZATION'S IMPLEMENTATION PLAN UPDATE IS MADE WIDELY AVAILABLE ON ITS WEBSITE AND CAN BE FOUND AT THE FOLLOWING URL <a href="http://www.slnh.org/conditions-services/community-health/community-health-needs-assessment/campus/chna-quakertown">HTTP //WWW SLHN ORG/CONDITIONS-SERVICES/COMMUNITY-HEALTH/COMMUNITY-HEALTH- NEEDS-ASSESSMENT/CAMPUS/CHNA-QUAKERTOWN</a>
SCHEDULE H, PART V, SECTION B, QUESTION 5	THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR THIS ORGANIZATION WAS COMPRISED OF PRIMARY AND SECONDARY DATA THE PRIMARY DATA WAS COLLECTED THROUGH OUR COMMUNITY HEALTH SURVEYS, WHERE APPROXIMATELY 3,000 SURVEYS WERE CONDUCTED IN OUR SEVEN CAMPUS GEOGRAPHIC REGION PRIMARY DATA WAS ALSO COLLECTED THROUGH CAMPUS SPECIFIC KEY STAKEHOLDER FOCUS GROUPS, WHERE THE MAIN PRIORITY HEALTH NEEDS WERE IDENTIFIED SECONDARY DATA INCLUDED THE USE OF COUNTY LEVEL, STATE LEVEL, AND NATIONAL LEVEL DATA OBTAINED VIA THE U S CENSUS, THE ROBERT WOOD JOHNSON FOUNDATION, VITAL STATISTICS, COMMUNITY COMMONS, THE AMERICAN COMMUNITY SURVEY, U S DEPARTMENT OF LABOR, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER DATA SOURCES, WHICH CAN BE FOUND IN THE APPENDICES OF EACH CHNA THE NEEDS IDENTIFIED IN THE FOCUS GROUPS WERE SUPPLEMENTED BY THE SURVEY DATA AND SECONDARY DATA IN ORDER TO PROVIDE A MORE COMPREHENSIVE PICTURE OF THE NEEDS IN EACH COMMUNITY AND THE OUTSIDE FACTORS AFFECTING THESE HEALTH ISSUES THROUGH OUR REVIEW OF THE PRIMARY AND SECONDARY DATA, WE WERE ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO FIVE MAJOR CATEGORIES FOR THE JUNE 30, 2016 - JUNE 30, 2019 CHNA CYCLE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	THE ORGANIZATION'S CHNA WAS CONDUCTED BY ST LUKE'S HEALTH NETWORK HOWEVER, THE CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE MOST-PRESSING HEALTHCARE NEEDS IN THE COMMUNITY THE CHNA AND CHNA EXECUTIVE SUMMARIES CAN BE FOUND ON THE ST LUKE'S HEALTH NETWORK WEBSITE ( <a href="http://www.slnh.org/conditions-services/community-health/community-health-needs-assessment">HTTP //WWW SLHN ORG/CONDITIONS-SERVICES/COMMUNITY-HEALTH/COMMUNITY-HEALTH -NEEDS-ASSESSMENT</a> ) AS OUTLINED IN THE APPENDIX OF THE ORGANIZATION'S CHNA THE ORGANIZATION'S COMMUNITY PARTNERS INCLUDE THE FOLLOWING - AA MEETINGS, - AMERICAN CANCER SOCIETY, - AMERICAN DIABETES ASSOCIATION, - AMERICAN HEART ASSOCIATION, - BOROUGH OF QUAKERTOWN, - BUCKS COUNTY AGENCY ON AGING, - BUCKS COUNTY BEHAVIORAL HEALTH SYSTEM, - BUCKS COUNTY CRISIS INTERVENTION TEAM TASK FORCE, - BUCKS COUNTY DENTAL SOCIETY, - BUCKS COUNTY DRUG AND ALCOHOL COMMISSION, - BUCKS COUNTY HEALTH DEPARTMENT, - BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, - BUCKS COUNTY OPPORTUNITY COUNCIL, - CHANNEL 69, - DELAWARE & LEHIGH HERITAGE CORRIDOR, - DENTAL CARE FOR ADULTS, - DESALES UNIVERSITY, - FARMERS MARKETS Q-MART, ETC, - HEALTHY COMMUNITIES HEALTHY YOUTH COALITION, - HELPING UPPER BUCKS BE UNIVERSALLY BETTER (HUBBUB), - JUST COMMUNITIES, INC , - LENAPE VALLEY FOUNDATION, - LOCAL DENTISTS, - LOCAL GROCERY STORES, - LOCAL MENTAL HEALTH COUNSELORS, - LOCAL PSYCHIATRISTS, - LOCAL RESTAURANTS PARTICIPATING IN ST LUKES HEART SMART PROGRAM, - MEALS ON WHEELS, - PA DEPARTMENT OF HEALTH, - PBS, - PENN FOUNDATION, - PENNDEL MENTAL HEALTH, - QUAKERTOWN FOOD PANTRY, - QUAKERTOWN SCHOOL DISTRICT, - RAILS-TO-TRAILS COMMITTEE, - SADD CHAPTERS, - SENIORS HELPING SENIORS, - THE MORNING CALL, - THE OPEN LINE, - TRI-COUNTY RESPITE NEW VITAE MENTAL HEALTH CENTER, - UNITED WAY OF BUCKS COUNTY, - UPPER BUCKS SENIOR CITIZENS CENTER, - UPPER BUCKS YMCA, - VOLUNTEER DOCTORS CARE - UPPER BUCKS CLINIC
SCHEDULE H, PART V, SECTION B, QUESTION 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE <a href="http://www.slnh.org/conditions-services/community-health/community-health-needs-a-sseessment/campus">WWW SLHN ORG/CONDITIONS-SERVICES/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-A SSESSMENT/CAMPUS</a>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, QUESTION 10	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK") THE NETWORK CREATED A NETWORK WIDE JOINT IMPLEMENTATION STRATEGY TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED WITHIN EACH HOSPITAL FACILITY'S CHNA DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM THE NETWORK WIDE IMPLEMENTATION STRATEGY AN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE WWW.SLHN.ORG/CONDITIONS-SERVICES/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-A-SSESSMENT
SCHEDULE H, PART V, SECTION B, QUESTION 11	THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE PRIOR TO JUNE 30, 2016 THEREAFTER, A MULTI-DISCIPLINARY TEAM MET REGULARLY AND PARTICIPATED IN THE IMPLEMENTATION PLAN PROCESS DURING THIS PROCESS AND THROUGH OUR REVIEW OF THE PRIMARY AND SECONDARY DATA, WE WERE ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO FIVE MAJOR CATEGORIES FOR THE 2016-2019 CHNA CYCLE THESE PRIORITY HEALTH CATEGORIES INCLUDE 1) IMPROVING ACCESS TO CARE/REDUCING HEALTH DISPARITIES, 2) PROMOTING HEALTHY LIFESTYLES AND PREVENTING CHRONIC DISEASE, 3) IMPROVING MENTAL/BEHAVIORAL HEALTH, 4) IMPROVING CHILD AND ADOLESCENT HEALTH, AND 5) IMPROVING ELDER HEALTH A NETWORK WIDE IMPLEMENTATION STRATEGY WAS CREATED TO ADDRESS THE FIVE IDENTIFIED HEALTH PRIORITIES THE IMPLEMENTATION STRATEGY WAS DEVELOPED TO CONTINUE ESTABLISHED EFFORTS, DEVELOP NEW INITIATIVES AND FOSTER COMMUNITY COLLABORATION TO MEET THE IDENTIFIED NEEDS THE NETWORK WIDE IMPLEMENTATION STRATEGY APPROACHES THE FIVE HEALTH PRIORITY AREAS DETERMINED BY THE CHNA FROM THREE MAIN VANTAGES 1) WELLNESS AND PREVENTION, 2) CARE TRANSFORMATION, AND 3) RESEARCH AND PARTNERSHIPS THESE PRIORITY HEALTH AREAS AND UNMET NEEDS IN THE IMPLEMENTATION PLAN ARE INTEGRAL TO OUR COMMUNITY BENEFIT STRATEGY ST LUKE'S LEADERS CONTINUE TO MONITOR NEW PROGRAM DEVELOPMENTS AND SERVICES IN ORDER TO MEET AND ADDRESS THESE NEEDS PROGRAMMING TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA IS CONDUCTED IN PARTNERSHIP WITH OVER 200 ORGANIZATIONS NETWORK WIDE, A COMPREHENSIVE LIST OF PARTNERS CAN BE FOUND ON THE LAST PAGE OF THE CAMPUS SPECIFIC CHNAS THE ST LUKE'S UNIVERSITY HEALTH NETWORK CHNA IMPLEMENTATION STRATEGY AS WELL AS SEPARATE HOSPITAL FACILITY IMPLEMENTATION UPDATES CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE THE IMPLEMENTATION STRATEGIES AND IMPLEMENTATION UPDATES INCLUDE AND DESCRIBE VARIOUS INITIATIVES AND PLANS IN PLACE TO ADDRESS THE UNMET NEEDS DISCOVERED THROUGH THE ORGANIZATION'S CHNAS ANNUAL IMPLEMENTATION PLAN UPDATE REPORTS DESCRIBE EFFORTS UNDERTAKEN BY SLUHN TO ADDRESS THE CHNA IDENTIFIED NEEDS COMPLETED ANNUAL REPORTS FROM 2013 TO PRESENT CAN BE ACCESSED BY CLICKING ON THE "IMPLEMENTATION PLAN UPDATE" SECTION FOR EACH CAMPUS USING THE FOLLOWING LINK HTTP://WWW.SLHN.ORG/CONDITIONS-SERVICES/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS HOSPITALS ARE NOT REQUIRED TO, NOR CAN THEY MEET ALL OF THE UNMET NEEDS IN THEIR COMMUNITIES ANY UNMET NEEDS NOT ADDRESSED BY THE ADOPTED IMPLEMENTATION PLAN ARE ALREADY BEING ADDRESSED IN THE SERVICE AREA BY THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, GOVERNMENT, OR VARIOUS LOCAL NON-PROFIT ORGANIZATIONS IN THE COMMUNITY

