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Form 990

Department of the TreasuryInternal 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

2019

Open to Public Inspection

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

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

F Name and address of principal officer:

KEVIN NOKELS

915 EAST FIRST STREET

DULUTH, MN 55805

D Employer identification number

41-0714079

E Telephone number

(218) 249-5555

G Gross receipts \$ 546,213,216

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 ISummary

Activities & Governance

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)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

b Net unrelated business taxable income from Form 990-T, line 39

3

4

5

6

7a

7b

14

10

3,616

269

7,472,460

0

Revenue

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

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

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

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

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

Prior Year

1,742,028

513,204,492

5,796,795

2,985,634

523,728,949

Current Year

1,880,363

511,369,562

5,267,854

3,111,525

521,629,304

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

605,871

0

286,847,983

0

202,714,536

490,168,390

33,560,559

652,897

0

297,305,431

0

217,981,869

515,940,197

5,689,107

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

354,194,269

276,564,960

77,629,309

End of Year

365,911,818

275,884,072

90,027,746

Part IISignature Block

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

Sign Here

Signature of officer

ERIC LOHN CHIEF FINANCIAL OFFICER

Type or print name and title

2020-10-16

Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 457,485,535 including grants of \$ 652,897) (Revenue \$ 504,020,488)
	See Additional Data

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	See Additional Data

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 457,485,535
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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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck 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 61	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?		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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,071,749	0	631,275

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 ▶ 490

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ERDMAN COMPANY PO BOX 88670 MILWAUKEE, WI 53288	CONSTRUCTION SERVICES	9,471,769
COMPHEALTH PO BOX 972651 DALLAS, TX 75397	STAFFING SERVICES	9,423,403
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689	IT SERVICES	4,850,882
MEDICAL INFORMATION TECH INC PO BOX 74569 CHICAGO, IL 60696	IT SERVICES	3,335,292
MAYO COLLABORATIVE SERVICES PO BOX 9416 MINNEAPOLIS, MN 55480	LABORATORY SERVICES	2,585,797

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 ▶ 89

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(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	691,847				
	e Government grants (contributions)					1e	740,327				
	f All other contributions, gifts, grants, and similar amounts not included above					1f	448,189				
	g Noncash contributions included in lines 1a - 1f:\$					1g					
	h Total. Add lines 1a-1f ▶					1,880,363					
Program Service Revenue						Business Code					
	2a MEDICAL SERVICES					621990	348,222,147	348,222,147			
	b PHARMACY					446110	162,918,905	155,798,341	7,088,793	31,771	
	c CREDENTIALING					541900	115,403		115,403		
	d GUEST CARE					541900	48,241			48,241	
	e TRANSCRIPTION					541900	39,362		15,567	23,795	
	f All other program service revenue.						25,504		13,903	11,601	
	g Total. Add lines 2a-2f. ▶					511,369,562					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						3,690,638			3,690,638	
	4 Income from investment of tax-exempt bond proceeds ▶						794,792			794,792	
	5 Royalties ▶										
						(i) Real	(ii) Personal				
	6a Gross rents					6a	1,085,224				
	b Less: rental expenses					6b	862,575				
	c Rental income or (loss)					6c	222,649				
	d Net rental income or (loss) ▶						222,649			222,649	
						(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory					7a	24,344,908	39,304			
	b Less: cost or other basis and sales expenses					7b	23,601,788	0			
	c Gain or (loss)					7c	743,120	39,304			
	d Net gain or (loss) ▶						782,424			782,424	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					8a					
	b Less: direct expenses					8b					
	c Net income or (loss) from fundraising events . . . ▶										
	9a Gross income from gaming activities. See Part IV, line 19					9a					
	b Less: direct expenses					9b					
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .					10a	114,135				
b Less: cost of goods sold . . .					10b	119,549					
c Net income or (loss) from sales of inventory . . . ▶						-5,414			-5,414		
Miscellaneous Revenue					Business Code						
11a MEALS/VENDING INCOME					900099	1,952,430			1,952,430		
b PARKING LOT INCOME					900099	652,811			652,811		
c LAUNDRY SERVICES					812300	170,452		120,197	50,255		
d All other revenue						118,597		118,597			
e Total. Add lines 11a-11d ▶						2,894,290					
12 Total revenue. See instructions ▶						521,629,304	504,020,488	7,472,460	8,255,993		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	466,454	466,454		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	186,443	186,443		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,258,220	3,258,220		
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	239,839,430	216,927,516	22,911,914	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,807,267	7,859,140	948,127	
9 Other employee benefits	30,857,789	27,535,863	3,321,926	
10 Payroll taxes	14,542,725	12,673,970	1,868,755	
11 Fees for services (non-employees):				
a Management				
b Legal	577,850		577,850	
c Accounting	97,490		97,490	
d Lobbying	66,549	66,549		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	177,195		177,195	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,148,310	19,154,405	12,993,905	
12 Advertising and promotion	850,769	850,769		
13 Office expenses	8,021,935	4,447,385	3,574,550	
14 Information technology	5,747,320	4,753,682	993,638	
15 Royalties				
16 Occupancy	24,013,645	18,441,844	5,571,801	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,918,156	1,692,814	225,342	
20 Interest	5,511,029	6,152,183	-641,154	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,250,052	9,380,675	3,869,377	
23 Insurance	1,966,091	1,966,091		
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	48,364,731	48,364,731		
b DRUGS	43,980,563	43,980,563		
c BAD DEBT EXPENSE	10,453,292	10,453,292		
d MN CARE	5,038,182	5,038,182		
e All other expenses	15,798,710	13,834,764	1,963,946	
25 Total functional expenses. Add lines 1 through 24e	515,940,197	457,485,535	58,454,662	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		44,791,064	1	35,778,471	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		59,771,956	4	62,846,065	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,733,357	8	11,689,105	
	9	Prepaid expenses and deferred charges		3,862,716	9	3,403,157	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	293,475,998			
	b	Less: accumulated depreciation	10b	177,247,891	96,574,995	10c	116,228,107
	11	Investments—publicly traded securities		56,675,976	11	40,667,644	
	12	Investments—other securities. See Part IV, line 11		55,368,233	12	62,358,239	
	13	Investments—program-related. See Part IV, line 11		6,772,168	13	6,933,313	
	14	Intangible assets		1,722,777	14	1,929,577	
	15	Other assets. See Part IV, line 11		18,921,027	15	24,078,140	
16	Total assets. Add lines 1 through 15 (must equal line 34)		354,194,269	16	365,911,818		
Liabilities	17	Accounts payable and accrued expenses		52,719,833	17	52,914,287	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		109,694,112	20	107,795,487	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		8,617	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		34,257,611	23	31,982,157	
	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		79,739,837	25	83,047,191	
	26	Total liabilities. Add lines 17 through 25		276,564,960	26	275,884,072	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		77,629,309	27	90,027,746	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		77,629,309	32	90,027,746	
33	Total liabilities and net assets/fund balances		354,194,269	33	365,911,818		

