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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
ST LUKE'S HOSPITAL OF DULUTH

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
915 EAST FIRST STREET

City or town, state or province, country, and ZIP or foreign postal code
DULUTH, MN 55805

D Employer identification number
41-0714079

E Telephone number
(218) 249-5555

G Gross receipts $ 541,118,982

F Name and address of principal officer
JOHN STRANGE
915 EAST FIRST STREET
DULUTH, MN 55805

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SLHDULUTH COM

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

L Year of formation 1881

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SERVE AS A LEADING HEALTHCARE PROVIDER OF QUALITY HEALTHCARE SERVICES IN OUR SURROUNDING REGION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	3,417
6	Total number of volunteers (estimate if necessary)	**6**	292
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,920,309
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,479,961	1,742,028
9	Program service revenue (Part VIII, line 2g)	463,046,795	513,204,492
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,566,617	5,796,795
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,712,605	2,985,634
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	470,805,978	523,728,949
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	672,546	605,871
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	265,482,738	286,847,983
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	185,822,085	202,714,536
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	451,977,369	490,168,390
19	Revenue less expenses Subtract line 18 from line 12	18,828,609	33,560,559

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	267,512,352	354,194,269
21	Total liabilities (Part X, line 26)	209,685,113	276,564,960
22	Net assets or fund balances Subtract line 21 from line 20	57,827,239	77,629,309

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

****** 2019-10-17
Signature of officer Date

ERIC LOHN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PATIENT ABOVE ALL ELSE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 429,917,814 including grants of $ 605,871) (Revenue $ 513,204,492)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 429,917,814

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	72		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,417		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ERIC LOHN 915 EAST FIRST STREET DULUTH, MN 55805 (218) 249-5475

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN MURPHY BOARD CHAIR	1 00 0 00	X		X				0	0	0
(2) JESSE FRYE VICE CHAIR & BOARD MEMBER	1 00 1 00	X		X				0	0	0
(3) JEFF BORLING BOARD MEMBER & VICE CHAIR	1 00 0 00	X		X				0	0	0
(4) KEVIN BEARDSLEY TREASURER & BOARD MEMBER	1 00 1 00	X		X				0	0	0
(5) BARBARA HAYDEN HAUGEN BOARD MEMBER & TREASURER	1 00 0 00	X		X				0	0	0
(6) JAKE POWELL MD SECRETARY (THROUGH 5/2018)	40 00 0 00	X		X				358,289	0	28,867
(7) AIMEE VANSTRAATEN MD BOARD MEMBER & SECRETARY	40 00 0 00	X		X				370,451	0	29,280
(8) MARY BOYLAN MD BOARD MEMBER/CHIEF OF STAFF	40 00 0 00	X						946,557	0	32,437
(9) JOHN CLOUTIER BOARD MEMBER	1 00 1 00	X						0	0	0
(10) EDWIN KING HALL BOARD MEMBER	1 00 1 00	X						0	0	0
(11) PATRICK HEFFERNAN BOARD MEMBER	1 00 0 00	X						0	0	0
(12) AMANDA IMES BOARD MEMBER	1 00 0 00	X						0	0	0
(13) BRYCE NIXON BOARD MEMBER	1 00 0 00	X						0	0	0
(14) MARK PLACHTA BOARD MEMBER (AS OF 5/2018)	40 00 0 00	X						277,697	0	33,069
(15) YVONNE PRETTNER SOLON BOARD MEMBER	1 00 0 00	X						0	0	0
(16) RUTH WESTRA DO BOARD MEMBER	1 00 0 00	X						0	0	0
(17) JOHN STRANGE PRESIDENT/CEO	35 00 5 00	X		X				786,872	0	175,584

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC LOHN	35 00			X				437,876	0	102,420
VICE PRESIDENT/CFO	5 00									
(19) JOHN YOON MD	40 00					X		1,388,529	0	28,983
PHYSICIAN	0 00									
(20) KALYAN VUNNAMADALA MD	40 00					X		1,100,904	0	23,778
PHYSICIAN	0 00									
(21) DAVID RUST MD	40 00					X		927,381	0	28,948
PHYSICIAN	0 00									
(22) ROBERT BEJNAROWICZ MD	40 00					X		902,391	0	22,702
PHYSICIAN	0 00									
(23) JAMES MACNUTT DO	40 00					X		900,241	0	13,744
PHYSICIAN	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								8,397,188	0	519,812

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 ▶ 449

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL INFORMATION TECH INC PO BOX 74569 CHICAGO, IL 60696	IT SERVICES	5,029,593
COMPHEALTH PO BOX 972651 DALLAS, TX 75397	STAFFING SERVICES	4,352,952
MAYO COLLABORATIVE SERVICES PO BOX 9416 MINNEAPOLIS, MN 55480	LABORATORY SERVICES	2,602,655
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689	IT SERVICES	1,856,560
ECLINICALWORKS LLC PO BOX 847950 BOSTON, MA 02284	IT SERVICES	1,582,643

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 ▶ 85

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	862,292			
	e Government grants (contributions)	1e	706,123			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	173,613			
	g Noncash contributions included in lines 1a - 1f $ _____					
	h **Total.** Add lines 1a-1f		1,742,028			
Program Service Revenue		Business Code				
	2a MEDICAL SERVICES	621990	346,013,676	346,013,676		
	b PHARMACY	446110	166,904,042	161,347,800	5,527,482	28,760
	c CREDENTIALING	541900	138,050		138,050	0
	d TRANSCRIPTION	541900	58,546		15,712	42,834
	e GUEST CARE	541900	51,920			51,920
	f All other program service revenue		38,258		21,822	16,436
	g **Total.** Add lines 2a–2f		513,204,492			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,435,759			3,435,759
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	1,065,621				
	b Less rental expenses	826,820				
	c Rental income or (loss)	238,801				
	d Net rental income or (loss)			238,801		238,801
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	18,814,713				
	b Less cost or other basis and sales expenses	16,575,280	-121,603			
	c Gain or (loss)	2,239,433	121,603			
	d Net gain or (loss)			2,361,036		2,361,036
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a	111,691			
	b Less cost of goods sold	b	109,536			
	c Net income or (loss) from sales of inventory			2,155		2,155
	Miscellaneous Revenue	Business Code				
	11a MEALS/VENDING INCOME	900099	1,723,092			1,723,092
	b PARKING LOT INCOME	900099	723,260			723,260
	c LAUNDRY SERVICES	812300	196,945		115,862	81,083
	d All other revenue		101,381		101,381	
	e **Total.** Add lines 11a–11d		2,744,678			
	12 **Total revenue.** See Instructions		523,728,949	507,361,476	5,920,309	8,705,136

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	411,103	411,103		
2 Grants and other assistance to domestic individuals See Part IV, line 22	194,768	194,768		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,579,396		3,579,396	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	228,857,495	207,162,170	21,695,325	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,940,135	8,859,265	1,080,870	
9 Other employee benefits	30,902,198	27,541,955	3,360,243	
10 Payroll taxes	13,568,759	11,858,455	1,710,304	
11 Fees for services (non-employees)				
a Management				
b Legal	624,541		624,541	
c Accounting	112,091		112,091	
d Lobbying	96,826	96,826		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	138,442		138,442	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,237,077	14,254,540	11,982,537	
12 Advertising and promotion	808,754	808,754		
13 Office expenses	7,055,743	3,933,444	3,122,299	
14 Information technology	4,915,951	4,054,804	861,147	
15 Royalties . .				
16 Occupancy	24,661,527	18,592,952	6,068,575	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,924,485	1,678,936	245,549	
20 Interest	5,130,582	5,360,344	-229,762	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	11,115,794	7,521,713	3,594,081	
23 Insurance . . .	1,555,687	1,555,687		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	48,472,438	48,472,438		
b DRUGS	40,908,510	40,908,510		
c BAD DEBT EXPENSE	8,599,672	8,599,672		
d MN CARE	4,735,386	4,735,386		
e All other expenses	15,621,030	13,316,092	2,304,938	
25 **Total functional expenses.** Add lines 1 through 24e	490,168,390	429,917,814	60,250,576	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		32,919,817	1	44,791,064
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		57,095,263	4	59,771,956
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,800,931	8	9,733,357
	9	Prepaid expenses and deferred charges		3,929,759	9	3,862,716
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 262,519,689			
	b	Less accumulated depreciation	10b 165,944,694	82,765,961	10c	96,574,995
	11	Investments—publicly traded securities		12,544,303	11	56,675,976
	12	Investments—other securities See Part IV, line 11		41,286,528	12	55,368,233
	13	Investments—program-related See Part IV, line 11		7,174,488	13	6,772,168
	14	Intangible assets		1,754,807	14	1,722,777
	15	Other assets See Part IV, line 11		19,240,495	15	18,921,027
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		267,512,352	16	354,194,269
Liabilities	17	Accounts payable and accrued expenses		48,364,711	17	52,719,833
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		72,799,965	20	70,194,112
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	8,617
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		16,890,773	23	73,757,611
	24	Unsecured notes and loans payable to unrelated third parties		144,950	24	144,950
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		71,484,714	25	79,739,837
	26	**Total liabilities.** Add lines 17 through 25		209,685,113	26	276,564,960
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		57,827,239	27	77,629,309
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		57,827,239	33	77,629,309
	34	Total liabilities and net assets/fund balances		267,512,352	34	354,194,269