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE NETWORK THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE WWW.SLHN.ORG/PAY-BILLS/PAYMENT-OPTIONS/FINANCIAL-ASSISTANCE-POLICIES
SCHEDULE H, PART V, SECTION B, QUESTION 16J	OTHER MEASURES TO PUBLICIZE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INCLUDE INDIVIDUAL FINANCIAL COUNSELING MEETINGS WITH PATIENTS WITHOUT HEALTH INSURANCE TO REVIEW THE FINANCIAL ASSISTANCE POLICY AND TO DISCUSS PAYMENT OPTIONS

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
ST LUKE'S QUAKERTOWN HOSPITAL

Employer identification number  
23-1352203

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
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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: 23-1352203  
Name: ST LUKE'S QUAKERTOWN HOSPITAL

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
BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP INC 1201 LANGHORNE-NEWTOWN LANGHORNE, PA 19047	23-2862339	501(C)(3)	10,000				PROGRAM SUPPORT
BOROUGH OF QUAKERTOWN 35 N THIRD STREET QUAKERTOWN, PA 19851	23-6003005		10,500				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
PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE ST CONSHOCKEN, PA 19428	23-1243965	501(C)(3)	20,000				PROGRAM SUPPORT
QUAKERTOWN ALIVE 312 W BROAD ST QUAKERTOWN, PA 18951	23-2993769	501(C)(3)	8,000				PROGRAM SUPPORT

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL	Employer identification number 23-1352203
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Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	Yes
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	Yes
<b>7</b> 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.	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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
See Additional Data	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352203  
**Name:** ST LUKE'S QUAKERTOWN HOSPITAL