Part XI Reconciliation of Net AssetsCheck 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	521,629,304
2	Total expenses (must equal Part IX, column (A), line 25)	2	515,940,197
3	Revenue less expenses. Subtract line 2 from line 1	3	5,689,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,629,309
5	Net unrealized gains (losses) on investments	5	5,809,070
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	900,260
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,027,746

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

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

Form 990 (2019)

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 2019, 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 2019, THERE WERE 12,283 ADMISSIONS, 61,156 PATIENT DAYS, 71,941 EMERGENCY/URGENT CARE VISITS, 157,337 OUTPATIENT REGISTRATIONS AND 677,818 CLINIC VISITS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN YOON MD PHYSICIAN	40.00 0.00					X		1,407,487	0	30,727
KALYAN VUNNAMADALA MD PHYSICIAN	40.00 0.00					X		1,342,356	0	30,727
JOHN STRANGE PRESIDENT/CEO (THROUGH 2/2019)	35.00 5.00	X		X				852,580	0	153,164
MARY BOYLAN MD PHYSICIAN	40.00 0.00					X		953,914	0	35,188
JOHN WATKINS MD PHYSICIAN	40.00 0.00					X		901,497	0	31,229
JOHN STYLIARAS MD PHYSICIAN	40.00 0.00					X		902,994	0	15,468
PORUR SOMASUNDARAM MD PHYSICIAN	40.00 0.00					X		881,391	0	30,727
ROBERT BEJNAROWICZ MD PHYSICIAN	40.00 0.00					X		857,182	0	23,920
ERIC LOHN VICE PRESIDENT/CFO/INTERIM CEO	35.00 5.00			X				595,366	0	111,948
TIMOTHY KLEINSCHMIDT MD BOARD MEMBER/CHIEF OF STAFF	40.00 0.00	X						549,511	0	33,193

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AIMEE VANSTRAATEN MD SECRETARY/PHYSICIAN	40.00 0.00	X		X				337,350	0	30,727
KEVIN NOKELS PRESIDENT/CEO (AS OF 8/2019)	35.00 5.00	X		X				256,961	0	68,875
MARK PLACHTA BOARD MEMBER/PHYSICIAN	40.00 0.00	X						233,160	0	35,382
JEFF BORLING BOARD CHAIR	1.00 0.00	X		X				0	0	0
BARBARA HAYDEN HAUGEN VICE CHAIR	1.00 0.00	X		X				0	0	0
KEVIN BEARDSLEY TREASURER	1.00 1.00	X		X				0	0	0
BRIAN MURPHY PAST CHAIR (THROUGH 5/2019)	1.00 0.00	X		X				0	0	0
JOHN CLOUTIER BOARD MEMBER	1.00 1.00	X						0	0	0
JESSE FRYE BOARD MEMBER (THROUGH 5/2019)	1.00 1.00	X						0	0	0
EDWIN KING HALL BOARD MEMBER	1.00 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK HEFFERNAN BOARD MEMBER	1.00 0.00	X						0	0	0
AMANDA IMES BOARD MEMBER	1.00 0.00	X						0	0	0
HERBERT MINKE BOARD MEMBER (AS OF 5/2019)	1.00 0.00	X						0	0	0
BRYCE NIXON BOARD MEMBER (THROUGH 5/2019)	1.00 0.00	X						0	0	0
YVONNE PRETTNER SOLON BOARD MEMBER	1.00 0.00	X						0	0	0
RUTH WESTRA DO BOARD MEMBER	1.00 0.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ST LUKE'S HOSPITAL OF DULUTH	Employer identification number 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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)		(b)
		Yes	No	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		11,703
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		54,846
j	Total. Add lines 1c through 1i			66,549
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 instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☒ No

b

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

☐

Part V

Endowment Funds.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		117,199,092	69,209,146	47,989,946
c Leasehold improvements		5,622,178	2,172,469	3,449,709
d Equipment		147,223,272	105,866,276	41,356,996
e Other		15,902,076		15,902,076
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				116,228,107