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	523,728,949
2	Total expenses (must equal Part IX, column (A), line 25)	2	490,168,390
3	Revenue less expenses Subtract line 2 from line 1	3	33,560,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,827,239
5	Net unrealized gains (losses) on investments	5	-4,544,999
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,213,490
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,629,309

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

Form 990 (2018)

Form 990, Part III, Line 4a:

ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT A OUR MISSION IS TO SERVE AS A LEADING PROVIDER OF QUALITY HEALTHCARE SERVICES IN OUR LOCAL COMMUNITY AND THE SURROUNDING REGION OF NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN AS THE FEDERALLY DESIGNATED REGIONAL TRAUMA CENTER FOR THIS REGION, ST LUKE'S PROVIDES CRITICAL ACCESS TO HIGH QUALITY ACUTE HEALTHCARE SERVICES B ST LUKE'S RECOGNIZES ITS RESPONSIBILITY TO THE COMMUNITY BY PROVIDING FINANCIAL SUPPORT TO COMMUNITY ORGANIZATIONS, OFFERING EDUCATION PROGRAMS, OUTREACH PROGRAMS AND SUPPORTING THE COMMUNITY THROUGH EMPLOYEE VOLUNTEER EFFORTS AND DONATIONS WE SUPPORT THE LAKE SUPERIOR COMMUNITY HEALTH CENTER AND THE HEALTH CARE ACCESS OFFICE IN 2018, ST LUKE'S DONATED MORE THAN 5000 HOURS TO ENRICH THE HEALTHCARE OF THE COMMUNITY, INCLUDING SERVING ON BOARDS OF THE MN HOMECARE ASSOCIATION, UNITED WAY, AND OTHER NON-PROFIT ORGANIZATIONS IN OUR COMMUNITY C ST LUKE'S SERVES A DISPROPORTIONATE SHARE OF MEDICARE AND MEDICAID PATIENTS THROUGH OUR PATIENT ASSISTANCE PROGRAM, WE PROVIDE FULL OR PARTIALLY SUBSIDIZED SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE UNABLE TO PAY AT ADMISSION AND THROUGH PATIENT HANDBOOKS, PATIENTS ARE GIVEN INFORMATION TO CONTACT ST LUKE'S FINANCIAL COUNSELORS FOR INFORMATION ON OUR FINANCIAL ASSISTANCE PROGRAMS INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE ALSO, ST LUKE'S PROVIDES MEDICAL TRANSPORT SERVICES AT LESS THAN COST TO OUR PATIENTS IN THE REGION

Form 990, Part III, Line 4b:

ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION ST LUKE'S IS A NOT-FOR-PROFIT, COMMUNITY-BASED, NON-DENOMINATIONAL HOSPITAL, GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS AND ALLIED HEALTH PROFESSIONALS ST LUKE'S EMERGENCY DEPARTMENT SERVES PATIENTS REGARDLESS OF ABILITY TO PAY ST LUKE'S RESEARCH DEPARTMENT, THE WHITESIDE INSTITUTE FOR CLINICAL RESEARCH, PARTICIPATES IN INVESTIGATIONAL DRUG PROTOCOLS THAT ARE NON-FUNDED OR UNDER-FUNDED ST LUKE'S IS A CLINICAL TRAINING SITE FOR MANY HEALTHCARE STUDENTS IN ADDITION TO MEDICAL STUDENTS AND RESIDENTS, WE PROVIDE CLINICAL TRAINING FOR STUDENTS IN NURSING, PHYSICAL MEDICINE, RADIOLOGY, RESPIRATORY, LAB, MEDICAL ASSISTANT, OCCUPATIONAL THERAPY, PHYSICIAN ASSISTANT, DIETETICS, SOCIAL WORK, MEDICAL RECORD CODING, PARAMEDIC, HEALTH UNIT COORDINATOR, SURGICAL TECHNOLOGY, ANESTHESIA AND PHARMACY WE CONTRIBUTED TO SCHOLARSHIP FUNDS FOR MEDICAL STUDENTS AT THE UNIVERSITY OF MINNESOTA, DULUTH SCHOOL OF MEDICINE AND NURSING STUDENTS AT THE COLLEGE OF ST SCHOLASTICA AND LAKE SUPERIOR COLLEGE OTHER EDUCATION ACTIVITIES REACH TENS OF THOUSANDS OF PEOPLE THROUGH COMMUNITY EDUCATION AND OUTREACH, HEALTH SCREENINGS, SUPPORT GROUPS AND OTHER COMMUNITY SERVICES OUR SPEAKERS BUREAU OFFERED PROGRAMS AT NO CHARGE TO THOUSANDS MORE TOPICS PRESENTED INCLUDED MEN'S HEALTH, WOMEN AND BREAST CANCER, CHILDREN'S NUTRITION, MENTAL HEALTH ISSUES, CARDIAC ISSUES, FALL PREVENTION, FIRST AID, DIABETES, EYE AND LUNG ISSUES, AND INFECTION CONTROL WE ALSO OFFERED TOURS TO DOZENS OF COMMUNITY AND SCHOOL GROUPS, MADE MEDICAL SUPPLIES/EQUIPMENT DONATIONS TO COMMUNITY AND MEDICAL RELIEF ORGANIZATIONS, DONATED NEWSPAPER ADVERTISING SPACE FOR THE JUNIOR LEAGUE OF DULUTH, PARTICIPATED IN THE COMMUNITY COALITION FOR FALL PREVENTION AND OFFERED BROCHURE PRINTING SERVICES TO A LOCAL MEDICAL PROFESSIONAL GROUP ANNUALLY, WE PROVIDE RENT-FREE, HUNDREDS OF HOURS OF FREE MEETING SPACE FOR COMMUNITY GROUPS, SUCH AS LYME DISEASE SUPPORT GROUP, MOTHERS OF MULTIPLES AND THE OSTOMY CLUB, AND ORGANIZATIONS SUCH AS THE MINNESOTA HOMECARE ASSOCIATION, THE BOY SCOUTS, AND THE COLLEGE OF ST SCHOLASTICA WE OFFER SUPPORT GROUPS TO THE COMMUNITY, INCLUDING - HEART-TO-HEART SUPPORT GROUP - PARKINSON'S DISEASE - LOOK GOOD, FEEL GOOD GROUP (THROUGH THE AMERICAN CANCER SOCIETY) - CANCER INFORMATION AND SUPPORT GROUP - OSTOMY CLUB - BREAST CANCER SUPPORT GROUP - DIABETES SUPPORT GROUP (SPONSORED BY ST LUKE'S, DULUTH DIABETES CENTER AND THE DULUTH FAMILY PRACTICE CENTER) - INSULIN PUMP SUPPORT GROUP (SPONSORED BY ST LUKE'S, DULUTH DIABETES CENTER AND THE DULUTH FAMILY PRACTICE CENTER) - CELIAC SUPPORT GROUP (SPONSORED BY ST LUKE'S AND ST MARY'S/DULUTH CLINIC)WE PARTICIPATE IN MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHER GOVERNMENT SPONSORED HEALTH CARE PROGRAMS DURING 2018, THERE WERE 13,024 ADMISSIONS, 64,043 PATIENT DAYS, 74,369 EMERGENCY/URGENT CARE VISITS, 167,387 OUTPATIENT REGISTRATIONS AND 684,245 CLINIC VISITS

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303012079

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		11,579
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		85,247
j	Total Add lines 1c through 1i			96,826
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- 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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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		7,529,380		7,529,380
b Buildings		111,948,812	65,336,882	46,611,930
c Leasehold improvements		5,622,178	1,970,093	3,652,085
d Equipment		122,726,154	98,637,719	24,088,435
e Other		14,693,165		14,693,165
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				96,574,995

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) SHORT TERM INVESTMENTS	55,368,233	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	55,368,233	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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) DEFERRED COMPENSATION	17,275,581
(2) CASH SURRENDER LIFE INSURANCE	455,652
(3) OTHER ASSETS	8,617
(4) DUE FROM RELATED PARTY	1,181,177
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	18,921,027

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	
EMPLOYEE BENEFIT OBLIGATIONS	75,402,931
DEFERRED RENT LIABILITY	2,661,258
ASSET RETIREMENT OBLIGATION	1,550,648
MALPRACTIVE LIABILITY RESERVE	125,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	79,739,837

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	512,151,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-8,599,672		
e	Add lines **2a** through **2d**			2e	-8,599,672
3	Subtract line **2e** from line **1**			3	520,750,829
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,978,120		
c	Add lines **4a** and **4b**			4c	2,978,120
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	523,728,949

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

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

1	Total expenses and losses per audited financial statements			1	482,505,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	936,356		
e	Add lines **2a** through **2d**			2e	936,356
3	Subtract line **2e** from line **1**			3	481,568,718
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	8,599,672		
c	Add lines **4a** and **4b**			4c	8,599,672
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	490,168,390