**Part III, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2016 FORMS W-2

Part III, Supplemental Information

Return Reference	Explanation
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 2016 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 2016 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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE INDIVIDUAL HAS SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS P LICHTENWALNER, \$167,870 ADDITIONALLY, THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATED TO VESTED CAPITAL ACCUMULATION FOR POST-RETIREMENT DEATH BENEFITS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDWARD R NAWROCKI, \$54,595 AND THOMAS P LICHTENWALNER, \$86,040 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDWARD R NAWROCKI, \$58,445 AND THOMAS P LICHTENWALNER, \$185,153



**Part III, Supplemental Information**

Return Reference	Explanation
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 INCLUDE 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

**Part III, Supplemental Information**

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 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

**Part III, Supplemental Information**

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED IN THE INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS P LICHTENWALNER, \$167,870

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH G O'NEILL DO CO-CHAIR - DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	213,035	116,337	544	18,550	-	-	0
					15,151	363,617		
1THOMAS A FILIPOWICZ MD DIR - MED STAFF PRES(7/1-8/31)	(i)	0	0	0	0	0	0	0
	(ii)	338,485	35,710	1,635	18,550	-	-	0
					14,153	408,533		
2EDWARD R NAWROCKI DIRECTOR - PRESIDENT SLQH	(i)	0	0	0	0	0	0	0
	(ii)	335,428	120,247	73,165	76,995	-	-	0
					22,994	628,829		
3PETER M CIANFRANI MD DIRECTOR (TERMED 10/31/16)	(i)	0	0	0	0	0	0	0
	(ii)	184,485	28,897	16,720	16,096	-	-	0
					9,328	255,526		
4THOMAS P LICHTENWALNER SVP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	485,423	192,335	273,043	203,703	-	-	167,870
					7,731	1,162,235		
5NICOLE D YODER DO VPMA (EFF 9/1/16)	(i)	0	0	0	0	0	0	0
	(ii)	300,394	35,016	9,776	10,600	-	-	0
					22,009	377,795		
6KATHY P RAMSON VP PATIENT SERVICES	(i)	156,772	23,819	791	12,700	989	195,071	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
7PAMELA J ASTL-REIMER PHYSICIAN ASSISTANT	(i)	137,610	0	78	7,822	21,600	167,110	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
8LAURA B HILLEN PHARMACIST	(i)	127,899	0	498	9,129	13,728	151,254	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
9JAMES C WORTHINGTON PHARMACIST	(i)	125,531	0	302	8,953	17,072	151,858	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
10JOHN B SYLVIA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	238,443	81,677	375	10,600	-	-	0
					19,297	350,392		

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131027188
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <small>Department of the Treasury <del>Internal Revenue Service</del></small>	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b> <b>Open to Public Inspection</b>
Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL		Employer identification number  23-1352203	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKES QUAKERTOWN HOSPITAL ("SL-QUAKERTOWN") IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, 62-BED LICENSED ACUTE CARE HOSPITAL LOCATED IN QUAKERTOWN, BUCKS COUNTY, PENNSYLVANIA SL-QUAKERTOWN PROVIDES SERVICES PRIMARILY TO RESIDENTS OF UPPER BUCKS COUNTY, UPPER MONTGOMERY COUNTY AND SOUTHERN LEHIGH COUNTY SL-QUAKERTOWN ANNUALLY PROVIDES CARE FOR NEARLY 100,000 PATIENTS AND IS RECOGNIZED AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION OF ITS NEARLY 13,000 ANNUAL EMERGENCY DEPARTMENT PATIENTS, APPROXIMATELY 16% ARE MEDICAID RECIPIENTS AND 52% ARE SELF-PAY/UNINSURED PURSUANT TO ITS CHARITABLE PURPOSES, SL-QUAKERTOWN 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, SL-QUAKERTOWN OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN THE INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545 1) SL-QUAKERTOWN PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2) SL-QUAKERTOWN OPERATES AN ACTIVE EMERGENCY ROOM, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, FOR ALL PERSONS, 3) SL-QUAKERTOWN MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4) CONTROL OF SL-QUAKERTOWN RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF ST LUKES HEALTH NETWORK, INC DBA ST LUKES UNIVERSITY HEALTH NETWORK BOTH BOARDS ARE COMPRISED OF 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, PROGRAM AND ACTIVITIES THE OPERATIONS OF SL-QUAKERTOWN, AS DEMONSTRATED THROUGH THE FACTORS OUTLINED ABOVE AND ADDITIONAL INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE USE AND CONTROL OF SL-QUAKERTOWN IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION BENEFIT ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY BACKGROUND ===== ESTABLISHED IN 1929, SL-QUAKERTOWN WAS ACQUIRED BY NATIONALLY RECOGNIZED ST LUKES UNIVERSITY HEALTH NETWORK ("NETWORK") IN 1995 THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO MORE THAN 370 PHYSICIANS ACROSS 47 MEDICAL SPECIALTIES THE HOSPITAL ACHIEVED AN "A" RATING FOR FOUR CONSECUTIVE YEARS (2011-2014) AND AGAIN IN 2017 AS DETERMINED BY ITS LEAPFROG HOSPITAL SAFETY SCORE ADDITIONALLY, IN 2015 SL-QUAKERTOWN RECEIVED THE QUEST CITATION OF MERIT FOR HIGH-VALUE HEALTHCARE THIS AWARD IS GIVEN TO ORGANIZATIONS THAT HAVE ACHIEVED TOP PERFORMANCE THRESHOLD FOR FIVE OF THE SEVEN QUEST DOMAINS (MORTALITY, COST &amp; EFFICIENCY, INPATIENT &amp; OUTPATIENT EVIDENCE BASED CARE, SAFETY, PATIENT &amp; FAMILY ENGAGEMENT)</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>IN 2016, SL-QUAKERTOWN WAS NAMED ONE OF THE NATIONS 100 TOP HOSPITALS BY TRUVEN HEALTH A ANALYTICS, A LEADING PROVIDER OF DATA-DRIVEN ANALYTICS AND SOLUTIONS TO IMPROVE THE COST AND QUALITY OF HEALTHCARE SL-QUAKERTOWN IS CHEST PAIN ACCREDITED BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE AND A NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY) DESIGNATED HOSPITAL SL-QUAKERTOWN HAS RECEIVED PRIMARY STROKE CERTIFICATION FROM THE JOINT COMMISSION AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE IN HERNIA SURGERY BY SURGICAL REVIEW CORPORATION EMANUEL NOGUEIRA, M D HAS EARNED THE SURGEON OF EXCELLENCE IN HERNIA SURGERY (SOEHS) DESIGNATION SL-QUAKERTOWN AND DR NOGUEIRA ARE THE FIRST AND ONLY CENTER OF EXCELLENCE IN HERNIA SURGERY DESIGNEES IN PENNSYLVANIA IN ADDITION, THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION (PTSF) RECENTLY APPROVED ST LUKES HOSPITAL - QUAKERTOWN CAMPUS AS A FULLY ACCREDITED LEVEL IV TRAUMA CENTER IN 2016 AND SLQ EARNED RE-ACCREDITATION IN 2017 FOR FOUR MORE YEARS IN 2017, SL-QUAKERTOWN OPENED ITS SECOND URGENT CARE LOCATION, ST LUKES CARE NOW QUAKERTOWN THE HOSPITALS SPECIALTY SERVICES INCLUDE - BEHAVIORAL HEALTH - RADIOLOGY - DIALYSIS AND HEMODIALYSIS - EMERGENCY SERVICES - ENDOCRINOLOGY - INFUSION SERVICES - NEPHROLOGY - RADIOLOGY/NEUROSURGERY - ONCOLOGY/HEMATOLOGY - ORTHOPEDICS - OTOLARYNGOLOGY/ENT - PAIN MANAGEMENT - PULMONOLOGY - RADIOLOGY (ADVANCED) - SLEEP DISORDERS - SPORTS MEDICINE, PHYSICAL AND OCCUPATIONAL THERAPY, REHAB - SURGERY (GENERAL AND LAPAROSCOPIC) - URGENT CARE - UROLOGY - VASCULAR SERVICES - WOMENS HEALTH - WOUND MANAGEMENT THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES 1) ORTHOPEDIC SURGEONS PROVIDING THE MOST ADVANCED DIAGNOSIS, TREATMENT AND REHABILITATION FOR PATIENTS WITH MUSCULOSKELETAL DISORDERS AND INJURIES 2) A HIGHLY TRAINED CARDIAC TEAM INCLUDING EXPERIENCED AND SKILLED RADIOLOGISTS, CARDIAC AND VASCULAR SURGEONS, INTERVENTIONAL RADIOLOGISTS AND ELECTROPHYSIOLOGISTS 3) ONCOLOGISTS AND A WIDE RANGE OF ONCOLOGY SPECIALISTS MISSION ===== THE MISSION OF SL-QUAKERTOWN 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 SL-QUAKERTOWN 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 COMMUNITY OUTREACH ===== IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SL-QUAKERTOWN ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS INVESTING MORE THAN \$40,000 ANNUALLY, THE HOSPITAL REGULARLY OFFERS A VARIETY OF FREE HEALTH SCREENINGS/SERVICES AT HOSPITAL AND COMMUNITY HOSTED EVENTS COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING</p>