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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	62,358,239	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	62,358,239	

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	22,251,720
(2) CASH SURRENDER LIFE INSURANCE	23,168
(3) DUE FROM RELATED PARTY	1,803,252
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	24,078,140

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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	83,047,191

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 ☒

Schedule D (Form 990) 2019

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	508,510,789
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	982,124
e	Add lines 2a through 2d	2e	982,124
3	Subtract line 2e from line 1	3	507,528,665
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	14,100,639
c	Add lines 4a and 4b	4c	14,100,639
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	521,629,304

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	506,469,029
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	982,124
e	Add lines 2a through 2d	2e	982,124
3	Subtract line 2e from line 1	3	505,486,905
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	10,453,292
c	Add lines 4a and 4b	4c	10,453,292
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	515,940,197

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 X, LINE 2:	THE SYSTEM IS COMPRISED OF THREE SEPARATE NONPROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THAT ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(C)(3) OF THE CODE. THE SYSTEM HAS ELECTED TO ADOPT GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE SYSTEM FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES FOR EVALUATING UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAS NO EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 862,575. GIFT SHOP EXPENSES 119,549.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT INCOME 3,647,347. PROVISION FOR BAD DEBT 10,453,292.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 862,575. GIFT SHOP EXPENSES 119,549.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBT 10,453,292. ROUNDING

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,101,014		2,101,014	0.410 %
b Medicaid (from Worksheet 3, column a)			57,875,085	45,643,194	12,231,891	2.370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			59,976,099	45,643,194	14,332,905	2.780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			8,094,788		8,094,788	1.570 %
g Subsidized health services (from Worksheet 6)			38,024,747	31,797,440	6,227,307	1.210 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			490,334		490,334	0.100 %
j Total. Other Benefits			46,609,869	31,797,440	14,812,429	2.880 %
k Total. Add lines 7d and 7j			106,585,968	77,440,634	29,145,334	5.660 %

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			7,654		7,654	0 %
3 Community support			32,340		32,340	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,850		1,850	0 %
7 Community health improvement advocacy			30,109		30,109	0.010 %
8 Workforce development			6,955		6,955	0 %
9 Other						
10 Total			78,908		78,908	0.020 %

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 Healthcare 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	10,453,292	
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	204,907,952
6 Enter Medicare allowable costs of care relating to payments on line 5	6	257,779,758
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-52,871,806
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 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										

Section B. Facility Policies and Practices

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group

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

1

Schedule H (Form 990) 2019

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? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> 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%</div><div>b</div><div><input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE LINE 16J</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE LINE 16J</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE LINE 16J</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

ST LUKE'S HOSPITAL OF DULUTH

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 57

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 ELIGIBILITY 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 MENTAL HEALTH SERVICES (\$3,055,477), WOMEN AND CHILDREN SERVICES (\$2,836,625), AND HOMECARE/HOSPICE SERVICES (\$335,206).
PART I, LN 7 COL(F):	BAD DEBT EXPENSE FOR 2019 IS \$10,453,292 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 STATEMENTS.