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

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	ST LUKE'S HOSPITAL OF DULUTH HOLDS TENANT SECURITY DEPOSITS ON RENTAL SPACES THE MONEY I S HELD IN A NON-INTEREST BEARING SAVINGS ACCOUNT THE DEPOSIT, LESS ANY AMOUNTS WITHHELD F OR REPAIRS, IS RETURNED TO THE TENANT WHEN THE RENTAL AGREEMENT IS TERMINATED

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE SYSTEM IS COMPRISED OF THREE SEPARATE NONPROFIT CORPORATIONS AS DESCRIBED IN SECTION 5 01(C)(3) OF THE INTERNAL REVENUE CODE THAT ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(C)(3) OF THE CODE THE SYSTEM HAS ELECTED TO ADOPT GUIDANC E IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX PO SITIONS THE SYSTEM FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES FOR EVALUATING UNCER TAIN TAX POSITIONS THE ADOPTION OF THIS STANDARD HAS NO EFFECT ON THE CONSOLIDATED FINANC IAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBT -8,599,672

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT INCOME 3,914,476 RENTAL EXPENSES -826,820 GIFT SHOP EXPENSES -109,536

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 826,820 GIFT SHOP EXPENSES 109,536

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBT 8,599,672 ROUNDING

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,341,542		2,341,542	0 480 %
b Medicaid (from Worksheet 3, column a)			59,390,350	47,250,915	12,139,435	2 480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			61,731,892	47,250,915	14,480,977	2 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			8,885,066		8,885,066	1 810 %
g Subsidized health services (from Worksheet 6)			31,052,866	26,300,736	4,752,130	0 970 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			434,491		434,491	0 090 %
j **Total.** Other Benefits			40,372,423	26,300,736	14,071,687	2 870 %
k **Total.** Add lines 7d and 7j			102,104,315	73,551,651	28,552,664	5 830 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			31,239		31,239	0 010 %
3 Community support			57,821		57,821	0 010 %
4 Environmental improvements			6,000		6,000	0 %
5 Leadership development and training for community members						
6 Coalition building			22,439		22,439	0 %
7 Community health improvement advocacy			51,622		51,622	0 010 %
8 Workforce development			14,089		14,089	0 %
9 Other						
10 Total			183,210		183,210	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	8,599,672		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	192,325,771
6	Enter Medicare allowable costs of care relating to payments on line 5	6	249,572,678
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-57,246,907
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	2 PAVILION SURGERY CENTER	OUTPATIENT AMBULATORY SURGERY	50 000 %	0 %	50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW SLHDULUTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT ASPX			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW SLHDULUTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT ASPX			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ST LUKE'S HOSPITAL OF DULUTH