**990 Schedule O, Supplement Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>1) HOSTING OF COMMUNITY EVENTS INCLUDING TAIL ON THE TRAIL, HARVESTFEST, EVENING WITH THE ARTIST AND COMMUNITY LEADER PRESENTATIONS 2) PARTICIPATION IN, OR SPONSORSHIP OF, MORE THAN 20 COMMUNITY EVENTS INCLUDING THE UPPER BUCKS YMCA HEALTHY KIDS DAY, BOROUGH OF QUAKERTOWN OWNS COMMUNITY DAY AND SUMMER CONCERT SERIES AND SEVERAL QUAKERTOWN ALIVE! EVENTS 3) SUPPORT OF THE OPEN LINK, A MULTI-SERVICE AGENCY OFFERING PROGRAMS, RESOURCES AND SERVICES DESIGNED TO MEET THE BASIC NEEDS OF INDIVIDUALS AND FAMILIES IN THE UPPER PERKIOMEN VALLEY 4 ) HOSTING OF A VARIETY OF SUPPORT GROUPS AND EDUCATIONAL PROGRAMS INCLUDING T O P S (TAKE OFF POUNDS SENSIBLY), SURVIVORS OF SUICIDE, CPR AND FIRST AID TRAINING 5) UTILIZATION OF MEDIA OUTLETS TO EDUCATE THE COMMUNITY ABOUT HEALTH ISSUE THAT MAY IMPACT THEM THE HOSPITAL IS COMMITTED TO HEALTH IMPROVEMENT ADVOCACY AND PARTNERING WITH THE COMMUNITIES IT SERVES THROUGH COALITION BUILDING SOME EXAMPLES INCLUDE - CONDUCTING ANNUAL COMMUNITY LEADER PRESENTATIONS TO KEEP BUSINESS AND COMMUNITY LEADERS, AS WELL AS LOCAL GOVERNMENT OFFICIALS, INFORMED OF HEALTH CARE TRENDS AND LEGISLATION AND TO PROVIDE UPDATES ABOUT SL-QUAKER TOWN AND THE NETWORK - MEMBERSHIP TO, AND ACTIVE PARTICIPATION WITH, THE UPPER PERKIOMEN VALLEY CHAMBER OF COMMERCE, THE UPPER BUCKS CHAMBER OF COMMERCE AND THE UPPER PERKIOMEN YMCA AND THE UPPER BUCKS YMCA - SL-QUAKERTOWN EMPLOYEE-DRIVEN INITIATIVES INCLUDING THE COLLECTION OF EYEGLASSES FOR THE LIONS EYE BANK, BOOK DRIVES FOR AT-RISK CHILDREN AND FOOD DONATIONS TO SUPPORT AREA FOOD BANKS EMPLOYEES ALSO SUPPORTED A LOCAL FAMILIES DURING THE HOLIDAYS BY SUPPLYING CLOTHING, TOYS AND GIFT CARDS - DEVELOPMENT OF MEDICAL CAREER PATHWAYS, A PROGRAM DESIGNED TO EXPOSE AREA HIGH SCHOOL SENIORS CONSIDERING MEDICAL CAREERS TO NUMEROUS ASPECTS OF THE HEALTH CARE PROFESSION BEHAVIORAL HEALTH ===== SL-QUAKERTOWN HOUSES ONE OF ONLY TWO BEHAVIORAL HEALTH UNITS IN BUCKS COUNTY THE BEHAVIORAL HEALTH UNIT PROVIDES EFFECTIVE PSYCHIATRIC CARE IN A SAFE AND THERAPEUTIC ENVIRONMENT FOR PEOPLE WITH A WIDE VARIETY OF MENTAL AND BEHAVIORAL HEALTH ISSUES INCLUDING ANGER MANAGEMENT, ANXIETY DISORDERS, BIPOLAR DISORDER, DEPRESSION, OBSESSIVE COMPULSIVE DISORDER, POST-TRAUMATIC STRESS DISORDER, AND WORK/LIFE BALANCE THE UNIT MEETS THE GROWING DEMAND FOR BEHAVIORAL HEALTH SERVICES WHILE KEEPING PATIENTS NEAR FAMILY, FRIENDS AND SUPPORT SYSTEMS THROUGHOUT THEIR TREATMENT AWARDS &amp; ACCREDITATIONS ===== AT ST LUKES OUR VISION IS TO LEAD THE REGION IN CLINICAL QUALITY AND SAFETY PERFORMANCE ST LUKES HAS BEEN HONORED WITH MORE THAN 120 HEALTHCARE QUALITY AWARDS INCLUDING BUT NOT LIMITED TO 2017 CENTERS FOR MEDICARE AND MEDICAID SERVICES HOSPITAL COMPARE RATINGS -----</p> <p>-----</p>



Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST LUKES UNIVERSITY HEALTH NETWORKS HOSPITALS WERE AWARDED FIVE STARS IN THE 2017 CENTERS FOR MEDICARE AND MEDICAID SERVICES ("CMS") NATIONAL RATINGS OF HOSPITALS ST LUKES UNIVER SITY HEALTH NETWORK WAS RATED HIGHER THAN ANY OTHER HEALTH SYSTEM IN THE REGION EVERY ST LUKES HOSPITAL ELIGIBLE FOR RATING RECEIVED AT LEAST FOUR OUT OF A POSSIBLE FIVE STARS A ND THREE RECEIVED FIVE STARS THE ONLY HOSPITALS IN THE LEHIGH VALLEY TO RECEIVE A FIVE-STAR RATING IN CMS NATIONAL RATINGS OF HOSPITALS WERE * ST LUKES HOSPITAL ANDERSON CAMPUS * ST LUKES HOSPITAL MINERS CAMPUS * ST LUKES HOSPITAL WARREN CAMPUS NATIONALLY, 31 28 PERCENT (1,555) OF HOSPITALS RATED RECEIVED FOUR-STAR RATINGS, INCLUDING * ST LUKES UNIVERSITY HOSPITAL BETHLEHEM * ST LUKES HOSPITAL ALLENTOWN CAMPUS * ST LUKES HOSPITAL QUAKERTOWN CAMPUS HOSPITALS COMPARE RATINGS THAT SUMMARIZE 57 QUALITY MEASURES OVER SEVEN CATEGORIES THAT INCLUDE MORTALITY, SAFETY OF CARE, READMISSION, PATIENT EXPERIENCE, EFFECTIVENESS OF CARE, TIMELINESS OF CARE AND EFFICIENT USE OF MEDICAL IMAGING THE HOSPITAL COMPARE STAR RATING IS INTENDED TO HELP CONSUMERS CHOOSE THE BEST HOSPITAL AND HIGHEST QUALITY CARE BECKERS HOSPITAL REVIEW TOP 100 LIST OF HOSPITALS WITH GREAT HEART PROGRAMS -----</p> <p>----- ST LUKES UNIVERSITY HEALTH NETWORK HAS BEEN NAMED TO THE 2016 EDITION OF BECKERS HOSPITAL REVIEW LIST, "100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS" THE HOSPITALS ON THIS LIST LEAD THE NATION IN CARDIOVASCULAR HEALTHCARE MANY HAVE PIONEERED GROUND-BREAKING PROCEDURES AND ARE STILL PIONEERING BREAKTHROUGHS TODAY ALL HAVE RECEIVED RECOGNITIONS FOR TOP-OF-THE-LINE PATIENT CARE IN ORDER TO DEVELOP THIS LIST, THE BECKER'S HOSPITAL REVIEW EDITORIAL TEAM EXAMINED SEVERAL REPUTABLE RANKING AND AWARD AGENCIES, INCLUDING U.S. NEWS &amp; WORLD REPORT RANKINGS FOR CARDIOLOGY AND HEART SURGERY, TRUEN HEALTH ANALYTICS' CARDIOVASCULAR HOSPITAL RANKINGS, CARECHEX RANKINGS FOR CARDIAC CARE, BLUE DISTINCTION CENTERS FOR CARDIAC CARE, STAR RATINGS FROM THE SOCIETY OF THORACIC SURGEONS, HEALTHGRADES CARDIOLOGY AWARDS AND MAGNET DESIGNATION HOSPITALS INCLUDED IN THIS LIST HAVE RECEIVED MARKS OF DISTINCTION FROM THESE ORGANIZATIONS ST LUKES BETHLEHEM EARNED A THREE-STAR RATING FROM THE SOCIETY OF THORACIC SURGEONS -----</p> <p>----- THE HOSPITAL INCLUDES A HEART RHYTHM CENTER AND ACCREDITED CHEST PAIN CENTER AND IS DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY BLUE CROSS BLUE SHIELD TRUEN 100 TOP HOSPITAL (MAJOR TEACHING HOSPITALS) AWARD -----</p> <p>----- THIS AWARD IDENTIFIES THE NATION'S BEST PROVIDERS FOR INPATIENT HOSPITAL CARE SELECTED FROM MORE THAN 3,000 HOSPITALS THE 100 TOP HOSPITALS ACHIEVE THE FOLLOWING - SIGNIFICANTLY HIGHER SURVIVAL, - FEWER COMPLICATIONS, - LOWER HOSPITAL READMISSIONS, - LOWER HOSPITAL LENGTH OF STAY, - GREATER PATIENT SATIS</p>