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:	<p>ST. LUKE'S HAS A LONG HISTORY OF PARTICIPATING IN SUCCESSFUL, SUSTAINABLE COLLABORATIVE INITIATIVES ON LOCAL, REGIONAL AND NATIONAL LEVELS. 1) ST. LUKE'S RESEARCH DEPARTMENT, THE WHITESIDE INSTITUTE FOR CLINICAL RESEARCH, WAS FORMED IN 1996 AS THE RESULT OF A PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, DULUTH (UMMSD), AND CONTINUES TO PROVIDE SERVICES TO ST. LUKE'S PATIENTS IN ACCESS TO LOCAL, NATIONAL AND MULTI-NATIONAL CLINICAL STUDIES AS WELL AS TO ST. LUKE'S STAFF IN DEVELOPMENT OF RESEARCH STUDIES, REFERRAL TO UM COLLABORATORS AND GRANT WRITING RESOURCES. 2) ST. LUKE'S HAS COLLABORATED WITH THE MULTI-STATE CONSORTIUM OF ABOUT 56 SUPPORTING ORGANIZATIONS INCLUDING COUNTY PUBLIC HEALTH DEPARTMENTS, HOSPITALS AND CLINICS TO FUND THE BRIDGE TO HEALTH SURVEY. THIS PROJECT COLLECTED POPULATION-BASED, HEALTH STATUS DATA ON ADULTS (AGED 18+) IN THE REGION USING A 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.</p>
PART VI, LINE 3:	<p>ST. LUKE'S INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR ASSISTANCE THE FOLLOWING WAYS:- INFORMATION IS INCLUDED ON THE ST. LUKE'S WEB SITE (WWW.SLHDULUTH.COM) REGARDING WHO PATIENTS SHOULD CONTACT FOR INFORMATION OR FINANCIAL ASSISTANCE.- THERE ARE POSTINGS IN ALL REGISTRATION AREAS WITH CONTACT INFORMATION AND PHONE NUMBERS REGARDING HOW PATIENTS CAN OBTAIN ASSISTANCE (BOTH FROM ST. LUKE'S AND EXTERNAL ORGANIZATIONS). - ALL ST. LUKE'S EXTERNAL BILLING AND COLLECTION VENDORS HAVE BEEN INSTRUCTED TO REFER ANY PATIENT INDICATING THEY LACK THE FINANCIAL WHEREWITHAL TO MEET THEIR FINANCIAL OBLIGATIONS TO ST. LUKE'S FINANCIAL COUNSELORS. AS REQUIRED UNDER A BILLING AND COLLECTION AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL, ST. LUKE'S PERFORMS AN ANNUAL AUDIT OF ALL EXTERNAL VENDORS TO ENSURE COMPLIANCE WITH THIS INSTRUCTION AND ALL OTHER ST. LUKE'S POLICIES AND PROCEDURES. - ST. LUKE'S FINANCIAL COUNSELORS' BUSINESS CARDS ARE PROMINENTLY DISPLAYED AND AVAILABLE AT ALL REGISTRATION AREAS (INCLUDING THE EMERGENCY/URGENT CARE AREA) WITH THEIR CONTACT INFORMATION AND PHONE NUMBERS. PATIENTS ARE ENCOURAGED TO CONTACT FINANCIAL COUNSELORS. - THE ST. LUKE'S FINANCIAL COUNSELORS' PHONE NUMBER IS LISTED PROMINENTLY ON THE PATIENT BILLING STATEMENTS.- THE FINANCIAL COUNSELORS ARE AVAILABLE WEEKDAYS BY PHONE OR IN PERSON TO DISCUSS AND APPLY FOR FINANCIAL ASSISTANCE PROGRAMS. - ST. LUKE'S HAS ENGAGED AN EXTERNAL VENDOR TO MEET WITH PATIENTS AT BEDSIDE TO DISCUSS ELIGIBILITY FOR ASSISTANCE WITH GOVERNMENTAL ASSISTANCE PROGRAMS OR ST. LUKE'S FINANCIAL ASSISTANCE PROGRAM.- ST. LUKE'S INPATIENT BOOKLET CONTAINS INFORMATION REGARDING FINANCIAL ASSISTANCE AND CONTACT INFORMATION.- AT LEAST ANNUALLY, THE ST. LUKE'S AND MEDICAL STAFF NEWSLETTERS CONTAIN ARTICLES REGARDING PATIENT FINANCIAL ASSISTANCE. HOSPITAL AND MEDICAL STAFF MEMBERS ARE INFORMED THAT THEY HAVE THE RESPONSIBILITY TO LISTEN FOR FINANCIAL CONCERNS EXPRESSED BY PATIENTS AND TO PROACTIVELY REFER THOSE PATIENTS TO ST. LUKE'S FINANCIAL COUNSELORS.</p>

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 SUPERIORESSSENTIA 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 449 PHYSICIANS AND ADVANCED PRACTICE CLINICIANS, 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 12 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		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, INSTITUTE 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 JULY 2018 AND MAY 2019. THIS INPUT INCLUDED INDIVIDUALS REPRESENTING PERSONS WITH EXPERTISE IN PUBLIC HEALTH; LEADERS, REPRESENTATIVES AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS; AND POPULATIONS WITH CHRONIC DISEASE NEEDS FROM THE COMMUNITY SERVED BY THE HOSPITAL.

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 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN PARTNERSHIP BY ESSENTIA HEALTH-DULUTH, ESSENTIA HEALTH- ST. MARY'S MEDICAL CENTER, AND ST. LUKE'S HOSPITAL OF DULUTH.

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 6B: ST. LUKE'S COLLABORATED WITH GENERATIONS HEALTH CARE INITIATIVES, ST. LOUIS COUNTY PUBLIC HEALTH, AND ZEITGEIST CENTER FOR ARTS AND COMMUNITY IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

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 7D: BRIDGING HEALTH DULUTH PUBLIC PRESENTATION "SHAPING A HEALTHIER COMMUNITY" OF WHICH ST LUKE'S WAS A CO-SPONSOR AND CO-ORGANIZER. THE 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN WAS SHARED AND SOUGHT COMMUNITY INVOLVEMENT IN WORK AROUND THREE PRIORITY AREAS: YOUTH SUBSTANCE USE, MENTAL HEALTH, AND FOOD INSECURITY. THE EVENT INCLUDED OPPORTUNITIES FOR ATTENDEES TO CONNECT WITH COMMUNITY PROFESSIONALS, EXPLORE THE ASSESSMENT RESULTS AND ACTION PLAN, LEARN ABOUT BRIDGING HEALTH DULUTH'S WORK, DISCUSS COMMUNITY EFFORTS TO ADDRESS HEALTH DISPARITIES, AND FIND OUT HOW TO GET INVOLVED. THE FREE COMMUNITY LUNCH AND PRESENTATION WAS WIDELY COVERED BY LOCAL PRESS.