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			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE LINE 16J			
b	☑ The FAP application form was widely available on a website (list url) SEE LINE 16J			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE LINE 16J			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used 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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? **55**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE VALUE OF THEIR INCOME AND ASSETS COMPUTED ON THE "ST LUKE'S FINANCIAL ASSISTANCE ELIGIBILTY WORKSHEET " PATIENT HAS TO RECEIVE MEDICALLY NECESSARY CARE, LIVE IN ST LUKE'S PRIMARY OR SECONDARY MARKET SERVICE AREA (UNLESS THEY PRESENT WITH AN URGENT, EMERGENT OR LIFE-THREATENING MEDICAL CONDITION), AND COMPLETE A FINANCIAL ASSISTANCE APPLICATION WITHIN THE REQUIRED TIME LIMIT
PART I, LINE 7	ST LUKE'S USED COST-TO-CHARGE RATIOS DERIVED FROM THE MOST RECENT COMPLETED MEDICARE COST REPORT FOR FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAM, AND ACTUAL COSTS FOR OTHER COMMUNITY BENEFITS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	ST LUKE'S INCLUDED SUBSIDIZED HEALTH SERVICES FROM HOMECARE/HOSPICE SERVICES ($530,514)
PART I, LN 7 COL(F)	BAD DEBT EXPENSE FOR 2018 IS $8,599,672 AS REPORTED IN PART III, LINE 2 THIS AMOUNT HAS BEEN ELIMINATED WHEN CALCULATING THE COMMUNITY BENEFIT AS A PERCENT OF TOTAL EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ST LUKE'S COMMUNITY-BUILDING ACTIVITIES INCLUDE CASH, IN-KIND DONATIONS, AND OTHER EXPENDITURES FOR THE DEVELOPMENT OF COMMUNITY HEALTH PROGRAMS AND PARTNERSHIPS SUCH AS ECONOMIC DEVELOPMENT EVENTS, MEETINGS, AND MEMBERSHIP WITH AREA CHAMBERS OF COMMERCE, CITY COUNSEL, AND ST LOUIS COUNTY, COMMUNITY SUPPORT OF LOCAL FUNDRAISERS, ORGANIZATIONS AND EVENTS, LEADERSHIP DEVELOPMENT, TRAINING, AND EDUCATION, COALITION BUILDING WITH AREA ASSOCIATIONS TO PROMOTE COLLABORATION ON WELLNESS INITIATIVES, COMMUNITY HEALTH IMPROVEMENT ADVOCACY IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, EVENTS AND SERVICES, AND WORKFORCE DEVELOPMENT VIA EDUCATION, MENTORSHIP, PANEL PRESENTATIONS, AND OTHER STUDENT PROGRAMS
PART III, LINE 2	BAD DEBT ACCOUNTS WILL MEET ALL OF THE FOLLOWING CRITERIA I ATTEMPTS HAVE BEEN MADE TO CONTACT THE PATIENT OR GUARANTOR BY MAIL AND TELEPHONE II PATIENT OR GUARANTOR HAS NOT RESPONDED DURING THE COLLECTION CYCLE IN A TIMELY AND RESPONSIBLE MANNER OR HAS DEFAULTED ON A PAYMENT ARRANGEMENT III THERE ARE NO KNOWN CIRCUMSTANCES WHICH WOULD JUSTIFY RECONSIDERATION FOR FINANCIAL ASSISTANCE APPROVAL FOR BAD DEBT WRITE OFFS ARE AS FOLLOWS $0 TO 2,499 -- PATIENT ACCOUNTS MANAGER OR CBO MANAGER$2,500 TO 9,999 -- BUSINESS SERVICES DIRECTOR OR CBO MANAGER$10,000 AND OVER -- CHIEF FINANCIAL OFFICER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	ST LUKE'S HOSPITAL OF DULUTH CANNOT REASONABLY ESTIMATE THE PORTION OF ITS BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE BUT DID NOT COMPLETE AN APPLICATION
PART III, LINE 4	SEE THE "PATIENT RECEIVABLES NOTE ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE THE INDIVIDUALS WHO PARTICIPATE IN THE MEDICARE PROGRAM ARE FREQUENTLY UNABLE TO AFFORD MEDICAL CARE WITHOUT THIS PROGRAM AND ST LUKE'S HOSPITAL PARTICIPATES IN THE MEDICARE PROGRAM TO ASSIST THESE INDIVIDUALS DESPITE THE SIGNIFICANT FINANCIAL COST/LOSS TO THE HOSPITAL THE COST-TO-CHARGE RATIO WAS THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED ON SCHEDULE H, PART III, LINE 6
PART III, LINE 9B	ST LUKE'S HAS DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AND THE PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS IN THE EVENT THAT A PATIENT FAILS OR REFUSES TO FULFILL THEIR FINANCIAL OBLIGATION, ST LUKE'S MAY ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS, INCLUDING A REFERRAL OF UNPAID BALANCES TO EXTERNAL COLLECTION AGENCIES,B ACTIONS THAT REQUIRE A LEGAL OR JUDICIAL PROCESS SUCH AS A LIEN ON PROPERTY OR GARNISHMENT OF WAGES PRIOR TO INITIATING ECA'S, ST LUKE'S WILL FOLLOW ALL APPLICABLE REGULATIONS AND MAKE REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL WHO HAS AN UNPAID ACCOUNT IS ELIGIBLE FOR FAP ST LUKE'S WILL REFRAIN FROM ANY ECA'S FOR AT LEAST 120 DAYS AFTER SENDING THE FIRST POST-DISCHARGE BILLING STATEMENT AND ALLOWING AT LEAST 240 DAYS TO APPLY FOR FINANCIAL ASSISTANCE THE BILLING AND COLLECTIONS POLICY IS AVAILABLE TO THE PUBLIC ONLINE AT HTTPS //WWW SLHDULUTH COM/PATIENTS-VISITORS/FINANCIAL-SERVICES/ST-LUKES-FINANCIAL-ASSISTANCE-PROGRAM/ AND PAPER COPIES OF THE POLICY ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE BY MAIL, IN THE EMERGENCY ROOM AND IN ALL ADMISSIONS AREAS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	ST LUKE'S HAS A LONG HISTORY OF PARTICIPATING IN SUCCESSFUL, SUSTAINABLE COLLABORATIVE INITIATIVES ON LOCAL, REGIONAL AND NATIONAL LEVELS 1) ST LUKE'S RESEARCH DEPARTMENT, THE WHITESIDE INSTITUTE FOR CLINICAL RESEARCH, WAS FORMED IN 1996 AS THE RESULT OF A PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, DULUTH (UMMSD), AND CONTINUES TO PROVIDE SERVICES TO ST LUKE'S PATIENTS IN ACCESS TO LOCAL, NATIONAL AND MULTI-NATIONAL CLINICAL STUDIES AS WELL AS TO ST LUKE'S STAFF IN DEVELOPMENT OF RESEARCH STUDIES, REFERRAL TO UM COLLABORATORS AND GRANT WRITING RESOURCES 2) ST LUKE'S HAS COLLABORATED WITH THE MULTI-STATE CONSORTIUM OF ABOUT 56 SUPPORTING ORGANIZATIONS INCLUDING COUNTY PUBLIC HEALTH DEPARTMENTS, HOSPITALS AND CLINICS TO FUND THE BRIDGE TO HEALTH SURVEY THIS PROJECT COLLECTED POPULATION-BASED, HEALTH STATUS DATA ON ADULTS (AGED 18+) IN THE REGION USING A SURVEY FORMAT AND WAS CONDUCTED IN 1995, 2000, 2005, 2010 AND 2015 TO ADDRESS A NEED THAT BECAME APPARENT AS A RESULT OF THE BRIDGE TO HEALTH SURVEY, THE TWIN PORTS HEALTHCARE ACCESS GROUP WAS FORMED ST LUKE'S JOINED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO DEVELOP TWO PROGRAMS SHARECARE WHICH ESTABLISHED SLIDING FEE SCALES FOR CLINIC AND OUTPATIENT SERVICES TO DIMINISH THE FINANCIAL BARRIER TO PREVENTIVE, MENTAL HEALTH AND PRIMARY CARE SERVICES, AND HEALTHSHARE WHICH IS A COVERAGE MODEL FOR SMALL BUSINESSES FUNDED COLLABORATIVELY BY THE EMPLOYERS, EMPLOYEES AND THE COMMUNITY THIS COVERAGE MODEL PROVIDES A CONTINUUM OF HEALTH CARE SERVICES FOR EMPLOYEES WITHIN A DEFINED NETWORK OF COMMUNITY PROVIDERS 3) ST LUKE'S WAS A LEAD PARTICIPANT IN THE WILDERNESS COALITION PHARMACY SERVICES PROJECT FUNDED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY THIS 3-YEAR PROJECT SUCCESSFULLY IMPLEMENTED 24/7 PROFESSIONAL PHARMACY SERVICES FOR 10 RURAL HOSPITALS IN NORTHEASTERN MINNESOTA USING ST LUKE'S 24 HOUR PHARMACY, AN ITV-BASED SYSTEM OF CONTINUING EDUCATION FOR SITES, PHARMACY POLICIES AND PROCEDURES ADAPTABLE FOR INDIVIDUAL SITES, AS WELL AS BEDSIDE VERIFICATION OF MEDICATION ADMINISTRATION AND MEDICATION BAR CODING AT SOME LOCATIONS THOUGH PROJECT FUNDING HAS ENDED, THE SERVICES REMAIN AND THE PROGRAM IS NOW SELF-SUSTAINING
PART VI, LINE 3	ST LUKE'S INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR ASSISTANCE THE FOLLOWING WAYS - INFORMATION IS INCLUDED ON THE ST LUKE'S WEB SITE (WWW SLHDULUTH COM) REGARDING WHO PATIENTS SHOULD CONTACT FOR INFORMATION OR FINANCIAL ASSISTANCE - THERE ARE POSTINGS IN ALL REGISTRATION AREAS WITH CONTACT INFORMATION AND PHONE NUMBERS REGARDING HOW PATIENTS CAN OBTAIN ASSISTANCE (BOTH FROM ST LUKE'S AND EXTERNAL ORGANIZATIONS) - ALL ST LUKE'S EXTERNAL BILLING AND COLLECTION VENDORS HAVE BEEN INSTRUCTED TO REFER ANY PATIENT INDICATING THEY LACK THE FINANCIAL WHEREWITHAL TO MEET THEIR FINANCIAL OBLIGATIONS TO ST LUKE'S FINANCIAL COUNSELORS AS REQUIRED UNDER A BILLING AND COLLECTION AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL, ST LUKE'S PERFORMS AN ANNUAL AUDIT OF ALL EXTERNAL VENDORS TO ENSURE COMPLIANCE WITH THIS INSTRUCTION AND ALL OTHER ST LUKE'S POLICIES AND PROCEDURES - ST LUKE'S FINANCIAL COUNSELORS' BUSINESS CARDS ARE PROMINENTLY DISPLAYED AND AVAILABLE AT ALL REGISTRATION AREAS (INCLUDING THE EMERGENCY/URGENT CARE AREA) WITH THEIR CONTACT INFORMATION AND PHONE NUMBERS PATIENTS ARE ENCOURAGED TO CONTACT FINANCIAL COUNSELORS - THE ST LUKE'S FINANCIAL COUNSELORS' PHONE NUMBER IS LISTED PROMINENTLY ON THE PATIENT BILLING STATEMENTS - THE FINANCIAL COUNSELORS ARE AVAILABLE WEEKDAYS BY PHONE OR IN PERSON TO DISCUSS AND APPLY FOR FINANCIAL ASSISTANCE PROGRAMS - ST LUKE'S HAS ENGAGED AN EXTERNAL VENDOR TO MEET WITH PATIENTS AT BEDSIDE TO DISCUSS ELIGIBILITY FOR ASSISTANCE WITH GOVERNMENTAL ASSISTANCE PROGRAMS OR ST LUKE'S FINANCIAL ASSISTANCE PROGRAM - ST LUKE'S INPATIENT BOOKLET CONTAINS INFORMATION REGARDING FINANCIAL ASSISTANCE AND CONTACT INFORMATION - AT LEAST ANNUALLY, THE ST LUKE'S AND MEDICAL STAFF NEWSLETTERS CONTAIN ARTICLES REGARDING PATIENT FINANCIAL ASSISTANCE HOSPITAL AND MEDICAL STAFF MEMBERS ARE INFORMED THAT THEY HAVE THE RESPONSIBILITY TO LISTEN FOR FINANCIAL CONCERNS EXPRESSED BY PATIENTS AND TO PROACTIVELY REFER THOSE PATIENTS TO ST LUKE'S FINANCIAL COUNSELORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY OR COMMUNITIES THE ORGANIZATION SERVES ST LUKE'S SERVICE AREA CONSISTS OF A 17-COUNTY REGION OF NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE WESTERN UPPER PENINSULA OF MICHIGAN WITH A POPULATION OF APPROXIMATELY 500,000 THE PRIMARY MARKET CONSISTS OF DULUTH, CLOQUET AND TWO HARBORS, MINNESOTA, AND SUPERIOR, WISCONSIN THIS PRIMARY MARKET SERVES URBAN AND SUBURBAN AREAS WITH A POPULATION OF APPROXIMATELY 166,000 DEMOGRAPHICS OF THE COMMUNITY OR COMMUNITIES (PRIMARY MARKET) PER MOST RECENT CENSUS POPULATIONS DULUTH, MN (86,265), SUPERIOR, WI (27,244)MEDIAN HOUSEHOLD INCOME DULUTH, MN ($47,227), SUPERIOR, WI ($43,836)% OF INDIVIDUALS BELOW FPG DULUTH, MN (20 3%), SUPERIOR, WI (18 0%)HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES (PRIMARY MARKET) ST LUKE'S HOSPITAL OF DULUTHLAKE VIEW MEMORIAL HOSPITALCLOQUET COMMUNITY MEMORIAL HOSPITAL ESSENTIA HEALTH SMDC MEDICAL CENTER (FORMERLY MILLER DWAN)ESSENTIA HEALTH ST MARY'S HOSPITAL OF SUPERIORESSENTIA HEALTH ST MARY'S MEDICAL CENTERFEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS PRESENT IN THE COMMUNITY MUA/P DULUTH, MN (11), SUPERIOR, WI (7)
PART VI, LINE 5	ST LUKE'S HAS BUILT A REPUTATION OF PROVIDING QUALITY CARE AND PUTTING THE PATIENT FIRST SINCE OPENING IN 1881, ST LUKE'S HAS GROWN INTO A NATIONALLY RECOGNIZED HEALTH CARE SYSTEM SERVING 17 COUNTIES THROUGHOUT NORTHEASTERN MINNESOTA, NORTHWESTERN WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN ST LUKE'S HOSPITAL, ALONG WITH ITS PRIMARY AND SPECIALTY CARE CLINICS, OFFERS A COMPREHENSIVE CONTINUUM OF CARE THAT INCLUDES TRAUMA, MEDICAL, SURGICAL, DIAGNOSTIC, THERAPEUTIC AND REHAB SERVICES MORE THAN 2,000 HEALTH CARE PROFESSIONALS, INCLUDING A MEDICAL STAFF OF 405 PHYSICIANS AND OTHER MEDICAL PROVIDERS, MAKE UP ST LUKE'S STAFF WITH RAPID ACCESS TO ST LUKE'S ELECTRONIC MEDICAL RECORDS, PHYSICIANS CAN MAKE INFORMED TREATMENT DECISIONS FOR THEIR PATIENTS ST LUKE'S 14 PRIMARY CARE CLINICS INCLUDE 10 FAMILY PRACTICE CLINICS LOCATED IN DULUTH (4), AND ACROSS MINNESOTA IN SILVER BAY, HIBBING, MOUNTAIN IRON AND HERMANTOWN, MN AS WELL AS IN ASHLAND AND SUPERIOR, WI IN ADDITION, ST LUKE'S MEDICAL ARTS CLINIC IS LOCATED IN DOWNTOWN DULUTH WHILE ST LUKE'S INTERNAL MEDICINE ASSOCIATES AND ST LUKE'S PEDIATRIC ASSOCIATES ARE LOCATED ON THE ST LUKE'S CAMPUS AN ADDITIONAL 30 SPECIALTY CLINICS LOCATED PRIMARILY ON THE ST LUKE'S CAMPUS, PROVIDE EXPERTISE IN MANY AREAS OF HEALTH CARE INCLUDING CANCER CARE, CARDIAC CARE, HOME CARE AND HOSPICE, ADULT PSYCHIATRY, PLASTIC SURGERY, ALLERGY, ENDOCRINOLOGY, DERMATOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, PHYSICAL MEDICINE AND REHAB, UROLOGY, RHEUMATOLOGY, NEUROSURGERY AND PULMONARY MEDICINE