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>FACTION, AND - LOWER COST OF CARE ST LUKES UNIVERSITY HOSPITAL IS A 5-TIME RECIPIENT OF THIS PRESTIGIOUS AWARD, AND IS 1 OF 15 MAJOR TEACHING HOSPITALS IN THE NATION TO BE NAMED A 100 TOP HOSPITAL TRUVEN HEALTH ANALYTICS, AN IBM COMPANY, IS A MULTINATIONAL HEALTH CARE COMPANY THAT DELIVERS UNBIASED INFORMATION, ANALYTIC TOOLS, BENCHMARKS, RESEARCH AND SERVICES TO THE HEALTH CARE INDUSTRY TRUVEN 50 TOP CARDIOVASCULAR AWARD ----- THIS AWARD IDENTIFIES THE NATIONS BEST PROVIDERS OF CARDIOVASCULAR CARE SELECTED FROM MORE THAN 1,000 HOSPITALS IN THE U S THE 50 TOP CARDIOVASCULAR ACHIEVE SIGNIFICANTLY HIGHER SURVIVAL, FEWER COMPLICATIONS, LOWER HOSPITAL READMISSIONS, LOWER HOSPITAL LENGTH OF STAY AND LOWER COST OF CARE ST LUKES IS A 6-TIME RECIPIENT OF THIS OUTSTANDING RECOGNITION STAGE 7 DESIGNATION ON THE HIMSS ANALYTICS EMR ADOPTION MODEL -----</p> <p>----- ST LUKES IS THE FIRST NETWORK IN LEHIGH VALLEY TO EARN THE PRESTIGIOUS DESIGNATION AT ALL OF ITS HOSPITALS, INCLUDING THE ST LUKES WARREN CAMPUS, WHICH IS THE FIRST HOSPITAL IN NEW JERSEY TO ACHIEVE STAGE 7 LESS THAN 5 PERCENT OF U S HOSPITALS HAVE REACHED STAGE 7, WHICH IS THE HIGHEST STAGE ON HIMSS ANALYTICS SCALE HIMSS ANALYTICS, A SUBSIDIARY OF THE HEALTH INFORMATION MANAGEMENT SYSTEMS SOCIETY, IS A HEALTHCARE RESEARCH AND ADVISORY FIRM FOR HEALTHCARE ORGANIZATIONS AND GOVERNMENTS WORLDWIDE FOLLOWING A RIGOROUS REVIEW PROCESS, HIMSS ANALYTICS GRADES HOSPITALS ON THEIR APPLICATION OF ELECTRONIC MEDICAL RECORDS THE STAGE 7 DESIGNATION RECOGNIZES ST LUKES EXTENSIVE AND CREATIVE USE OF ELECTRONIC MEDICAL RECORDS TO ESTABLISH BETTER SERVICE AND HIGHER QUALITY CARE AT LOWER COSTS AMERICAN COLLEGE OF CARDIOLOGY CHEST PAIN CENTER WITH PRIMARY PCI ACCREDITATION -----</p> <p>----- THE AMERICAN COLLEGE OF CARDIOLOGY (ACC) HAS RECOGNIZED ST LUKES FOR ITS DEMONSTRATED EXPERTISE AND COMMITMENT IN TREATING PATIENTS WITH CHEST PAIN ST LUKES WAS AWARDED CHEST PAIN CENTER ACCREDITATION WITH PRIMARY PCI BASED ON RIGOROUS ONSITE EVALUATION OF THE STAFFS ABILITY TO EVALUATE, DIAGNOSE AND TREAT PATIENTS WHO MAY BE EXPERIENCING A HEART ATTACK U S NEWS &amp; WORLD REPORT BEST HOSPITALS STUDY -----</p> <p>----- ST LUKES HAS BEEN NAMED AS HIGH PERFORMER IN DIABETES &amp; ENDOCRINOLOGY, GASTROENTEROLOGY &amp; GI SURGERY, GERIATRICS, NEPHROLOGY, NEUROLOGY &amp; NEUROSURGERY, ORTHOPEDICS, PULMONARY AND UROLOGY U S NEWS EVALUATES HOSPITALS IN THE FOLLOWING - INPATIENT VOLUME, - USE OF KEY TECHNOLOGIES, - SURVIVAL, - PHYSICIAN REPUTATION SCORE, - PATIENT SAFETY, AND - NURSE STAFFING THE GOAL OF THE U S NEWS &amp; WORLD REPORT BEST HOSPITALS STUDY IS TO DETERMINE WHICH HOSPITALS PROVIDE THE BEST CARE FOR THE SICKEST PATIENTS WITH THE MOST COMPLICATED MEDICAL CONDITIONS AND SURGICAL PROCEDURES THE JOINT COMMISSION TOP PERFORMER ON KEY QUALITY MEASURES RECOGNITION -----</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>----- THIS RECOGNITION IS GIVEN TO HOSPITALS FOR ACHIEVING EXCELLENCE IN PROVIDING EVIDENCE-BASED CARE FOR HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGERY LEAPFROG HOSPITAL SAFETY SCORE ----- THE LEAPFROG GROUP IS A NATIONAL COALITION OF LARGE EMPLOYERS, WHICH PUBLISHES A BIENNIAL HOSPITAL SAFETY SCORE ST. LUKES HAS BEEN THE RECIPIENT OF "A" RATINGS FROM LEAPFROG THE SAFETY SCORE RATES HOSPITALS IN THE USE OF ELECTRONIC MEDICAL RECORD, ICU PHYSICIAN STAFFING, MEDICATION SAFETY, INFECTIONS AND ERROR PREVENTION BLUE DISTINCTION CENTERS FOR CARDIAC CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS DESIGNATION SIGNIFIES THAT YOUR FACILITY'S CARDIAC PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CARE BLUE DISTINCTION CENTERS FOR MATERNITY CARE DESIGNATION ----- THE BLUE DISTINCTION CENTERS DESIGNATION SIGNIFIES THAT YOUR FACILITY'S MATERNITY PROGRAM MET NATIONALLY ESTABLISHED CRITERIA BY DEMONSTRATING EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY THOSE FACILITIES DESIGNATED AS BLUE DISTINCTION CENTERS ALSO DEMONSTRATED BOTH EXPERTISE AND COST EFFICIENCY IN DELIVERING SPECIALTY CARE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS ----- ST. LUKES UNIVERSITY HEALTH NETWORKS ALLENTOWN AND BETHLEHEM CAMPUSES HAVE RECEIVED WOMEN'S CHOICE AWARDS FOR BEING AMONG AMERICA'S BEST HOSPITALS FOR OBSTETRICS THIS EVIDENCE-BASED DESIGNATION IS THE ONLY AWARD THAT IDENTIFIES THE COUNTRY'S BEST HEALTHCARE INSTITUTIONS BASED ON ROBUST CRITERIA THAT CONSIDER FEMALE PATIENT SATISFACTION, CLINICAL EXCELLENCE AND WHAT WOMEN SAY THEY WANT FROM A HOSPITAL THE LIST OF OVER 400 AWARD WINNERS, INCLUDING ST. LUKES, REPRESENTS