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	<p>PART V, SECTION B, LINE 11: EVERY THREE YEARS, BRIDGING HEALTH DULUTH CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO SYSTEMATICALLY IDENTIFY, ANALYZE AND PRIORITIZE COMMUNITY HEALTH NEEDS. THE MISSION OF BRIDGING HEALTH DULUTH IS TO SUPPORT A HEALTHIER COMMUNITY FOR ALL. BRIDGING HEALTH DULUTH SEEKS OUT AND BRINGS TOGETHER INDIVIDUALS AND ORGANIZATIONS WHO ARE INTERESTED IN POSITIVELY IMPACTING THE PRIORITY AREAS IDENTIFIED IN THE CHNA. WE BELIEVE THROUGH COLLABORATION AND COMPLEMENTARY INITIATIVES, WE WILL HAVE THE GREATEST POSITIVE IMPACT ON THE HEALTH OF DULUTHIANS. THE IMPLEMENTATION PLANNING PROCESS WAS ALSO CONDUCTED IN COLLABORATION WITH MANY PARTNERS INCLUDING ORGANIZATIONS OR INDIVIDUALS THAT REPRESENT BOARD INTERESTS IN THE COMMUNITY, INCLUDING THOSE MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND POPULATIONS THAT ARE AT HIGHER RISK FOR ILL HEALTH. ONCE PRIORITY HEALTH NEEDS WERE IDENTIFIED, BRIDGING HEALTH DULUTH DESIGNED AN IMPLEMENTATION STRATEGY TO ADDRESS THE NEEDS WITH INTERNAL STAKEHOLDERS AND COMMUNITY PARTNERS. THE PLAN IS DESIGNED TO LEVERAGE EXISTING COMMUNITY STRENGTHS AND RESOURCES AVAILABLE TO IMPROVE HEALTH FOR DULUTHIANS. FROM JULY 2018 TO MAY 2019, BRIDGING HEALTH DULUTH ANALYZED DATA, CONVENED COMMUNITY PARTNERS, SOUGHT INPUT FROM COMMUNITY MEMBERS, AND LED A PROCESS TO IDENTIFY THE FOLLOWING PRIORITY AREAS FOR THE 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. MENTAL HEALTH 2. YOUTH SUBSTANCE USE 3. FOOD INSECURITY BRIDGING HEALTH DULUTH SUPPORTS A HEALTHIER COMMUNITY FOR ALL. TO FULFILL THAT MISSION, WE SEEK OPPORTUNITIES TO BOTH ENHANCE THE CARE WE PROVIDE AND IMPROVE THE HEALTH OF OUR COMMUNITIES. IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT, BRIDGING HEALTH DULUTH HAS COLLABORATED WITH COMMUNITY PARTNERS TO EMBRACE THESE GUIDING PRINCIPLES: COLLABORATE TOWARDS SOLUTIONS WITH MULTIPLE STAKEHOLDERS (E.G. SCHOOLS, WORKSITES, MEDICAL CENTERS, PUBLIC HEALTH) TO IMPROVE COMMUNITY HEALTH. BUILD TRUST THROUGH COLLABORATION WITH COMMUNITY MEMBERS EXPERIENCING HEALTH DISPARITIES. PRIORITIZE SUSTAINABLE EVIDENCE-BASED EFFORTS AROUND THE GREATEST COMMUNITY GOOD. CREATE CLEAR, SPECIFIC, REALISTIC, AND ACTION-ORIENTED GOALS TO IMPROVE PRIORITY HEALTH INDICATORS THE GOALS OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WERE TO: 1. ASSESS THE HEALTH NEEDS, DISPARITIES, ASSETS AND FORCES OF CHANGE IN DULUTH 2. PRIORITIZE HEALTH NEEDS BASED ON COMMUNITY INPUT AND FEEDBACK 3. DESIGN AN IMPLEMENTATION STRATEGY TO REFLECT THE OPTIMAL USAGE OF RESOURCES IN OUR COMMUNITY 4. ENGAGE OUR COMMUNITY PARTNERS AND STAKEHOLDERS IN ALL ASPECTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, INCLUDING DATA COLLECTION, DATA ANALYSIS, ISSUE PRIORITIZATION, IMPLEMENTATION PLAN CREATION, AND MONITORING OF RESULTS. 2019 ACTIVITIES INCLUDE: ST LUKE'S STAFF WERE INVOLVED IN THE BRIDGING HEALTH DULUTH STEERING COMMITTEE AND PARTICIPATED IN DEVELOPING THE INFRASTRUCTURE FOR ACTION TEAMS. ST LUKE'S STAFF ASSISTED WITH DATA DEVELOPMENT AND ANALYSIS IN DEVELOPING THE CHNA</p>

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	. ASSISTANCE WITH PLANNING, CO-HOSTING AND ADVERTISING THE SHAPING A HEALTHIER COMMUNITY SESSION. OFFERED "TRAIN THE TRAINER" PROGRAM FOR SBIRT INTERVENTION, AN EVIDENCE-BASED TOOL FOR CLINICIANS TO REDUCE SUBSTANCE ABUSE AND RISKY BEHAVIORS. BEGAN IMPLEMENTING THE MN HOSPITAL ASSOCIATION'S NEONATAL ABSTINENCE SYNDROME ROADMAP, TO DEVELOP A SAFE MOM AND BABY PROGRAM FOR THOSE WITH SUBSTANCE ABUSE.SIGNIFICANT NEEDS NOT ADDRESSED IN THE CHNA: OTHER ISSUES IDENTIFIED THROUGH THE PROCESS BUT NOT INCLUDEDAMONG THE TOP THREE PRIORITIES INCL UDED DISABILITY, MATERNAL HEALTH, ACCESS TO HEALTHCARE, HEART CONDITIONS,DIABETES, AND CAN CER. THESE NEEDS WILL BE ADDRESSED IN PART THROUGH THE SELECTED PRIORITIES AS THEY AREINTE RRELATED. ADDITIONALLY, BRIDGING HEALTH DULUTH WILL CONTINUE TO FOCUS EFFORTS ON THE HIGHE ST NEEDS ANDCOLLABORATE WITH LOCAL PARTNERS TO ADDRESS OTHER ISSUES NOT INCLUDED IN THE TO P THREE PRIORITIES.