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ST LUKES HOSPITAL 915 EAST FIRST STREET DULUTH, MN 55805 WWW SLHDULUTH COM 365862	X	X		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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST LUKE'S HOSPITAL OF DULUTH	PART V, SECTION B, LINE 5 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED AS A COLLABORATION AND PARTNERSHIP BETWEEN ESSENTIA HEALTH-DULUTH, ESSENTIA HEALTH-ST MARY'S MEDICAL CENTER, ST LUKE'S HOSPITAL, LAKE VIEW MEMORIAL HOSPITAL, LAKE SUPERIOR COMMUNITY HEALTH CENTER AND ST LOUIS COUNTY PUBLIC HEALTH ASSESSMENT PARTNERS ALSO INCLUDED STAKEHOLDERS FROM COMMUNITY ORGANIZATIONS WORKING TO IMPROVE HEALTH OUTCOMES AND REDUCE INEQUITIES INCLUDING GENERATIONS HEALTHCARE INITIATIVES, ZEITGEIST CENTER FOR ARTS AND COMMUNITY, HEALTHY NORTHLAND, MINNESOTA DEPARTMENT OF HEALTH, VOICES FOR RACIAL JUSTICE, DULUTH PUBLIC SCHOOLS, CHURCHES UNITED IN MINISTRY, COMMUNITY ACTION DULUTH, ARROWHEAD PARISH NURSE ASSOCIATION, AMERICAN LUNG ASSOCIATION, FAIR FOOD ACCESS, FUSE DULUTH, DULUTH NEWS TRIBUNE, INN ON LAKE SUPERIOR, WESTERN LAKE SUPERIOR SANITARY DISTRICT, KRAUS-ANDERSON, DF DESIGN, WOODLAND HILLS, PAVSA (PROGRAM TO AID VICTIMS OF SEXUAL VIOLENCE), CAIR, ALL NATIONS INDIGENOUS CENTER, LIFE HOUSE, AICHO (AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION), DULUTH LISC, MAURICES, NATIONAL BANK OF COMMERCE, GREATER DOWNTOWN COUNCIL, LAKE SUPERIOR COMMUNITY HEALTH CENTER, MYERS-WILKINS COMMUNITY SCHOOL, PEACE CHURCH, ST SCHOLASTICA, WOMEN OF ELCA, INSTITIUTE FOR A SUSTAINABLE FUTURE, PROTECT MINNESOTA, CROSS CULTURAL ALLIANCE OF DULUTH, HEALTH & WELLNESS TABLE, PS RUDIE CLINIC THESE PARTNERS ASSISTED IN DEVELOPING THE COMMUNITY-CENTERED PROCESS, FOCUS GROUPS AND COMMUNITY DIALOGUES AS WELL AS PRIORITIZING COMMUNITY NEEDS COMMUNITY INPUT WAS GATHERED THROUGH A SERIES OF FOCUS GROUPS AND COMMUNITY MEETINGS THAT TOOK PLACE BETWEEN APRIL 2015 AND MAY 2016 THIS INPUT INCLUDED INDIVIDUALS REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH, LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINOIRITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL
ST LUKE'S HOSPITAL OF DULUTH	PART V, SECTION B, LINE 6A ST LUKE'S WORKED WITH LAKE VIEW MEMORIAL HOSPITAL, A RELATED ENTITY, WHEN COMPLETING THEIR COMMUNITY HEALTH NEEDS ASSESSMENT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST LUKE'S HOSPITAL OF DULUTH	PART V, SECTION B, LINE 11 THE NEEDS IDENTIFIED ARE MENTAL HEALTH, ALCOHOL, TOBACCO AND OTHER DRUGS, SOCIO-ECONOMIC DISPARITIES BASED ON RACE AND NEIGHBORHOOD, AND OBESITY, INCLUDING LACK OF ACCESS TO HEALTHY FOODS AND PHYSICAL INACTIVITY EACH PRIORITY AREA HAS MULTIPLE ASPECTS IN WHICH THE HOSPITALS WILL WORK WITH COMMUNITY PARTNERS AND STAKEHOLDERS TO COLLABORATE TO ADDRESS BY ADOPTING A COLLECTIVE IMPACT MODEL TO IMPROVE OVERALL HEALTH AND WELLNESS IN OUR COMMUNITY, NOT ALL ISSUES WILL BE DIRECTLY ADDRESSED BY THE HOSPITALS, BUT THROUGH A MULTI-SECTOR COALITION-BASED APPROACH DURING 2018 ST LUKE'S SUPPORTED THE LAUNCH OF BRIDGING HEALTH, A WEB-BASED SOURCE OF POPULATION DATA AND COMMUNITY HEALTH INFORMATION, AVAILABLE TO EVERYONE, ESTABLISHED FORMALIZED REFERRAL SYSTEMS BETWEEN OB/GYN PROVIDERS AT ST LUKE'S AND ESSENTIA WITH ST LOUIS CO PUBLIC'S HOME VISITING PROGRAM FOR NEW MOTHERS, CREATED A SERIES OF COMMUNITY EVENTS IN MAY 2018, REACHING OVER 1,200 PEOPLE, CREATED A MAKE IT OK IMPLEMENTATION GUIDE FOR EMPLOYERS, HELD EIGHT MAKE IT OK EMPLOYER ORIENTATIONS, EDUCATING MORE THAN 50 LOCAL EMPLOYERS, AND REACHING 26,000 EMPLOYEES, TRAINED MORE THAN 30 COMMUNITY MEMBERS AS AMBASSADORS FOR MAKE IT OK, CREATED A MENTAL HEALTH CARE RESOURCE WALLET CARD, CONDUCTED THREE MENTAL HEALTH FIRST AID CLASSES, COORDINATED A MENTAL HEALTH RESOURCES FAIR WITH MORE THAN 30 LOCAL AGENCIES FOCUS ON AWARENESS OF RESOURCES AND INVOLVEMENT OF BHD ORGANIZATIONS, WORKED WITH NORTHLAND HEALTHY MINDS GROUP TO BRING MENTAL HEALTH COMMUNITY EVENTS TO THE TWIN PORTS AREA IN MAY 2018, EXPANDED THE JOYRIDE SOBER DRIVER PROGRAM, SUPPORTED THE TRAINING OF 24 NEW TOBACCO TREATMENT SPECIALISTS IN REGION, SUPPORTED DEEP WINTER GREENHOUSE, BEGAN ADVOCACY SUPPORT OF RESTRICTING SALE OF MENTHOL AND OTHER FLAVORED TOBACCO PRODUCTS, PROMOTED NEW LOCATIONS OF MEDICINE DROP-BOX LOCATION IN THE TWIN PORTS, PARTICIPATED IN THE QUALITY OF LIFE NEIGHBORHOOD COLLECTIVE, WORKING TOGETHER IN PARTNERSHIP WITH HILLSIDE AND LINCOLN PARK NEIGHBORHOOD RESIDENTS, BUSINESSES AND COMMUNITY PARTNERS TO CREATE NEIGHBORHOODS WHERE PEOPLE PROSPER, PARTNERED WITH THE COMMUNITY HEALTH BOARD TO SUPPORT THE FARM TO SCHOOL PROGRAM WITHIN ISD 709 DULUTH PUBLIC SCHOOLS TO CONTINUE TO ADDRESS THE PRIORITY OF OBESITY, PHYSICAL INACTIVITY AND ACCESS TO HEALTHY FOODS, SUPPORTED THE BUS-BIKE-WALK MONTH, A ONE-OF-A-KIND MONTH-LONG EVENT TO PROMOTE HEALTH AND WELLNESS THROUGH THE USE OF PEOPLE-POWERED MODES OF TRANSPORTATION, LAUNCHED A FOOD INSECURITY SCREENING PILOT THAT AIMS AT IDENTIFYING PATIENTS WHO MAY STRUGGLE WITH FOOD INSECURITY AND GUIDE THEM TO COMMUNITY RESOURCES FOR HELP THE NEEDS THAT THE HOSPITAL WILL NOT ADDRESS INCLUDE ACCESS TO DENTAL CARE, BASED ON RESOURCE AVAILABILITY
ST LUKE'S HOSPITAL OF DULUTH	PART V, SECTION B, LINE 13B PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE VALUE OF THEIR INCOME AND ASSETS COMPUTED ON THE "ST LUKE'S FINANCIAL ASSISTANCE ELIGIBILTY WORKSHEET "