HOSPITALS THAT OFFER EXCEPTIONAL OBSTETRIC SERVICES WHICH RANKED ABOVE THE NATIONAL AVERAGE FOR PATIENT SAFETY, THEREBY SUPPORTING A WOMAN'S DECISION WHEN CHOOSING THE BEST FOR HER MATERNITY NEEDS</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AMERICAN HEART/STROKE GET WITH THE GUIDELINES TARGET, STROKE GOLD PLUS HONOR ROLL ELITE -- -</p> <p>----- THE AWARD RECOGNIZES HOSPITALS THAT DEMONSTRATE 85 PERCENT OR GREATER COMPLIANCE IN EACH OF THE 7 GET WITH THE GUIDELINES STROKE ACHIEVEMENT MEASURES FOR 24 CONSECUTIVE MONTHS AMERICAN COLLEGE OF SURG ERY COMMISSION ON CANCER (ACOS COC) COC ACCREDITATION ----- THE ACOS COC ACCREDITATION RECOGNIZES A CANCER PROGRAM THAT ME ETS THE FOLLOWING STANDARDS - COMPREHENSIVE CARE INCLUDING A COMPLETE RANGE OF STATE-OF-T HE-ART SERVICES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS - INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OP TIONS - ACCESS TO PREVENTION AND EARLY DETECTION PROGRAMS, CANCER EDUCATION, AND SUPPORT SERVICES - A CANCER REGISTRY THAT OFFERS LIFELONG PATIENT FOLLOW-UP - ONGOING MONITORING AND IMPROVEMENTS IN CANCER CARE HOSPITAL AND HEALTH ASSOCIATION OF PENNSYLVANIA ("HAP") ACHIEVEMENT AWARDS PROGRAM ----- EACH YEAR HAP HONORS HOSPITALS AND HEALTH SYSTEMS FOR THEIR INNOVATION, CREATIVITY, A ND COMMITMENT TO PATIENT CARE THROUGH ITS ACHIEVEMENT AWARDS PROGRAM ST LUKES HAS WON 13 HAP ACHIEVEMENT AWARDS IN A 5 YEAR PERIOD (2010 2014), OUTPACING EVERY OTHER HOSPITAL AND HEALTH SYSTEM IN PA PREMIER QUEST AWARD FOR HIGH-VALUE HEALTHCARE ----- THIS NATIONAL AWARD RECOGNIZES HOSPITALS THAT ACHIEVED TOP PERFORM ANCE IN SEVEN CATEGORIES COST AND EFFICIENCY, INPATIENT AND OUTPATIENT EVIDENCE-BASED CAR E, MORTALITY, SAFETY, PATIENT EXPERIENCE AND APPROPRIATE HOSPITAL USE PREMIER, INC IS A HEALTHCARE PERFORMANCE IMPROVEMENT ALLIANCE OF NEARLY 3,400 U S HOSPITALS PREMIER IS AN INDUSTRY LEADER, WHICH HAS CREATED THE MOST COMPREHENSIVE DATABASE OF ACTIONABLE DATA, BES T PRACTICE AND COST REDUCTION STRATEGIES THE QUEST COLLABORATIVE INCLUDES OVER 370 HOSPIT ALS NATIONALLY WHICH HAVE COMMITTED TO SAVE LIVES, SAFELY REDUCE THE COST OF CARE, DELIVER THE MOST EFFECTIVE CARE, IMPROVE PATIENT SAFETY, AND INCREASE PATIENT SATISFACTION OF TH E 370 HOSPITALS, 30 RECEIVED A QUEST AWARD ST LUKES RECEIVED 4 OF THE 30 AWARDS IN 2015 NATIONAL COMMITTEE FOR QUALITY ASSURANCE ----- NCQA PAT IENT-CENTERED MEDICAL HOME RECOGNITION IS AWARDED TO PHYSICIAN PRACTICES, WHICH MEET STAND ARDS PROVEN THROUGH RESEARCH TO PROVIDE SAFER AND HIGHER QUALITY PRIMARY PATIENT CARE ST LUKES UNIVERSITY HEALTH NETWORK HAS MORE PHYSICIAN PRACTICES THAT ARE NCQA RECOGNIZED THA N ANY OTHER AREA HOSPITAL ACCREDITED CENTER OF EXCELLENCE FOR BARIATRIC SURGERY -----</p> <p>----- AN ACCREDITED BARIATRIC SURGERY PROGRAM IS ON E, WHICH MEETS RIGOROUS REQUIREMENTS INCLUDING EVIDENCE-BASED CLINICAL CARE, HIGH QUALITY CLINICAL OUTCOMES AND STRICT P</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PHYSICAL ENVIRONMENT OF CARE STANDARDS THE ACCREDITATION IS VOLUNTARY AND IS CONDUCTED BY THE AMERICAN COLLEGE OF SURGEONS METABOLIC AND BARIATRIC SURGERY ACCREDITATION QUALITY IMPROVEMENT PROGRAM ST LUKES ALLENTOWN CAMPUS HAS BEEN MBSAQIP ACCREDITED SINCE 2010 AMERICAN COLLEGE OF RADIOLOGY CENTER OF EXCELLENCE ----- ST LUKES REGIONAL BREAST CENTER OFFERS DIAGNOSTIC IMAGING EXCLUSIVELY AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY FACILITIES THAT RECEIVE ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY HAVE VOLUNTARILY GONE THROUGH A RIGOROUS REVIEW PROCESS TO ENSURE NATIONALLY-ACCEPTED HIGH PRACTICE STANDARDS HAVE BEEN MET THIS REVIEW PROCESS INCLUDES AN EVALUATION OF STAFF QUALIFICATIONS, FACILITY EQUIPMENT AND QUALITY ASSURANCE BEST HOME HEALTH TOP 20% SUPERIOR PERFORMER AWARDS -----</p> <p>----- ST LUKES VISITING NURSE ASSOCIATION HAS EARNED THE SHP BEST SUPERIOR PERFORMER AWARD FOR HOME HEALTH AND HOSPICE THE ANNUAL SHPBEST PROGRAM WAS CREATED TO ACKNOWLEDGE HOME HEALTH AND HOSPICE PROVIDERS THAT CONSISTENTLY PROVIDE HIGH QUALITY SERVICE TO PATIENTS, FAMILIES AND CAREGIVERS OF PATIENTS RECEIVING HOME HEALTH AND HOSPICE CARE WITH THE LARGEST HHCAHPS BENCHMARK IN THE NATION, SHP IS IN A UNIQUE POSITION TO IDENTIFY AND RECOGNIZE ORGANIZATIONS THAT HAVE MADE PATIENT SATISFACTION A PRIORITY AND HAVE BEEN REWARDED FOR THEIR EFFORTS WITH HIGH MARKS ON THE HHCAHPS SURVEY SHPBEST AWARD RECIPIENTS ARE DETERMINED BY RANKING THE OVERALL SCORE FOR ALL SHP HHCAHPS CLIENTS PROVIDERS THAT RANK IN THE TOP 5% RECEIVE THE PREMIER PERFORMER AWARD AND PROVIDERS THAT RANK IN THE TOP 20% RECEIVE THE SUPERIOR PERFORMER AWARD</p>