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 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/

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

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

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

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 & HYPERBA 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
10 56 - ST LUKE'S COMMUNITY CARE TEAM 1001 E SUPERIOR ST DULUTH, MN 55802	OUTPATIENT MEDICAL
11 57 - ST LUKE'S PROCTOR FITNESS CENTER 131 9TH AVENUE PROCTOR, MN 55810	OUTPATIENT MEDICAL

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 10

3 Enter total number of other organizations listed in the line 1 table 9

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	94	186,443			
(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 GRANTEEES PROVIDE AN UPDATE ON THE IMPACT OF THE GRANT SIX MONTHS AFTER THE GRANT HAS BEEN MADE. IN ADDITION, THE ACCOUNTING DEPARTMENT REVIEWS INVOICES SUPPORTING THE FUNDS USED FROM THE GRANT. THE AFOREMENTIONED PROCESS HELPS ENSURE THE GRANT WAS USED FOR THE 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
PROCTOR SCHOOL DISTRICT ISD 704 131 NINTH AVENUE PROCTOR, MN 55810	41-6003748	STATE OF MINNESOTA	60,000				SPONSOR SPORTS CENTER
DULUTH AIR AVIATION EXPO 2110 W FIRST ST DULUTH, MN 55806	41-1977239		50,000				SPONSOR DULUTH AIR AVIATION EXPO

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)	17,400				SPONSOR FOR VARIOUS COMMUNITY EVENTS
DULUTH AREA FAMILY YMCA 302 W FIRST STREET DULUTH, MN 55802	41-0693931	501(C)(3)	15,000				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
GREATER DOWNTOWN COUNCIL 5 WEST FIRST STREET 101 DULUTH, MN 55802	41-1467228	501(C)(6)	13,400				PARTNER SPONSOR
CONDUENT HEALTHY COMMUNITIES CORP PO BOX 201322 DALLAS, TX 75320	30-0484431		12,000				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
GREAT LAKES AQUARIUM 353 HARBOR DRIVE DULUTH, MN 55802	41-1659809	501(C)(3)	10,000				SPONSOR FOR VARIOUS COMMUNITY EVENTS
NORTH SHORE INLINE MARATHON 525 SOUTH LAKE AVENUE DULUTH, MN 55802	41-1871361	501(C)(3)	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
MINNESOTA WILDERNESS 1111 CLOQUET AVENUE SUITE 1 CLOQUET, MN 55720	46-0623467		10,000				PARTNER SPONSOR
KRAUS ANDERSON COMMUNITY FOUNDATION 3716 ONEOTA ST DULUTH, MN 55807	47-3012976	501(C)(3)	8,500				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		8,500				SPONSOR DULUTH FOOTBALL CLUB
DULUTH SUPERIOR SYMPHONY ORCHESTRA ASSOCIATION 130 W SUPERIOR ST DULUTH, MN 55802	41-0760835	501(C)(3)	7,500				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
HERMANTOWN AREA FUTBOL CLUB 4860 MAPLE GROVE RD HERMANTOWN, MN 55811	81-2900230		7,500				SPONSOR HERMANTOWN FOOTBALL CLUB
UMD MEN'S RUGBY CLUB 1216 ORDEAN COURT 153 SPORTS HEALTH CENTER DULUTH, MN 55812	41-6007513		7,500				SPONSOR UMD MEN'S RUGBY CLUB

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 SUPERIOR AREA EDUCATIONAL TELEVISION CORPORATION DBA WDSE-SRPT 632 NIAGRA COURT DULUTH, MN 55811	41-0877607	501(C)(3)	6,800				PARTNER SPONSOR FOR DOCTORS ON CALL
CLAYTON JACKSON MCGHIE MEMORIAL INC 222 E SUPERIOR ST DULUTH, MN 55802	04-3746191	501(C)(3)	6,500				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
SUPERIOR ANGLING 2701 E 2ND ST DULUTH, MN 55812	81-3180302		6,500				PARTNER SPONSOR

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization ST LUKE'S HOSPITAL OF DULUTH		Employer identification number 41-0714079

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

Schedule J (Form 990) 2019

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.
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.
PART I, LINE 4B	ST. LUKE'S MAINTAINS 457(F) NONQUALIFIED DEFERRED COMPENSATION PLANS FOR ELIGIBLE EMPLOYEES. MEMBERS IN THE 457(F) PLAN ARE: JOHN STRANGE (2019 DISTRIBUTION \$236,879); KEVIN NOKELS (2019 DISTRIBUTION \$0); AND ERIC LOHN (2019 DISTRIBUTION \$70,158).