Form 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST LUKE'S HOSPITAL OF DULUTH	PART V, SECTION B, LINE 16J A "PATIENT NOTICE OF FINANCIAL ASSISTANCE" WILL BE POSTED IN PUBLIC AREAS ACCESSIBLE TO PATIENTS IN ADDITION, THE NOTICE IS AVAILABLE TO PATIENTS IN PRINTED FORM, INCLUDING A NOTICE OF FINANCIAL ASSISTANCE AVAILABILITY PRINTED ON A PATIENT'S BILL WEBSITE AVAILABILTY AT HTTPS //WWW SLHDULUTH COM/PATIENTS-VISITORS/FINANCIAL-SERVICES/ST-LUKES-FINANCIAL-ASSISTANCE-PROGRAM/

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - MOUNT ROYAL MEDICAL CLINIC 1400 WOODLAND AVE DULUTH, MN 55803	OUTPATIENT MEDICAL
1	2 - DENFELD MEDICAL CLINIC 4702 GRAND AVE DULUTH, MN 55807	OUTPATIENT MEDICAL
2	3 - ST LUKE'S CARDIOLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
3	4 - ST LUKE'S OCCUPATIONAL HEALTH CLINIC 4702 GRAND AVE DULUTH, MN 55807	OUTPATIENT MEDICAL
4	5 - ST LUKE'S PHYSICAL MEDICINE & REHAB ASS 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
5	6 - ST LUKE'S NEUROSURGERY ASSOCIATES 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
6	7 - ST LUKE'S ALLERGY & IMMUNOLOGY ASSOCIAT 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
7	8 - PAVILION OUTPATIENT SURGERY CENTER 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL & AMBULATORY SURGERY
8	9 - ST LUKE'S ENDOCRINOLOGY ASSOCIATES 1011 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
9	10 - ST LUKE'S RHEUMATOLOGY ASSOCIATES 1000 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
10	11 - ST LUKE'S ONCOLOGY & HEMATOLOGY ASSOCIA 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
11	12 - ST LUKE'S RADIATION ONCOLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55805	OUTPATIENT MEDICAL
12	13 - ST LUKE'S DERMATOLOGY ASSOC 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
13	14 - LAURENTIAN MEDICAL CLINIC 8373 UNITY DRIVE MOUNTAIN IRON, MN 55768	OUTPATIENT MEDICAL
14	15 - BAY AREA MEDICAL CLINIC 50 OUTER DRIVE SILVER BAY, MN 55614	OUTPATIENT MEDICAL

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - HIBBING FAMILY MEDICAL CLINIC 1120 E 34TH ST HIBBING, MN 55746	OUTPATIENT MEDICAL
1	17 - MILLER CREEK MEDICAL CLINIC 4190 LOBERG AVENUE HERMANTOWN, MN 55811	OUTPATIENT MEDICAL
2	18 - PS RUDIE MEDICAL CLINIC 26 EAST SUPERIOR STREET DULUTH, MN 55802	OUTPATIENT MEDICAL
3	19 - Q-CARE EXPRESS CLINIC - CUB 619 W CENTRAL ENTRANCE DULUTH, MN 55811	OUTPATIENT MEDICAL
4	20 - ST LUKE'S PLASTIC SURGERY ASSOCIATES 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
5	21 - ST LUKE'S CARDIOTHORACIC SURGERY ASSOC 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
6	22 - ST LUKE'S GASTROENTEROLOGY ASSOCIATES 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
7	23 - ST LUKE'S INFECTIOUS DISEASE ASSOCIATES 920 E 1ST ST DULUTH, MN 55802	OUTPATIENT MEDICAL
8	24 - ST LUKE'S INTERNAL MEDICINE ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
9	25 - ST LUKE'S ORTHOPEDICS & SPORTS MEDICINE 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
10	26 - ST LUKE'S SURGICAL ASSOCIATES 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL & AMBULATORY SURGERY
11	27 - ST LUKE'S MENTAL HEALTH 220 N 6TH AVE E DULUTH, MN 55805	OUTPATIENT MEDICAL
12	28 - ST LUKE'S PULMONARY MEDICINE ASSOCIATES 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
13	29 - ST LUKE'S UROLOGY ASSOCIATES 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
14	30 - ST LUKE'S MEDICAL ARTS CLINIC 324 W SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - ST LUKE'S PEDIATRIC ASSOCIATES 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
1	32 - LESTER RIVER MEDICAL CLINIC 6351 E SUPERIOR ST DULUTH, MN 55804	OUTPATIENT MEDICAL
2	33 - CHEQUAMEGON CLINIC 415 ELLIS AVE ASHLAND, WI 54806	OUTPATIENT MEDICAL
3	34 - MARINER MEDICAL CLINIC 109 N 28TH ST E SUPERIOR, WI 54880	OUTPATIENT MEDICAL
4	35 - MARINER CLINIC URGENT CARE 109 N 28TH ST E SUPERIOR, WI 54880	OUTPATIENT MEDICAL
5	36 - MARINER OUTPATIENT SURGERY CENTER 109 N 28TH ST E SUPERIOR, WI 54880	OUTPATIENT MEDICAL & AMBULATORY SURGERY
6	37 - ST LUKE'S HOME CARE 220 N 6TH AVE E DULUTH, MN 55805	OUTPATIENT MEDICAL
7	38 - ST LUKE'S OBSTETRICS AND GYNECOLOGY ASSO 1000 E 1ST ST SUITE LL DULUTH, MN 55805	OUTPATIENT MEDICAL
8	39 - ST LUKE'S HOSPICE 220 N 6TH AVE E DULUTH, MN 55805	OUTPATIENT MEDICAL
9	40 - OUTPATIENT THERAPY LAKEVIEW BUILDING 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
10	41 - ST LUKE'S OPHTHALMOLOGY ASSOC 324 W SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
11	42 - ST LUKE'S URGENT CARE 915 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
12	43 - ST LUKE'S NEUROLOGY ASSOCIATES 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
13	44 - DENFELD MEDICAL CLINIC URGENT CARE 4702 GRAND AVE DULUTH, MN 55807	OUTPATIENT MEDICAL
14	45 - LAURENTIAN MEDICAL CLINIC URGENT CARE 8373 UNITY DRIVE MOUNTAIN IRON, MN 55768	OUTPATIENT MEDICAL

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - MILLER CREEK MEDICAL CLINIC URGENT CARE 4190 LOBERG AVENUE HERMANTOWN, MN 55811	OUTPATIENT MEDICAL
1	47 - ST LUKE'S INTERVENTIONAL PAIN MANAGEMEN 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL
2	48 - ST LUKE'S CENTER FOR DIAGNOSTIC IMAGING 930 E 2ND STREET DULUTH, MN 55805	OUTPATIENT MEDICAL
3	49 - Q-CARE EXPRESS CLINIC - MT ROYAL 1400 WOODLAND AVE DULUTH, MN 55803	OUTPATIENT MEDICAL
4	50 - ST LUKE'S ENT ASSOCIATES 920 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
5	51 - ST LUKE'S NEPHROLOGY ASSOCIATES 925 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
6	52 - ST LUKE'S VASCULAR SURGERY ASSOCIATES 1000 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
7	53 - ST LUKE'S ADVANCED WOUND CARE & HYPERBARI 1000 E 1ST ST DULUTH, MN 55805	OUTPATIENT MEDICAL
8	54 - SURGICAL & PROCEDURAL CARE 1012 E 2ND ST DULUTH, MN 55805	OUTPATIENT MEDICAL & AMBULATORY SURGERY
9	55 - ST LUKE'S GENETIC COUNSELING CLINIC 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION ASSISTANCE	92	194,768			
(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
PART I, LINE 2	THE HOSPITAL REQUESTS THAT GRANTEES PROVIDE AN UPDATE ON THE IMPACT OF THE GRANT SIX MONTHS AFTER THE GRANT HAS BEEN MADE IN ADDITION, THE ACCOUNTING DEPARTMENT REVIEWS INVOICES SUPPORTING THE FUNDS USED FROM THE GRANT THE AFOREMENTIONED PROCESS HELPS ENSURE THE GRANT WAS USED FOR THE INTENDED PURPOSE
PART III	HR POLICY E-5 NON-CONTRACT EMPLOYEES WITH AN FTE OF 0 6 OR ABOVE ARE ELIGIBLE FOR REIMBURSEMENT FOR COURSES ONE (1) CALENDAR YEAR AFTER THEIR DATE OF HIRE COURSES MUST BE TAKEN AT AN ACCREDITED INSTITUTION (COLLEGES, UNIVERSITIES, VOCATIONAL SCHOOLS, CORRESPONDENCE SCHOOLS) COMPLETION OF THE COURSE WITH AT LEAST A "C" GRADE OR EQUIVALENT IS REQUIRED VERIFICATION OF SATISFACTORY COURSE COMPLETION MUST BE FURNISHED TO THE DEPARTMENT OF HUMAN RESOURCES FOR ALL COURSES TAKEN THE EMPLOYEE MUST CONTINUE TO WORK AT ST LUKE'S FOR AT LEAST ONE (1) CALENDAR YEAR AFTER COMPLETION OF THE COURSE ST LUKE'S REIMBURSES A PERCENTAGE OF THE TOTAL COST UP TO $3,000 00 PER CALENDAR YEAR INCLUDING TUITION, REQUIRED BOOKS AND REQUIRED COURSE FEES FOR COURSES COMPLETED DURING THE CALENDAR YEAR, FOR EMPLOYEES MEETING THE ABOVE ELIGIBILITY CRITERIA AND PROVIDING RECEIPTS FOR TUITION OR COURSE FEES