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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

**990 Schedule O, Supplemental Information**

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 THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT NO FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS") ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION IN CONJUNCTION WITH THIS SERVICE, ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT

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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



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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>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</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>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</p>

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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

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Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

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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 A RELATED ORGANIZATION 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

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	JOHN B SYLVIA, FORMER OFFICER OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN THE ST LUKES HEALTH NETWORK AS THE VICE PRESIDENT OF STRATEGIC PLANNING AND VALUE OF ST LUKES HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>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.</p>

# 990 Schedule O, Supplemental Information

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 OPERATIONS - TEMPORARILY RESTRICTED - (\$6,958), AND - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - TEMPORARILY RESTRICTED - \$1,380



**990 Schedule O, Supplemental Information**

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, 2017 AND JUNE 30, 2016, 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

**990 Schedule O, Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131027188	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .					
Department of the Treasury Internal Revenue Service					
Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL				Employer identification number 23-1352203	

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(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

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ST LUKE'S HEALTH NETWORK INSURANCE COMP 801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150	FINANCIAL VEHICLE	VT	NA	C CORP					No
<b>(2)</b> ST LUKE'S PHYSICIAN HOSPITAL ORG INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818	HEALTHCARE SVcs	PA	NA	C CORP					No
<b>(3)</b> HILLCREST EMERGENCY SERVICES PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976	HEALTHCARE SVcs	NJ	NA	C CORP					No
<b>(4)</b> TWO RIVERS ENTERPRISES INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606	REAL ESTATE	NJ	NA	C CORP					No
<b>(5)</b> ST LUKE'S WARREN PHYSICIAN GROUP PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316	HEALTHCARE SVcs	NJ	NA	C CORP					No
<b>(6)</b> ST LUKE'S EIGHTH & EATON HOLDINGS INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-7192801	INACTIVE	PA	NA	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.

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2016

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.

[illegible]

**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 ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK IN THE ORDINARY COURSE OF BUSINESS ST LUKE'S HOSPITAL OF BETHLEHEM PA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE NETWORK, INCLUDING THIS ORGANIZATION 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: 23-1352203  
Name: ST LUKE'S QUAKERTOWN HOSPITAL

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
(1)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2384282	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	NA		No
(1)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352213	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
(2)  801 OSTRUM STREET BETHLEHEM, PA 18015 25-1550350	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
(3)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2543924	INACTIVE	PA	501(C)(3)	170B1AIII	SLHN INC		No
(4)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2179542	HEALTH SVCS	PA	501(C)(3)	170B1AIII	SLHN INC		No
(5)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2380812	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	SLHN INC		No
(6)  801 OSTRUM STREET BETHLEHEM, PA 18015 24-0795497	HEALTH SVCS	PA	501(C)(3)	509(A)(1)	BETHLEHEM		No
(7)  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2418254	INACTIVE	PA	501(C)(3)	509(A)(2)	VNA		No
(8)  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-1494454	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SLHN INC		No
(9)  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-2522476	INACTIVE	NJ	501(C)(3)	509(A)(1)	SLWH INC		No
(10)  801 OSTRUM STREET BETHLEHEM, PA 18015 45-4394739	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
(11)  801 OSTRUM STREET BETHLEHEM, PA 18015 46-5143606	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No