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				
1JOHN YOON MD PHYSICIAN	(i)	1,403,197	0	4,290	6,600	24,127	1,438,214	0
	(ii)	0	0	0	0	0	0	0
1KALYAN VUNNAMADALA MD PHYSICIAN	(i)	1,342,056	0	300	6,600	24,127	1,373,083	0
	(ii)	0	0	0	0	0	0	0
2JOHN STRANGE PRESIDENT/CEO (THROUGH 2/2019)	(i)	614,089	236,879	1,612	12,773	140,391	1,005,744	0
	(ii)	0	0	0	0	0	0	0
3MARY BOYLAN MD PHYSICIAN	(i)	951,934	0	1,980	10,559	24,629	989,102	0
	(ii)	0	0	0	0	0	0	0
4JOHN WATKINS MD PHYSICIAN	(i)	901,047	0	450	6,600	24,629	932,726	0
	(ii)	0	0	0	0	0	0	0
5JOHN STYLIARAS MD PHYSICIAN	(i)	899,694	0	3,300	6,600	8,868	918,462	0
	(ii)	0	0	0	0	0	0	0
6PORUR SOMASUNDARAM MD PHYSICIAN	(i)	877,701	0	3,690	6,600	24,127	912,118	0
	(ii)	0	0	0	0	0	0	0
7ROBERT BEJNAROWICZ MD PHYSICIAN	(i)	853,492	0	3,690	6,600	17,320	881,102	0
	(ii)	0	0	0	0	0	0	0
8ERIC LOHN VICE PRESIDENT/CFO/INTERIM CEO	(i)	524,696	70,158	512	6,600	105,348	707,314	0
	(ii)	0	0	0	0	0	0	0
9TIMOTHY KLEINSCHMIDT MD BOARD MEMBER/CHIEF OF STAFF	(i)	537,103	0	12,408	9,066	24,127	582,704	0
	(ii)	0	0	0	0	0	0	0
10AIMEE VANSTRAATEN MD SECRETARY/PHYSICIAN	(i)	333,900	0	3,450	6,600	24,127	368,077	0
	(ii)	0	0	0	0	0	0	0
11KEVIN NOKELS PRESIDENT/CEO (AS OF 8/2019)	(i)	255,641	0	1,320	0	68,875	325,836	0
	(ii)	0	0	0	0	0	0	0
12MARK PLACHTA BOARD MEMBER/PHYSICIAN	(i)	228,870	0	4,290	10,753	24,629	268,542	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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
B DULUTH ECONOMIC DEVELOPMENT AUTHORITY	90-0848286		12-13-2018	39,500,000	FUND OPERATING SYSTEM UPGRADE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	6,730,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	83,148,022		39,500,000					
4	Gross proceeds in reserve funds	7,166,021		27,604,698					
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		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
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		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: DULUTH ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/20/2017

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST LUKE'S HOSPITAL OF DULUTH

Employer identification number
41-0714079

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CASSANDRA BEARDSLEY	FAMILY MEMBER OF BOARD MEMBER	148,661	EMPLOYEE COMPENSATION		No
(2) LARISSA HUBBARTT	FAMILY MEMBER OF BOARD MEMBER	126,853	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)