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVENUE DULUTH, MN 55807	23-7167576	501(C)(3)	72,500				TO SERVE LOW INCOME, UNINSURED CLIENTS
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT 32 EAST 1ST STREET SUITE 200 DULUTH, MN 55802	41-1350021	501(C)(3)	65,000				TRAINING AND SUPPORT FOR SEXUAL ASSAULT NURSE EXAMINER PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DULUTH AIR AVIATION EXPO 2110 W FIRST ST DULUTH, MN 55806	41-1977239		50,000				SPONSOR DULUTH AIR AVIATION EXPO
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501(C)(3)	17,500				SPONSOR FOR VARIOUS COMMUNITY EVENTS

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
DULUTH AREA CHAMBER OF COMMERCE 5 WEST FIRST STREET 101 DULUTH, MN 55802	41-0225910	501(C)(6)	16,700				SPONSOR FOR VARIOUS COMMUNITY EVENTS
GREATER DOWNTOWN COUNCIL 5 WEST FIRST STREET 101 DULUTH, MN 55802	41-1467228	501(C)(6)	15,900				PARTNER SPONSOR

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
DULUTH FOOTBALL CLUB 5219 KINGSTON STREET DULUTH, MN 55804	47-0358877		12,500				SPONSOR DULUTH FOOTBALL CLUB
DULUTH AREA FAMILY YMCA 302 W FIRST STREET DULUTH, MN 55802	41-0693931	501(C)(3)	10,000				SPONSOR FOR VARIOUS COMMUNITY EVENTS

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
NORTH SHORE INLINE MARATHON 525 SOUTH LAKE AVENUE DULUTH, MN 55802	41-1871361	501(C)(3)	10,000				PARTNER SPONSOR
MINNESOTA WILDERNESS 1111 CLOQUET AVENUE SUITE 1 CLOQUET, MN 55720	46-0623467		10,000				PARTNER SPONSOR

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
KRAUS ANDERSON COMMUNITY FOUNDATION 3716 ONEOTA ST DULUTH, MN 55807	47-3012976	501(C)(3)	8,500				PARTNER SPONSOR
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	7,500				GO RED FOR WOMEN

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
HERMANTOWN AREA FUTBOL CLUB 4860 MAPLE GROVE RD HERMANTOWN, MN 55811	81-2900230		7,500				SPONSOR HERMANTOWN FOOTBALL CLUB
UNITED WAY OF GREATER DULUTH 424 W SUPERIOR ST DULUTH, MN 55802	41-0857077	501(C)(3)	6,000				SPONSOR FOR VARIOUS COMMUNITY EVENTS

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
ARROWHEAD EMS ASSOCIATION INC 4219 ENTERPRISE CIRCLE DULUTH, MN 55811	41-1522627	501(C)(3)	5,120				AEMS CONFERENCE SPONSOR

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE CEO HAS A MEMBERSHIP AT A SOCIAL CLUB FOR BUSINESS PURPOSES THE SOCIAL CLUB ONLY ALLOWS MEMBERSHIPS TO INDIVIDUALS, NOT TO ORGANIZATIONS THE SOCIAL CLUB SENDS AN INVOICE TO THE CEO, THE CEO SUBMITS THE INVOICE TO ST LUKE'S, ST LUKE'S PAYS THE INVOICE VIA ACCOUNTS PAYABLE

Return Reference	Explanation
PART I, LINE 1B	THE CFO SOUGHT GUIDANCE FROM THE AUDITORS REGARDING THE CEO HAVING A MEMBERSHIP AT A SOCIAL CLUB FOR BUSINESS PURPOSES THE AUDITORS ASKED IF THERE WAS PERSONAL USE, THE CEO VERIFIED IT IS STRICTLY FOR BUSINESS PURPOSES, AND THE AUDITORS ADVISED TO DISCLOSE THE MEMBERSHIP ON THE 990

Return Reference	Explanation
PART I, LINE 4B	MEMBERS IN THE 457F PLAN ARE JOHN STRANGE 2018 CONTRIBUTION $0, VESTING DATE N/A, 2018 DISTRIBUTION $108,593 AND ERIC LOHN 2018 CONTRIBUTION $65,028, VESTING DATE 1/1/2021, 2018 DISTRIBUTION $63,812

Additional Data

Software ID:

Software Version:

EIN: 41-0714079

Name: ST LUKE'S HOSPITAL OF DULUTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAKE POWELL MD SECRETARY (THROUGH 5/2018)	(I)	354,989	0	3,300	5,413	23,454	387,156	0
	(II)	0	0	0	0	0	0	0
AIMEE VANSTRAATEN MD BOARD MEMBER & SECRETARY	(I)	367,151	0	3,300	5,502	23,778	399,731	0
	(II)	0	0	0	0	0	0	0
MARY BOYLAN MD BOARD MEMBER/CHIEF OF STAFF	(I)	944,577	0	1,980	8,983	23,454	978,994	0
	(II)	0	0	0	0	0	0	0
MARK PLACHTA BOARD MEMBER (AS OF 5/2018)	(I)	273,407	0	4,290	9,615	23,454	310,766	0
	(II)	0	0	0	0	0	0	0
JOHN STRANGE PRESIDENT/CEO	(I)	783,062	0	3,810	11,826	163,758	962,456	0
	(II)	0	0	0	0	0	0	0
ERIC LOHN VICE PRESIDENT/CFO	(I)	437,426	0	450	5,494	96,926	540,296	0
	(II)	0	0	0	0	0	0	0
JOHN YOON MD PHYSICIAN	(I)	1,384,839	0	3,690	5,494	23,489	1,417,512	0
	(II)	0	0	0	0	0	0	0
KALYAN VUNNAMADALA MD PHYSICIAN	(I)	1,100,634	0	270	0	23,778	1,124,682	0
	(II)	0	0	0	0	0	0	0
DAVID RUST MD PHYSICIAN	(I)	927,111	0	270	5,494	23,454	956,329	0
	(II)	0	0	0	0	0	0	0
ROBERT BEJNAROWICZ MD PHYSICIAN	(I)	898,941	0	3,450	6,506	16,196	925,093	0
	(II)	0	0	0	0	0	0	0
JAMES MACNUTT DO PHYSICIAN	(I)	896,941	0	3,300	5,288	8,456	913,985	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,810,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	83,148,022			
4	Gross proceeds in reserve funds	51,775,637			
5	Capitalized interest from proceeds	2,176,485			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,625,011			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	33,335,773			
11	Other spent proceeds	48,537,410			
12	Other unspent proceeds				
13	Year of substantial completion	2015			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CASSANDRA BEARDSLEY	FAMILY MEMBER OF BOARD MEMBER	145,144	EMPLOYEE COMPENSATION		No
(2) ERIN METZGER	FAMILY MEMBER OF BOARD MEMBER	68,286	EMPLOYEE COMPENSATION		No
(3) LARISSA HUBBARTT	FAMILY MEMBER OF BOARD MEMBER	106,305	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ST LUKE'S HOSPITAL SHALL HAVE THREE CLASSES OF MEMBERSHIPS A) TENURED MEMBERS OF ST LUKE'S HOSPITAL OF DULUTH - THE INDIVIDUALS AND ORGANIZATIONS LISTED ON THE HOSPITAL'S OFFICIAL ROSTER OF MEMBERS AS OF MAY 20, 2004 SHALL BE MEMBERS AND HAVE THE NUMBER OF VOTES AS IDENTIFIED ON THAT LIST B) NON-TENURED MEMBERS OF THE ST LUKE'S HOSPITAL OF DULUTH - ANY INDIVIDUAL OR ORGANIZATION THAT, SUBSEQUENT TO MAY 20, 2004, CONTRIBUTES $100 OR MORE TO THE HOSPITAL SHALL, UPON REQUEST FROM SUCH INDIVIDUAL OR ORGANIZATION AND APPROVAL BY THE BOARD OF DIRECTORS, BE A MEMBER OF THE ORGANIZATION WITH ONE VOTE C) EX OFFICIO MEMBERS - EACH DIRECTOR AND THE PRESIDENT/CEO OF THE HOSPITAL SHALL BE A VOTING MEMBER OF THE HOSPITAL DURING HIS OR HER TERM IN SUCH OFFICE AND SHALL HAVE ONE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE VOTING RIGHTS OF THE MEMBERS OF THE CORPORATION SHALL BE LIMITED TO THE FOLLOWING MATT ERS A) APPROVAL OF ANY TRANSACTION THAT WOULD CULMINATE IN THE TRANSFER OF CONTROL OF HOS PITAL OPERATIONS TO A SECRETARIAN OR RELIGIOUS ORGANIZATION B) APPROVAL OF ANY TRANSACTIO NS WHICH WOULD CULMINATE IN THE TRANSFER OF CONTROL OF THE HOSPITAL'S OPERATIONS TO A FOR-PROFIT ENTITY C) APPROVAL OF THE DISSOLUTION OF THE HOSPITAL OR THE CESSATION OF THE HOSP ITAL OPERATIONS THE FOREGOING ACTIONS SHALL BE APPROVED AND ADOPTED ONLY AFTER AUTHORIZAT ION BY THE BOARD OF DIRECTORS AND APPROVAL BY THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT REFERENCED MULTIPLE SOURCES OF INFORMATION IN ORDER TO ACCURATELY PREPARE THE 2 018 FORM 990 THESE SOURCES INCLUDE THE INTERNAL REVENUE SERVICE WEBSITE, LEGAL COUNSEL, H EALTHCARE TRADE ASSOCIATIONS, AND OTHER VARIOUS PUBLICATIONS ONCE THE FORM 990 WAS PREPAR ED, IT WAS REVIEWED BY THE FOLLOWING GROUPS 1 ST LUKE'S SENIOR MANAGEMENT (OCTOBER 2019) 2 ST LUKE'S FINANCE COMMITTEE (OCTOBER 2019) 3 ST LUKE'S BOARD OF DIRECTORS (OCTOBER 2019) ALL OF THE ABOVE GROUPS WERE PROVIDED WITH A COMPLETE COPY OF THE FORM 990 IN OCTO BER 2019, THE CHIEF FINANCIAL OFFICER MADE A PRESENTATION TO THE BOARD REGARDING THE FORM 990 AND THEIR RESPONSIBILITIES IN THE CASE OF THE FINANCE COMMITTEE AND BOARD OF DIRECTOR S, THE FORM 990 REVIEW WAS LISTED AS AN AGENDA ITEM AT THEIR RESPECTIVE MEETINGS THE CFO OF ST LUKE'S PROVIDED AN OVERVIEW OF THE RETURN AND ANSWERED ANY QUESTIONS OR CONCERNS FR OM THE BOARD/COMMITTEE MEMBERS ANY SUGGESTED CHANGES TO THE FORM 990 WERE EVALUATED, WITH LEGAL COUNSEL IF NECESSARY, AND INCORPORATED INTO THE RETURN AS APPROPRIATE THE RETURN W AS THEN FILED ON OR BEFORE NOVEMBER 15, 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION AT ST LUKE'S HOSPITAL IS GOVERNED AND CONTROLLED BY THE COMPENSATI ON COMMITTEE OF THE BOARD OF DIRECTORS, ACCORDING TO POLICIES SET BY THE BOARD AS A WHOLE THE COMMITTEE IS MADE UP ENTIRELY OF COMMUNITY LEADERS, NONE OF WHOM ARE EMPLOYED BY ST LUKE'S HOSPITAL THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION PROGRAM FOR THE CEO, CFO AND OTHER EXECUTIVES AND PRESENTS THE SUMMARY OF ITS ANALYSIS TO THE BOAR D OF DIRECTORS FOR FINAL APPROVAL CONTEMPORANEOUS DOCUMENTS AND RECORDKEEPING WITH RESPEC T TO THE DELIBERATIONS AND DECISIONS ARE MAINTAINED BY THE CEO AND HUMAN RESOURCES DEPARTM ENT THE COMMITTEE, WITH THE AID OF AN INDEPENDENT CONSULTANT, HAS ESTABLISHED A COMPENSAT ION PHILOSOPHY FOR THE ORGANIZATION THIS PHILOSOPHY DEFINES A PEER GROUP OF ORGANIZATIONS ACROSS THE COUNTRY AND INCLUDES ORGANIZATIONS OF SIMILAR SIZE, SCOPE, AND MANAGEMENT CHAL LENGE IT ALSO ESTABLISHES THE COMPETITIVE LEVEL AT WHICH THE COMMITTEE WANTS TO COMPENSAT E ST LUKE'S HOSPITAL EXECUTIVES COMPARED TO THE PEER GROUP ORGANIZATIONS THE COMMITTEE R EVIEWS COMPARABILITY DATA ON SALARY LEVELS, INCENTIVE PAY, AND BENEFIT COSTS, ASSESSING EA CH ELEMENT OF COMPENSATION INDEPENDENTLY AND TOTAL COMPENSATION IN AGGREGATE THE COMMITTE E RETAINS INDEPENDENT CONSULTANTS TO GATHER COMPARABILITY DATA ON EXECUTIVE COMPENSATION I N SLH'S PEER GROUP THESE CONSULTANTS ASSIST THE COMMITTEE IN MAKING ITS DETERMINATION THA T EXECUTIVE COMPENSATION AT SLH REMAINS REASONABLE AND CONSISTENT WITH SLH'S BOARD-APPROVE D EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE REVIEWS THE COMPENSATION PROGRAM FOR TH E CEO, CFO AND OTHER EXECUTIVES OF THE ORGANIZATION IN DEPTH EVERY FEW YEARS AND THE LAST FULL REVIEW OCCURRED IN 2018 IN THE YEARS BETWEEN COMPREHENSIVE REVIEWS, THE COMMITTEE RE LIES ON UPDATES TO THE PEER GROUP DATA BASED ON THE YEAR-TO-YEAR MARKET MOVEMENT IN THE IN DUSTRY, AS PROVIDED BY THE INDEPENDENT CONSULTANT THE COMMITTEE DILIGENTLY FOLLOWS BEST P RACTICES IN GOVERNING EXECUTIVE COMPENSATION, INCLUDING THE PROCESS PRESCRIBED BY THE IRS FOR GOVERNING EXECUTIVE COMPENSATION IN THE TAX-EXEMPT SECTOR IT IS COMMITTED TO ACCURATE LY DISCLOSING EXECUTIVE COMPENSATION ON FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ST LUKE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS ARE REVIEWED AND UPDATE D ANNUALLY BY THE BOARD OF DIRECTORS THEY ARE NOT AVAILABLE TO THE GENERAL PUBLIC FINANC IAL INFORMATION IS MADE AVAILABLE THROUGH ST LUKE'S ANNUAL REPORT (PUBLISHED EVERY YEAR A ND AVAILABLE ON ST LUKE'S WEBSITE AT WWW SLHDULUTH COM)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY -9,670,534 CAPITAL REIMBURSEMENT FROM ST LUKE'S FOUNDATION 457,044

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)ST LUKE'S FOUNDATION 1000 EAST FIRST STREET NO 102 DULUTH, MN 55805 41-1448118	FUNDRAISING SUPPORT FOR HEALTH CARE/HOSPITAL	MN	501(C)(3)	LINE 12A, I	ST LUKE'S HOSPITAL OF DULUTH	Yes	
(2)LAKE VIEW MEMORIAL HOSPITAL INC 325 11TH AVENUE TWO HARBORS, MN 55616 41-0786046	HEALTH CARE/HOSPITAL	MN	501(C)(3)	LINE 3	ST LUKE'S HOSPITAL OF DULUTH	Yes	
(3)LAKE VIEW MEMORIAL HOSPITAL FOUNDATION OF NORTHEAST MINNESOTA 325 11TH AVENUE TWO HARBORS, MN 55616 41-1700972	FUNDRAISING SUPPORT FOR LAKE VIEW MEMORIAL HOSPITAL	MN	501(C)(3)	LINE 12A, I	LAKE VIEW MEMORIAL HOSPITAL		No

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST LUKE'S FOUNDATION	C	862,292	FAIR MARKET VALUE
(2)ST LUKE'S FOUNDATION	L	349,815	FAIR MARKET VALUE
(3)LAKE VIEW MEMORIAL HOSPITAL INC	L	1,815,000	FAIR MARKET VALUE
(4)LAKE VIEW MEMORIAL HOSPITAL INC	D	3,142,847	FAIR MARKET VALUE
(5)LAKE VIEW MEMORIAL HOSPITAL INC	K	68,789	FAIR MARKET VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII Supplemental Information

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

Return Reference	Explanation