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

2019

Open to Public Inspection

Department of the Treasury

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 DIRECTORS AS THE CHAIRPERSON MAY APPOINT. WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY OF THE BOARD TO TRANSACT ALL REGULAR BUSINESS OF THE HOSPITAL, INCLUDING THE AUTHORITY TO REVIEW THE COMPENSATION PAID TO THE HOSPITAL'S EMPLOYED PHYSICIANS, SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD OR BY STATUTE, AND SHALL MEET AS NECESSARY. IN ADDITION, THE EXECUTIVE COMMITTEE SHALL OVERSEE THE HOSPITAL'S PUBLIC RELATIONS ACTIVITIES AND KEEP THE CORPORATION'S HEALTH CARE EFFORTS CONTINUALLY BEFORE THE COMMUNITIES SERVED THROUGH THE USE OF PUBLICATIONS AND OTHER COMMUNICATIONS DESCRIBING THE HOSPITAL'S SERVICES, PROGRAMS, AND NEEDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ST. LUKE'S HOSPITAL SHALL HAVE ONE CLASS OF MEMBERSHIPS: A) 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 MATTERS: A) APPROVAL OF ANY TRANSACTION THAT WOULD CULMINATE IN THE TRANSFER OF CONTROL OF HOSPITAL OPERATIONS TO A SECRETARIAN OR RELIGIOUS ORGANIZATION. B) APPROVAL OF ANY TRANSACTIONS WHICH WOULD CULMINATE IN THE TRANSFER OF CONTROL OF THE HOSPITAL'S OPERATIONS TO A FOR-PROFIT ENTITY. C) APPROVAL OF THE DISSOLUTION OF THE HOSPITAL OR THE CESSATION OF THE HOSPITAL OPERATIONS. THE FOREGOING ACTIONS SHALL BE APPROVED AND ADOPTED ONLY AFTER AUTHORIZATION BY THE BOARD OF DIRECTORS AND APPROVAL BY THE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>MANAGEMENT REFERENCED MULTIPLE SOURCES OF INFORMATION IN ORDER TO ACCURATELY PREPARE THE 2019 FORM 990. THESE SOURCES INCLUDE THE INTERNAL REVENUE SERVICE WEBSITE, LEGAL COUNSEL, HEALTHCARE TRADE ASSOCIATIONS, AND OTHER VARIOUS PUBLICATIONS. ONCE THE FORM 990 WAS PREPARED, IT WAS REVIEWED BY THE FOLLOWING GROUPS: 1. ST. LUKE'S SENIOR MANAGEMENT (OCTOBER 2020) 2. ST. LUKE'S FINANCE COMMITTEE (OCTOBER 2020) 3. ST. LUKE'S BOARD OF DIRECTORS (OCTOBER 2020) ALL OF THE ABOVE GROUPS WERE PROVIDED WITH A COMPLETE COPY OF THE FORM 990. IN OCTOBER 2020, THE CHIEF FINANCIAL OFFICER MADE A PRESENTATION TO THE BOARD REGARDING THE FORM 990 AND THEIR RESPONSIBILITIES. IN THE CASE OF THE FINANCE COMMITTEE AND BOARD OF DIRECTORS, THE FORM 990 REVIEW WAS LISTED AS AN AGENDA ITEM AT THEIR RESPECTIVE MEETINGS. THE CFO OF ST. LUKE'S PROVIDED AN OVERVIEW OF THE RETURN AND ANSWERED ANY QUESTIONS OR CONCERNS FROM THE BOARD/COMMITTEE MEMBERS. ANY SUGGESTED CHANGES TO THE FORM 990 WERE EVALUATED, WITH LEGAL COUNSEL IF NECESSARY, AND INCORPORATED INTO THE RETURN AS APPROPRIATE. THE RETURN WAS THEN FILED ON OR BEFORE NOVEMBER 15, 2020.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION AT ST. LUKE'S HOSPITAL IS GOVERNED AND CONTROLLED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, ACCORDING TO POLICIES SET BY THE BOARD AS A WHOLE. THE COMMITTEE IS MADE UP ENTIRELY OF COMMUNITY LEADERS, NONE OF WHOM ARE EMPLOYED BY ST. LUKE'S HOSPITAL. THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION PROGRAM FOR THE CEO, CFO AND OTHER EXECUTIVES AND PRESENTS THE SUMMARY OF ITS ANALYSIS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. CONTEMPORANEOUS DOCUMENTS AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS ARE MAINTAINED BY THE CEO AND HUMAN RESOURCES DEPARTMENT. THE COMMITTEE, WITH THE AID OF AN INDEPENDENT CONSULTANT, HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION. THIS PHILOSOPHY DEFINES A PEER GROUP OF ORGANIZATIONS ACROSS THE COUNTRY AND INCLUDES ORGANIZATIONS OF SIMILAR SIZE, SCOPE, AND MANAGEMENT CHALLENGE. IT ALSO ESTABLISHES THE COMPETITIVE LEVEL AT WHICH THE COMMITTEE WANTS TO COMPENSATE ST. LUKE'S HOSPITAL EXECUTIVES COMPARED TO THE PEER GROUP ORGANIZATIONS. THE COMMITTEE REVIEWS COMPARABILITY DATA ON SALARY LEVELS, INCENTIVE PAY, AND BENEFIT COSTS, ASSESSING EACH ELEMENT OF COMPENSATION INDEPENDENTLY AND TOTAL COMPENSATION IN AGGREGATE. THE COMMITTEE RETAINS INDEPENDENT CONSULTANTS TO GATHER COMPARABILITY DATA ON EXECUTIVE COMPENSATION IN SLH'S PEER GROUP. THESE CONSULTANTS ASSIST THE COMMITTEE IN MAKING ITS DETERMINATION THAT EXECUTIVE COMPENSATION AT SLH REMAINS REASONABLE AND CONSISTENT WITH SLH'S BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. THE COMMITTEE REVIEWS THE COMPENSATION PROGRAM FOR THE CEO, CFO AND OTHER EXECUTIVES OF THE ORGANIZATION IN DEPTH EVERY FEW YEARS AND THE LAST FULL REVIEW OCCURRED IN 2019. IN THE YEARS BETWEEN COMPREHENSIVE REVIEWS, THE COMMITTEE RELIES ON UPDATES TO THE PEER GROUP DATA BASED ON THE YEAR-TO-YEAR MARKET MOVEMENT IN THE INDUSTRY, AS PROVIDED BY THE INDEPENDENT CONSULTANT. THE COMMITTEE DILIGENTLY FOLLOWS BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION, INCLUDING THE PROCESS PRESCRIBED BY THE IRS FOR GOVERNING EXECUTIVE COMPENSATION IN THE TAX-EXEMPT SECTOR. IT IS COMMITTED TO ACCURATELY DISCLOSING EXECUTIVE COMPENSATION ON FORM 990.</p>

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 UPDATED ANNUALLY BY THE BOARD OF DIRECTORS. THEY ARE NOT AVAILABLE TO THE GENERAL PUBLIC. FINANCIAL INFORMATION IS MADE AVAILABLE THROUGH ST. LUKE'S ANNUAL REPORT (PUBLISHED EVERY YEAR AND AVAILABLE ON ST. LUKE'S WEBSITE AT WWW.SLHDULUTH.COM).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MINIMUM PENSION LIABILITY 680,834. CAPITAL REIMBURSEMENT FROM ST. LUKE'S FOUNDATION 219,426.

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

2019

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	691,847	FAIR MARKET VALUE
(2) ST LUKE'S FOUNDATION	L	379,615	FAIR MARKET VALUE
(3) LAKE VIEW MEMORIAL HOSPITAL INC	L	2,009,000	FAIR MARKET VALUE
(4) LAKE VIEW MEMORIAL HOSPITAL INC	D	2,874,190	FAIR MARKET VALUE
(5) LAKE VIEW MEMORIAL HOSPITAL INC	K	69,381	FAIR MARKET VALUE

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation