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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
ST LUKE'S QUAKERTOWN HOSPITAL  
  
% THOMAS P LICHTENWALNER  
Doing business as  
ST LUKE'S UPPER BUCKS CAMPUS  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1110 ST LUKES WAY  
  
City or town, state or province, country, and ZIP or foreign postal code  
ALLENTOWN, PA 18109  
  
F Name and address of principal officer:  
THOMAS P LICHTENWALNER  
1110 ST LUKES WAY  
ALLENTOWN, PA 18109

D Employer identification number  
  
23-1352203  
  
E Telephone number  
  
(484) 526-4000  
  
G Gross receipts \$ 92,017,574

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

J Website: ▶ WWW.SLHN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1926

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE IN A NON-DISCRIMINATORY MANNER.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 544

6 Total number of volunteers (estimate if necessary) 6 190

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 911,991 2,149,057

9 Program service revenue (Part VIII, line 2g) 86,224,288 89,059,384

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 519,210 262,938

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 584,140 519,206

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 88,239,629 91,990,585

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 1,343,219 1,160,556

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 36,245,299 39,852,248

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 51,778,834 61,248,850

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 89,367,352 102,261,654

19 Revenue less expenses. Subtract line 18 from line 12 -1,127,723 -10,271,069

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 83,210,443 113,698,707

21 Total liabilities (Part X, line 26) 47,739,269 90,083,355

22 Net assets or fund balances. Subtract line 21 from line 20 35,471,174 23,615,352

Part II Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer  
THOMAS P LICHTENWALNER SVP FINANCE/CFO  
Type or print name and title

2021-05-11  
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00642486

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

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

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

<b>4a</b>	(Code: ) (Expenses \$	24,905,254	including grants of \$	0 ) (Revenue \$	9,087,209 )
See Additional Data					

<b>4b</b>	(Code: ) (Expenses \$	13,041,163	including grants of \$	0 ) (Revenue \$	14,510,354 )
See Additional Data					

<b>4c</b>	(Code: ) (Expenses \$	9,087,209	including grants of \$	0 ) (Revenue \$	5,999,933 )
See Additional Data					

<b>4d</b>	Other program services (Describe in Schedule O.)				
	(Expenses \$	46,270,470	including grants of \$	1,160,556 ) (Revenue \$	59,461,888 )

<b>4e</b>	<b>Total program service expenses ►</b>	93,304,096			
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**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

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

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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.	15	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	10	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	Yes
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

### Section C. Disclosure

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

**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:  
 ▶THOMAS P LICHTENWALNER 1110 ST LUKES WAY ALLENTOWN, PA 18109 (484) 526-4000

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

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

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

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

(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)

Former
Highest compensated employee
Key employee
Officer
Institutional Trustee
Individual trustee or director

(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

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 ► 15			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3	Yes	No
			Yes	
			Yes	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5		No

## Section B. Independent Contractors

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)	(C)
Description of services	Amount
1. General services	
2. Special services	
3. Other services	
4. Total	

**(C)**  
Compensation



Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	24,225		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	1,706,937		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	417,895		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f		2,149,057		
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code			
			541900	87,984,059	87,984,059	
	b	RENTAL INCOME FROM AFFILIATES	541900	722,674	722,674	
	c	OTHER HEALTHCARE RELATED REVENUE	541900	352,651	352,651	
	d					
	e					
	f	All other program service revenue.				
g	Total. Add lines 2a-2f		89,059,384			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		256,249		256,249
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real	(ii) Personal		
			333,698			
	b	Less: rental expenses				
	c	Rental income or (loss)				
			333,698	0		
	d	Net rental income or (loss)			333,698	333,698
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			10,010			
	b	Less: cost or other basis and sales expenses			3,321	
	c	Gain or (loss)			10,010	-3,321
	d	Net gain or (loss)			6,689	6,689
	8a	Gross income from fundraising events (not including \$ 24,225 of contributions reported on line 1c). See Part IV, line 18			5,916	
	b	Less: direct expenses			5,916	
	c	Net income or (loss) from fundraising events			0	0
	9a	Gross income from gaming activities. See Part IV, line 19			0	
	b	Less: direct expenses			0	
	c	Net income or (loss) from gaming activities			0	0
10a	Gross sales of inventory, less returns and allowances			28,732		
b	Less: cost of goods sold			17,752		
c	Net income or (loss) from sales of inventory			10,980	10,980	
Miscellaneous Revenue		Business Code				
11a	DIETARY REVENUE	900099	174,528		174,528	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		174,528			
12	Total revenue. See instructions		91,990,585	89,059,384	782,144	

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,160,556	1,160,556		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	540,218	492,355	47,863	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	32,942,470	30,023,767	2,918,703	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,151,588	1,049,557	102,031	
<b>9</b> Other employee benefits . . . . .	3,427,574	3,123,891	303,683	
<b>10</b> Payroll taxes . . . . .	1,790,398	1,631,769	158,629	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	607,111	553,321	53,790	
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,102	1,916	186	0
<b>12</b> Advertising and promotion . . . . .	3,254	2,966	288	
<b>13</b> Office expenses . . . . .	3,418,642	3,115,750	302,892	
<b>14</b> Information technology . . . . .	60,031	54,712	5,319	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,958,754	2,696,608	262,146	
<b>17</b> Travel . . . . .	14,291	13,025	1,266	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	27,155	24,749	2,406	
<b>20</b> Interest . . . . .	2,749,442	2,505,841	243,601	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,391,157	5,824,900	566,257	
<b>23</b> Insurance . . . . .	868,032	791,124	76,908	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SLPG RELATED 501(C)(3) EXP	18,114,233	16,509,312	1,604,921	
<b>b</b> MEDICAL SUPPLIES	14,385,087	13,110,568	1,274,519	
<b>c</b> PURCHASED SERVICES	3,739,215	3,407,921	331,294	
<b>d</b> REPAIRS & MAINTENANCE	1,112,009	1,013,485	98,524	
<b>e</b> All other expenses	6,798,335	6,196,003	602,332	
<b>25</b> Total functional expenses. Add lines 1 through 24e	102,261,654	93,304,096	8,957,558	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		300	<b>1</b>	300	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		3,397,569	<b>3</b>	3,208,973	
	<b>4</b>	Accounts receivable, net . . . . .		9,660,517	<b>4</b>	11,155,417	
	<b>5</b>	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 . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		1,031,665	<b>8</b>	1,682,244	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		303,452	<b>9</b>	252,865	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	155,694,077			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	70,820,176	59,719,016	<b>10c</b>	84,873,901
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		8,505,113	<b>13</b>	9,166,841	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		592,811	<b>15</b>	3,358,166	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		83,210,443	<b>16</b>	113,698,707		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,995,181	<b>17</b>	3,411,919	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to 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 . . . . .		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		45,744,088	<b>25</b>	86,671,436	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		47,739,269	<b>26</b>	90,083,355	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		26,086,276	<b>27</b>	13,862,894	
	<b>28</b>	Net assets with donor restrictions . . . . .		9,384,898	<b>28</b>	9,752,458	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		35,471,174	<b>32</b>	23,615,352	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		83,210,443	<b>33</b>	113,698,707		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	91,990,585
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	102,261,654
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-10,271,069
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	35,471,174
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	71,541
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,656,294
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	23,615,352

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

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

# Additional Data

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

Form 990 (2019)

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

GENERAL MEDICINE: MANY OF THE HOSPITAL'S MOST COMMON INPATIENT GENERAL MEDICINE DIAGNOSES REFLECT THE REGION'S LONG HISTORY AS A ROBUST COAL MINING REGION. THESE DIAGNOSES INCLUDE PULMONARY/RESPIRATORY INFECTIONS, EDEMA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PNEUMONIA AND PLEURISY. AS A MEMBER OF ST. LUKE'S UNIVERSITY HEALTH NETWORK, THE HOSPITAL PROVIDES ITS PATIENTS WITH ACCESS TO SOME OF THE MOST ADVANCED TECHNOLOGY AND MEDICAL EXPERTISE AVAILABLE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

ORTHOPEDICS: BOARD CERTIFIED PHYSICIANS HIGHLY SKILLED IN GENERAL ORTHOPEDICS AND WITH SUB-SPECIALTY TRAINING, PROVIDE PATIENTS WITH A WIDE RANGE OF ORTHOPEDIC SERVICES AND CARE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

BEHAVIORAL HEALTH: AS A MEMBER OF ST. LUKE'S HOSPITAL & HEALTH NETWORK, THE HOSPITAL IS ABLE TO PROVIDE A WIDE RANGE OF BEHAVIORAL HEALTH SERVICES INCLUDING BUT NOT LIMITED TO STRESS, BEREAVEMENT, DEPRESSION, AND OTHER MENTAL AND EMOTIONAL DISTRESSES. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICOLE D YODER DO ..... VP MEDICAL AFFAIRS	55.0 ..... 0.0				X			0	372,924	29,745
JOSEPH G O'NEILL DO ..... TRUSTEE	55.0 ..... 0.0	X						0	329,055	41,602
DENNIS D PFLEIGER JR ..... TRUSTEE - PRES SLQH/SLUB	55.0 ..... 0.0	X						324,822	0	28,251
JOHN B SYLVIA ..... FORMER OFFICER	55.0 ..... 0.0						X	0	302,976	37,751
ALEX M PAGE DO ..... TRUSTEE	55.0 ..... 0.0	X						0	288,762	34,486
HOLLY BADALI ..... VP PAT CARE SVCS (EFF 12/2019)	55.0 ..... 0.0				X			181,371	0	5,774
PAUL M SAWARYNSKI ..... PHARMACY MANAGER	55.0 ..... 0.0					X		155,025	0	31,495
JAMES C WORTHINGTON ..... PHARMACIST	55.0 ..... 0.0					X		133,693	0	27,594
CHRISTINE M DORSEY PA-C ..... PHYSICIAN ASSISTANT	55.0 ..... 0.0					X		143,918	0	11,814
BRENT BERNSTEIN DPM ..... TRUSTEE	55.0 ..... 0.0	X						0	149,479	3,914



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY P RAMSON ..... FORMER KEY EMPLOYEE	55.0 ..... 0.0						X	0	140,656	10,613
ROSANNE NEIMAN ..... RN MED SURGICAL NURSE MANAGER	55.0 ..... 0.0					X		140,089	0	10,622
CYNTHIA A ROSEVELT ..... CLINICAL DIRECTOR SURG SVCS	55.0 ..... 0.0					X		118,710	0	11,903
THOMAS A FILIPOWICZ MD ..... TRUSTEE	55.0 ..... 0.0	X						0	71,838	15,582
DAVID FREEMAN ..... CHAIRMAN - TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
KATHLEEN EHRHARDT ..... CO-CHAIR - TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
J KEVIN MORAN ..... CO-CHAIR - TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
WENDY ASHBY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
MICHAEL JOHNSON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
GERALD KILHEFNER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIDGET O'CONNELL ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DOMINICK PULICE VMD ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
TERRY SANDS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DAVID SLIFER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
SUSAN DALE ..... TRUSTEE (TERMED 10/1/19)	1.0 ..... 0.0	X						0	0	0
THOMAS P LICHTENWALNER ..... SVP FINANCE & CFO	55.0 ..... 0.0			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](http://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 QUAKERTOWN HOSPITAL

Employer identification number  
23-1352203

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



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

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](http://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 QUAKERTOWN HOSPITAL	Employer identification number 23-1352203
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B; QUESTION 1	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE NETWORK AND ALLOCATES A PERCENTAGE OF THESE EXPENDITURES TO VARIOUS AFFILIATES. THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENT TO AN OUTSIDE INDEPENDENT FIRM, (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND (3) A PERCENTAGE OF TOTAL COMPENSATION PAID TO THE SYSTEM'S SENIOR VICE PRESIDENT/GENERAL COUNSEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THE AMOUNT ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2020 IS \$7,556.

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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](http://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 QUAKERTOWN HOSPITAL

Employer identification number  
23-1352203

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	9,384,898	8,392,027	4,946,471	4,461,339	4,413,477
b Contributions . . . . .	186,173	673,065	3,079,927	-16,193	31,590
c Net investment earnings, gains, and losses	223,239	350,451	382,581	508,283	30,479
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	41,852	30,645	16,952	6,958	14,207
f Administrative expenses . . . . .					
g End of year balance . . . . .	9,752,458	9,384,898	8,392,027	4,946,471	4,461,339

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 ▶ 100.000 %

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)		No
3a(ii)		No
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 . . . . .		8,502,339		8,502,339
b Buildings . . . . .		76,772,113	23,371,845	53,400,268
c Leasehold improvements		1,797,878	1,055,861	742,017
d Equipment . . . . .		62,232,149	46,392,470	15,839,679
e Other . . . . .		6,389,598		6,389,598
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				84,873,901

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MUTUAL FUNDS	9,166,841	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	9,166,841	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	71,463,729
(3) ADVANCE FROM THIRD-PARTY PAYORS	11,118,657
(4) LEASE LIABILITIES	2,879,760
(5) EST. 3RD PARTY PAYOR SETTLEMENTS	794,262
(6) ASSET RETIREMENT OBLIGATION	65,030
(7) OTHER LIABILITIES	349,998
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	86,671,436

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

# Supplemental Information

Return Reference	Explanation
<p>SCHEDULE D, PART V; QUESTION 4</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETWORK'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORK'S ENDOWMENT FUNDS: THE NETWORK'S ENDOWMENT CONSISTS OF APPROXIMATELY \$53,846,148 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$2,596,705 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES PLUS THE FOLLOWING WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT: SPLIT INTEREST AGREEMENTS, AND OTHER NET ASSETS. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS. RETURN OBJECTIVES AND RISK PARAMETERS THE NETWORK HAS ADOPTED ENDOWMENT INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS. UNDER THIS POLICY, THE RETURN OBJECTIVE FOR THE ENDOWMENT ASSETS, MEASURED OVER A FULL MARKET CYCLE, SHALL BE TO MAXIMIZE THE RETURN AGAINST A BLENDED INDEX, BASED ON THE ENDOWMENT'S TARGET ALLOCATION APPLIED TO THE APPROPRIATE INDIVIDUAL BENCHMARKS. THE NETWORK EXPECTS ITS ENDOWMENT FUNDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&amp;P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE INDEX (INTERNATIONAL PORTION) AND LEHMAN BROTHERS INTERMEDIATE GOVERNMENT/CORPORATE INDEX (BOND PORTION). ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THE INDEX RETURN AMOUNTS. STRATEGIES EMPLOYED FOR ACHIEVING INVESTMENT OBJECTIVES TO ACHIEVE ITS LONG-TERM RATE OF RETURN OBJECTIVES, THE NETWORK RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED GAINS) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE NETWORK TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. ENDOWMENT SPENDING ALLOCATION AND RELATIONSHIP OF SPENDING POLICY TO INVESTMENT OBJECTIVES THE BOARD OF TRUSTEES OF THE NETWORK DETERMINES THE METHOD TO BE USED TO APPROPRIATELY ENDOWMENT FUNDS FOR EXPENDITURE. CALCULATIONS ARE PERFORMED FOR INDIVIDUAL ENDOWMENT FUNDS AT A RATE OF 4.5% OF A THREE-YEAR MOVING AVERAGE MARKET VALUE WITH A MINIMUM INCREASE OF 0% AND A MAXIMUM INCREASE OF 10</p>

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V; QUESTION 4	<p>% PER YEAR OVER THE PREVIOUS YEAR'S SPENDING AMOUNT. THE TOTAL IS REDUCED BY THE INCOME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MADE BY THE DONORS. THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30. IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% PERCENT ANNUALLY, CONSISTENT WITH ITS INTENTION TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS.</p>

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>ARTISTS EVENING</b> (event type)	(event type)	<b>0</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	30,141			30,141
	<b>2</b> Less: Contributions . . . . .	24,225			24,225
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	5,916			5,916
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	2,647			2,647
	<b>7</b> Food and beverages . . . . .	0			0
	<b>8</b> Entertainment . . . . .	450			450
	<b>9</b> Other direct expenses . . . . .	2,819			2,819
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,916
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

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

Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
ST LUKE'S QUAKERTOWN HOSPITAL

Employer identification number  
23-1352203

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %	3a	Yes
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 type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 301 %	3b	Yes
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	No
b	If "Yes," did the organization make it available to the public? . . . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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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) . . . . .			382,214	0	382,214	0.370 %
b Medicaid (from Worksheet 3, column a) . . . . .			15,511,154	7,667,882	7,843,272	7.670 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			15,893,368	7,667,882	8,225,486	8.040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,842,455	182,735	1,659,720	1.620 %
f Health professions education (from Worksheet 5) . . . . .			94,073	32,319	61,754	0.060 %
g Subsidized health services (from Worksheet 6) . . . . .			14,485,027	5,875,161	8,609,866	8.420 %
h Research (from Worksheet 7) . . . . .			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,191,788	0	1,191,788	1.170 %
j Total. Other Benefits . . . . .			17,613,343	6,090,215	11,523,128	11.270 %
k Total. Add lines 7d and 7j . . . . .			33,506,711	13,758,097	19,748,614	19.310 %



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	5,222,249	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>	669,209	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	23,111,646	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	16,794,053	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	6,317,593	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**2**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ST LUKE'S QUAKERTOWN & UPPER BUCKS

**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):** \_\_\_\_\_

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**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SLHN.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>WWW.SLHN.ORG</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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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:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 301. _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes
15	Explained the method for applying for financial assistance? . . . . .	15	Yes
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? . . . . .	16	Yes
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.SLHN.ORG			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.SLHN.ORG			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.SLHN.ORG			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <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)			
g <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			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <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			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

ST LUKE'S QUAKERTOWN &amp; UPPER BUCKS

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST LUKE'S QUAKERTOWN &amp; UPPER BUCKS

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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? 6

Name and address	Type of Facility (describe)
<b>1</b> ST LUKE'S BONE & JOINT INSTITUTE 1534 PARK AVENUE QUAKERTOWN, PA 18951	OUTPATIENT SERVICES - VARIOUS
<b>2</b> ST LUKE'S COOPERSBURG - CENTER VALLEY 5848 OLD BETHLEHEM PIKE CENTER VALLEY, PA 18034	OUTPATIENT SERVICES - VARIOUS
<b>3</b> ST LUKE'S QUAKERTOWN - CARE NOW 157 SOUTH WEST END BOULEVARD QUAKERTOWN, PA 18951	OUTPATIENT SERVICE - CARE NOW
<b>4</b> ST LUKE'S QUAKERTOWN - HEART & VASCULAR 1532 PARK AVENUE QUAKERTOWN, PA 18951	OUTPATIENT SERVICES - VARIOUS
<b>5</b> ST LUKE'S SELLERSVILLE - MFM 700 LAWN AVENUE SELLERSVILLE, PA 18960	OUTPATIENT SERVICES - MATERNAL FETAL MEDICINE
<b>6</b> ST LUKE'S QUAKERTOWN - WOMEN'S IMAGING 121 SOUTH 11TH STREET QUAKERTOWN, PA 18951	OUTPATIENT SERVICES - DIAGNOSTIC BREAST CARE
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE MULTIPLIED BY ITS COST TO CHARGE RATIO. THE NETWORK HAS ADOPTED ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) USING THE FULL RETROSPECTIVE TRANSITION METHOD. IN ACCORDANCE WITH THE IMPLEMENTATION OF THIS STANDARD, BAD DEBT EXPENSE IS NO LONGER SHOWN AS A SEPARATE LINE WITHIN THE NETWORK'S AUDITED FINANCIAL STATEMENTS, INSTEAD NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING CARE. PLEASE REFER TO FOOTNOTE 3 WITHIN THE NETWORK'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE NETWORK'S REVENUE RECOGNITION AND ACCOUNTS RECEIVABLE.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS"). THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE: IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD", HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE", AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPI</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>TAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES". THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE". - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS</p>



Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK MANAGEMENT DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ST. LUKE'S UNIVERSITY HEALTH NETWORK AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS. BILLING &amp; COLLECTION POLICY ----- THE CREDIT AND COLLECTION POLICY IS ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW. THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING THE NETWORK'S FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT. THE ORGANIZATION'S CREDIT AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. THE ORGANIZATION MAKES SURE THAT PATIENTS ARE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES, WHENEVER POSSIBLE. ALL PATIENT BUSINESS SERVICE DEPARTMENT REPRESENTATIVES ARE EDUCATED ON ALL ASPECTS OF THE CREDIT AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS. PATIENT BUSINESS SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY. THE CREDIT AND COLLECTION POLICY IS ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES. THE SENIOR VICE PRESIDENT AND VICE PRESIDENT OF FINANCE HAVE OVERALL RESPONSIBILITY FOR THE CREDIT AND COLLECTION ACTIVITIES OF THE HOSPITAL. THE BUSINESS OFFICE MANAGEMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES. ST. LUKE'S UNIVERSITY HEALTH NETWORK MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS. EMERGENCY &amp; MEDICALLY NECESSARY SERVICES -----</p> <p>ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE. THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPARTMENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS. ADDITIONALLY, ST. LUKE'S DOES NOT PERMIT DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS. ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF A BILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR THE ST. LUKE'S FINANCIAL ASSISTANCE PROGRAM. ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICES. COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) -----</p> <p>----- ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R)(6) PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD. THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD OR GREATER, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS ARE INITIATED AGAINST THE PATIENT. SUBSEQUENT TO THE NOTIFICATION PERIOD ST. LUKE'S UNIVERSITY HEALTH NETWORK, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE. ST. LUKE'S UNIVERSITY HEALTH NETWORK MAY AUTHORIZE THIRD PARTIES TO REPORT ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD. THE ORGANIZATION ENSURES REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY AND ENSURES THE FOLLOWING ACTIONS ARE TAKEN AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA : 1) THE PATIENT IS PROVIDED WITH WRITTEN NOTICE WHICH: - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS; - IDENTIFIES THE ECA(S) THAT ST. LUKE'S UNIVERSITY HEALTH NETWORK INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE; AND - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED. 2) THE PATIENT IS PROVIDED WITH A COPY OF THE PLAIN LANGUAGE SUMMARY; AND 3) REASONABLE EFFORTS ARE MADE TO ORALLY NOTIFY THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. ST. LUKE'S UNIVERSITY HEALTH NETWORK ACCEPTS AND PROCESSES ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD. THE APPLICATION PERIOD BEGINS ON THE DAY</p>

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK'S DEPARTMENT OF COMMUNITY HEALTH AND PREVENTIVE MEDICINE OVERSEES ASSESSMENT OF THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY HOSPITALS WITHIN THE NETWORK. THE DEPARTMENT IS CHAIRED BY DR. BONNIE COYLE, BOARD CERTIFIED IN PREVENTATIVE MEDICINE, WITH OVER 20 YEARS' EXPERIENCE IN PUBLIC AND PREVENTATIVE HEALTH. ANALYSIS OF INFORMATION FROM THE FOLLOWING SOURCES IS PART OF THE DEPARTMENT'S ONGOING HEALTH NEEDS ASSESSMENT PROCESS: VITAL STATISTICS, PENNSYLVANIA DEPARTMENT OF HEALTH DATA, HOSPITAL DISCHARGE DATA, THE ROBERT WOOD JOHNSON COUNTY HEALTH PROFILES AND OTHER COUNTY DATA AVAILABLE FROM VARIOUS OTHER STATE AGENCIES. IN ADDITION, THE DEPARTMENT COLLECTS ONGOING DATA AND OUTCOMES FROM ITS COMPREHENSIVE COMMUNITY BASED PROGRAMMING INITIATIVES AND FROM ESTABLISHED COLLABORATIVE PARTNERSHIPS. THE ADOPT A SCHOOL MODEL IS A COMPREHENSIVE APPROACH USING SUCCESSFUL AND OUTCOMES-DRIVEN WORK, WHILE CREATING A MODEL OF SERVICE. THIS MODEL ALLOWS US TO BETTER ADDRESS THE NEEDS OF OUR EXPANDING SERVICE AREAS AS OUR ORGANIZATION GROWS. WE NOW SPEARHEAD A NATIONAL MODEL OF COLLABORATION ACROSS OUR NETWORK WITH 200+ PARTNERS REPRESENTING LOCAL BUSINESSES, GOVERNMENT, EDUCATIONAL, SOCIAL SERVICE AND COMMUNITY ORGANIZATIONS. A NUMBER OF OUR CHNA DETERMINED HEALTH PRIORITIES ARE ADDRESSED AMONG OUR VULNERABLE POPULATIONS USING THE ADOPT A SCHOOL MODEL. THE MISSION OF THE ADOPT A SCHOOL MODEL IS TO CREATE AN ENVIRONMENT WHERE THE QUAKERTOWN SCHOOL DISTRICT IS THE HUB TO CULTIVATE THE PHYSICAL AND MENTAL WELL-BEING OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITY THROUGH COLLABORATIVE PARTNERSHIPS, USING EVIDENCE-BASED PROGRAMS, TO CONNECT FAMILIES TO HEALTH SERVICES (MEDICAL, DENTAL, VISION, MENTAL HEALTH AND INSURANCE) WHILE PROMOTING HEALTHY LIVING INITIATIVES, LITERACY AND LEADERSHIP TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS. BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH HOSPITAL CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES. WE RECENTLY BEGAN DENTAL, LITERACY AND LEADERSHIP DEVELOPMENT INITIATIVES IN THE QUAKERTOWN SCHOOL DISTRICT TO ADDRESS THE NEEDS WITHIN THE COMMUNITY.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 3	<p>ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE SERVICES TO OUR COMMUNITY. ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS. ALL PATIENTS WILL RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT ALL ST. LUKE'S FACILITIES, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER OR SEXUAL ORIENTATION FACTORS. ST. LUKE'S UNIVERSITY HEALTH NETWORK STRIVES TO ENSURE THAT ALL PATIENTS RECEIVE ESSENTIAL EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. ST. LUKE'S UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. ALL PERSONS WHO PRESENT THEMSELVES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES ARE ADMITTED AND TREATED; THEY ARE REGISTERED AS PATIENTS OF THE HOSPITAL AND RECEIVE ANY NECESSARY SERVICES AS PRESCRIBED BY THE PATIENT'S PHYSICIAN. A PROSPECTIVE PATIENT OF ST. LUKE'S UNIVERSITY HEALTH NETWORK IS NEVER DENIED NECESSARY HEALTHCARE SERVICES ON THE BASIS OF THEIR ABILITY TO PAY. ST. LUKE'S UNIVERSITY HEALTH NETWORK DOES ITS BEST TO EDUCATE AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. FOR THE BENEFIT OF THE PATIENTS, THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE ALL AVAILABLE ON-LINE. ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN THE HOSPITAL FACILITY REGISTRATION AREAS. THESE INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS AND PATIENT FINANCIAL SERVICES. THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE NETWORK'S PRIMARY SERVICE AREA. SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. THROUGH ITS COMMUNICATION DEPARTMENT, ST. LUKE'S UNIVERSITY HEALTH NETWORK ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE REFERRALS CAN BE MADE BY A MEMBER OF THE HOSPITAL STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS. ALL PATIENTS ARE OFFERED A COPY OF THE PLAIN LANGUAGE SUMMARY AS PART OF THE INTAKE OR DISCHARGE PROCESS. ADDITIONALLY, FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	<p>THE ST. LUKE'S QUAKERTOWN CAMPUS AND ST. LUKE'S UPPER BUCKS CAMPUS SERVE THE GREATER LEHIGH VALLEY REGIONS IN SOUTHEASTERN PENNSYLVANIA. ALTHOUGH LOCATED IN BUCKS COUNTY, THESE HOSPITALS MOSTLY SERVES THE NORTHERN PART OF THE COUNTY IN THE QUAKERTOWN REGION. QUAKERTOWN IS UNIQUELY SITUATED ON THE BORDER OF BOTH THE DELAWARE VALLEY AND THE LEHIGH VALLEY. WE DEFINED OUR SERVICE AREA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RECEIVE SERVICES FROM ST. LUKE'S QUAKERTOWN. WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL. THERE ARE FOUR MAJOR HIGHWAYS THAT FEED INTO THE QUAKERTOWN AREA, MAKING TRAVEL TO OTHER AREAS VERY ACCESSIBLE. THESE HOSPITALS WORK TIRELESSLY TO PROVIDE PATIENTS WITH SUPERIOR CARE. THE ORGANIZATION IS HIGHLY SUPPORTIVE OF THE SURROUNDING COMMUNITY, EXEMPLIFIED THROUGH THE ADDITION OF NEW SERVICES AND THE CREATION OF JOBS IN THE REGION. THE FOLLOWING INFORMATION REGARDING THE COMMUNITY DEMOGRAPHICS IS INCLUDED IN THE ORGANIZATION'S CHNA. GEOGRAPHIC DESCRIPTION OF MEDICAL SERVICE AREA &amp; COMMUNITY SERVED</p> <p>=====</p> <p>WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THIS HOSPITAL. THE TOP FIVE COUNTIES SERVED BY ST. LUKE'S QUAKERTOWN INCLUDE NORTHAMPTON, LEHIGH, BERKS, BUCKS AND MONTGOMERY COUNTIES. THERE ARE A TOTAL OF 18 ZIP CODES THAT WERE INCLUDED. A TOTAL OF 197,514 PEOPLE LIVE IN THE 373.18 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2017) 5-YEAR ESTIMATES. THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 529.28 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 89.61 PERSONS PER SQUARE MILE. ACCORDING TO THE U.S. CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN THE REPORT AREA GREW BY 17,785 PERSONS, AN INCREASE OF 10.67%. THIS PERCENT POPULATION CHANGE IS HIGHER THAN THAT SEEN IN PENNSYLVANIA (3.43%) AND IN THE U.S. AS A WHOLE (9.74%). GENDER ===== ACCORDING TO THE FIVE-YEAR ESTIMATES BY THE ACS, THE PERCENTAGE OF FEMALES IN THE ST. LUKE'S QUAKERTOWN SERVICE AREA IS ROUGHLY 50.13%, AND 49.87% ARE MALE. THIS IS CLOSE TO NATIONAL TRENDS, WHERE 49.2% OF THE POPULATION IS MALE, AND 50.8% IS FEMALE. AGE === THE ACS REPORTS 21.64% OF THE SERVICE AREA'S POPULATION FALLS UNDER THE AGE OF 18, AND 15.51% ARE 65 OR OLDER. THIS LEAVES 62.84% BETWEEN THE AGES OF 18 AND 64. WHEN COMPARING THIS DATA TO SURVEY DATA, 62.7% OF QUAKERTOWN RESPONDENTS WERE BETWEEN THE AGES OF 18 AND 64, AND 37.2% WERE OVER THE AGE OF 65. IT IS LIKELY THAT THERE WAS A HIGH PERCENTAGE OF PATIENTS THAT FELL IN THE ABOVE 65 GROUP BECAUSE AS PEOPLE AGE THEY FACE MORE HEALTH ISSUES SUCH AS CHRONIC DISEASES. RACE ===== IN BREAKING DOWN THE ST. LUKE'S QUAKERTOWN SERVICE AREA BY RACE, WE CAN SEE THAT MOST INDIVIDUALS IDENTIFY AS WHITE, CONSTITUTING 91.81% OF THE SERVICE AREA. THE SECOND LARGEST POPULATION IDENTIFY AS BLACK, REPRESENTING 2.51% OF THE POPULATION. ABOUT 2.18% IDENTIFY AS ASIAN, 0.21% AS NATIVE AMERICAN OR ALASKAN NATIVE, 0.01% AS NATIVE HAWAIIAN OR PACIFIC ISLANDER, 1.45% AS SOME OTHER RACE, AND 1.83% AS MULTIPLE RACES. ETHNICITY ===== RECENT DATA INDICATE 91.56% OF THE ST. LUKE'S QUAKERTOWN SERVICE AREA IDENTIFIES THEIR ETHNICITY AS NON-HISPANIC, WITH THE REMAINING 8.44% IDENTIFYING AS HISPANIC/LATINO. THIS BREAKDOWN FALLS BETWEEN THE 17.13% OF INDIVIDUALS IN THE NATION AND 6.38% OF THE STATE IDENTIFYING AS HISPANIC/LATINO. POVERTY ===== THE FEDERAL POVERTY LEVEL (FPL) IS \$24,600 FOR A FAMILY OF FOUR. ROUGHLY 21.83% OF THE ST. LUKE'S QUAKERTOWN SERVICE AREA RESIDENTS HAVE INCOMES THAT FALL AT OR BELOW 200% OF THE FPL. THIS STATISTIC FALLS BELOW THE 30.6% OF THE STATE AND 34.26% OF THE NATION THAT FALL AT OR BELOW 200% OF THE FPL. FOR A FAMILY IN POVERTY, THERE IS A SIGNIFICANT STRAIN ON BEING ABLE TO PROVIDE YOUTHS WITH NECESSITIES. IN THE ST. LUKE'S QUAKERTOWN SERVICE AREA, 26.41% OF CHILDREN LIVE IN POVERTY, COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE. COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE. COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE. COMPARED TO 19.07% STATEWIDE AND 21.17% NATIONWIDE.</p>

## 990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE ST. LUKE'S UNIVERSITY HEALTH H NETWORK: NOT FOR-PROFIT ST. LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES:</p> <p>===== ST. LUKE'S HEALTH NETWORK, INC. ----- ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT OF ST. LUKE'S UNIVERSITY HEALTH NETWORK ("ST. LUKE'S"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THIS ORGANIZATION IS THE SOLE MEMBER OF EACH AFFILIATED ENTITY. ST. LUKE'S IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY. ST. LUKE'S HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). AS THE PARENT ORGANIZATION, ST. LUKE'S HEALTH NETWORK, INC. STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA AND NEW JERSEY AND SURROUNDING COMMUNITIES. ST. LUKE'S HEALTH NETWORK, INC. ENSURES THAT ITS NETWORK PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE NETWORK'S ACTIVE HOSPITALS INCLUDE: ST. LUKE'S ALLENTOWN CAMPUS, ST. LUKE'S ANDERSON CAMPUS, ST. LUKE'S BETHLEHEM CAMPUS, ST. LUKE'S LEHIGHTON CAMPUS, ST. LUKE'S MINERS CAMPUS, ST. LUKE'S MONROE CAMPUS, ST. LUKE'S SACRED HEART CAMPUS, ST. LUKE'S UPPER BUCKS CAMPUS AND ST. LUKE'S WARREN CAMPUS. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545: 1) EACH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS ; 2) EACH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3) EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF EACH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF ST. LUKE'S HEALTH NETWORK, INC. BOTH BOARDS ARE COMPOSED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5) SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ----- ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS COMPRISED OF TWO ACUTE CARE NON-PROFIT HOSPITAL CAMPUSES: ST. LUKE'S ALLENTOWN CAMPUS LOCATED IN ALLENTOWN, PENNSYLVANIA AND ST. LUKE'S BETHLEHEM CAMPUS LOCATED IN BETHLEHEM CAMPUS LOCATED IN BETHLEHEM, PENNSYLVANIA. ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. ST. LUKE'S AIRMED, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. ST. LUKE'S HOMESTAR SERVICES, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. POCONO MRI IMAGING AND DIAGNOSTIC CENTER, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. EVANTAGE HEALTH, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THIS ENTITY IS CURRENTLY INACTIVE. ST. LUKE'S CARE, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA. THE ORGANIZATION SUPPORTS THE HEALTH CARE SYST EM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALT HCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR , CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HE ALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNI TY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. ST. LUKE'S SHARED SAVINGS PLAN, LLC ----- A LIMITED LIABILITY COMPANY DISREGAR DED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANI A. THIS ENTITY IS LOCATED IN ALLENTOWN PENNSYLVANIA. THE ORGANIZATION IS CURRENTLY INACTIV E. ST. LUKE'S HOSPITAL ANDERSON CAMPUS ----- ST. LUKE'S HOSP ITAL ANDERSON CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN EASTON, PENNSYLVANIA. ST. LUKE'S HOSPITAL ANDERSON CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN I NTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSE S, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS RE GARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ST. LUKE 'S HOSPITAL ANDERSON CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENU E RULING 69-545. ST. LUKE'S HOSPITAL MONROE CAMPUS ----- ST. LUKE'S HOSPITAL MONROE CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN STROUDSBURG, PENNSYLVANIA. ST. LUKE'S HOSPITAL MONROE CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SER VICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARIT ABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL IN DIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOV ER, ST. LUKE'S HOSPITAL MONROE CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. ----- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. DBA ST. LUKE'S MINERS CA MPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN COALDALE, PENNSYLVANIA. CARBON-SCHUYL KILL COMMUNITY HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLES S OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CARBON-SCHUYLKI LL COMMUNITY HOSPITAL, INC. OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENU E RULING 69-545. ST. LUKE'S QUAKERTOWN HOSPITAL ----- ST. LUKE'S QUAKERTOWN HOSPITAL INCLUDES THE ST. LUKE'S QUAKERTOWN CAMPUS AND ST. LUKE'S UPPER BUCKS C AMPUS. THE ST. LUKE'S QUAKERTOWN CAMPUS IS LOCATED IN QUAKERTOWN, PENNSYLVANIA AND OFFERS IN-PATIENT BEHAVIORAL HEALTH SERVICES AS WELL AS A VARIETY OF OUTPATIENT SERVICES. ST. LUK E'S UPPER BUCKS CAMPUS IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN QUAKERTOWN, PENNSYLVANIA. ST. LUKE'S QUAKERTOWN HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVID UALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, S T. LUKE'S QUAKERTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVE NUE RULING 69-545. ST. LUKE'S WARREN HOSPITAL, INC. ----- ST. L UKE'S WARREN HOSPITAL, INC. IS AN ACUTE CARE NON-PROFIT HOSPITAL LOCATED IN PHILLIPSBURG, NEW JERSEY. ST. LUKE'S WARREN HOSPITAL, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) T</p>



## 990 Schedule H, Supplemental Information

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

**Additional Data**

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

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST LUKE'S QUAKERTOWN CAMPUS 1021 PARK AVENUE QUAKERTOWN, PA 18951 WWW.SLHN.ORG 170301	X	X					X			
2	ST LUKE'S UPPER BUCKS CAMPUS 3000 ST LUKES DRIVE QUAKERTOWN, PA 18951 WWW.SLHN.ORG 170301	X	X					X			

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 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
SCHEDULE H, PART V, SECTION B, QUESTION 3I	IN 2019, THE ORGANIZATION COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND BEGAN A THREE - YEAR IMPLEMENTATION PLAN. FOR EACH SIGNIFICANT HEALTH NEED IDENTIFIED THROUGH THE CHNA THE ORGANIZATION DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBED PLANS TO ADDRESS EACH IDENTIFIED HEALTH NEED. THE ORGANIZATION'S MOST RECENT CHNA DOES NOT SPECIFICALLY DESCRIBE THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA. HOWEVER, ANNUALLY THE ORGANIZATION PUBLICIZES INFORMATION ON ITS WEBSITE WHICH DESCRIBES THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITALS MOST RECENTLY CONDUCTED CHNA. THE ORGANIZATION'S REPORT INCLUDES DETAIL WHICH SUMMARIZES AND EVALUATES MAJOR EFFORTS TIED TO THE ORGANIZATION'S 2019 IMPLEMENTATION PLAN. THE ORGANIZATION'S IMPLEMENTATION PLAN UPDATE IS MADE WIDELY AVAILABLE ON ITS WEBSITE AND CAN FOUND AT THE FOLLOWING URL: <a href="http://WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS">WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS</a>
SCHEDULE H, PART V, SECTION B, QUESTION 5	THE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNA") FOR ST. LUKES HOSPITAL QUAKERTOWN CAMPUS WAS COMPRISED OF PRIMARY AND SECONDARY DATA. THE PRIMARY DATA WAS COLLECTED THROUGH KEY INFORMANT INTERVIEWS AND COMMUNITY HEALTH SURVEYS, WHERE APPROXIMATELY 10,234 SURVEYS WERE CONDUCTED WITHIN THE NETWORK'S ELEVEN CAMPUS GEOGRAPHIC REGIONS. PRIMARY DATA WAS ALSO COLLECTED THROUGH CAMPUS SPECIFIC KEY STAKEHOLDER FOCUS GROUPS, WHERE THE MAIN PRIORITY HEALTH NEEDS WERE IDENTIFIED. SECONDARY DATA INCLUDED THE USE OF COUNTY LEVEL, STATE LEVEL, AND NATIONAL LEVEL DATA OBTAINED VIA THE U.S. CENSUS, THE ROBERT WOOD JOHNSON FOUNDATION, VITAL STATISTICS, COMMUNITY COMMONS, THE AMERICAN COMMUNITY SURVEY, U.S. DEPARTMENT OF LABOR, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER DATA SOURCES, WHICH CAN BE FOUND FOOTNOTED IN EACH CHNA. THE NEEDS IDENTIFIED WITHIN EACH FOCUS GROUP WAS SUPPLEMENTED BY SURVEY DATA AND SECONDARY DATA IN ORDER TO PROVIDE A MORE COMPREHENSIVE PICTURE OF THE NEEDS IN EACH COMMUNITY AND THE OUTSIDE FACTORS AFFECTING THESE HEALTH ISSUES. THROUGH REVIEW OF THE PRIMARY AND SECONDARY DATA, THE NETWORK WAS ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO THREE MAJOR CATEGORIES FOR THE JUNE 30, 2019 - JUNE 30, 2022 CHNA CYCLE.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 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
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	ST. LUKE'S QUAKERTOWN HOSPITAL CONDUCTED ITS OWN CHNA DUE TO ITS SEPARATELY DEFINED PRIMARY SERVICE AREA. THE CHNA AND CHNA EXECUTIVE SUMMARY CAN BE FOUND ON THE ST. LUKE'S HEALTH NETWORK WEBSITE. THE ORGANIZATION'S CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE MOST-PRESSING HEALTHCARE NEEDS IN THE COMMUNITY. AS OUTLINED IN THE APPENDIX OF THE ORGANIZATION'S CHNA THE ORGANIZATION'S COMMUNITY PARTNERS INCLUDE THE FOLLOWING: - BCHIP; - BUCKS COUNTY OPPORTUNITY COUNCIL; - DESALES UNIVERSITY; - MILFORD TOWNSHIP; - OFFICE OF SENATOR BOB MENSCH; - THE OPEN LINK; - PALISADES SCHOOL DISTRICT; - PENN FOUNDATION, INC.; - PRIDE OF QUAKERTOWN; - QUAKERTOWN ALIVE!; - QUAKERTOWN BOROUGH; - QUAKERTOWN COMMUNITY CENTER; - QUAKERTOWN COMMUNITY SCHOOL DISTRICT; - QUAKERTOWN FOOD PANTRY; - STATE REPRESENTATIVES; - UNITED WAY OF BUCKS COUNTY; - UPPER BUCKS CHAMBER OF COMMERCE; - UPPER BUCKS SENIOR CITIZENS CENTER; - UPPER BUCKS YMCA; - UPPER PERKIOMEN SCHOOL DISTRICT; AND - UPPER PERKIOMEN YMCA.
SCHEDULE H, PART V, SECTION B, QUESTION 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: <a href="http://WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS">WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS</a>

**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
SCHEDULE H, PART V, SECTION B, QUESTION 10	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). THE NETWORK CREATED A NETWORK WIDE JOINT IMPLEMENTATION STRATEGY TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED WITHIN EACH HOSPITAL FACILITY'S CHNA. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE NETWORK WIDE IMPLEMENTATION STRATEGY AN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: <a href="http://WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS">WWW.SLHN.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CAMPUS</a>
SCHEDULE H, PART V, SECTION B, QUESTION 11	THE ORGANIZATION'S CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE PRIOR TO JUNE 30, 2019. THEREAFTER, A MULTI-DISCIPLINARY TEAM MET REGULARLY AND PARTICIPATED IN THE IMPLEMENTATION PLAN PROCESS. DURING THIS PROCESS AND THROUGH REVIEW OF THE PRIMARY AND SECONDARY DATA, THE ORGANIZATION WAS ABLE TO CATEGORIZE THE IDENTIFIED HEALTH NEEDS INTO THREE MAJOR CATEGORIES FOR THE 2019-2022 CHNA CYCLE. THESE PRIORITY HEALTH CATEGORIES INCLUDE: 1) IMPROVING ACCESS TO CARE/REDUCING HEALTH DISPARITIES; 2) PROMOTING HEALTHY LIFESTYLES AND PREVENTING CHRONIC DISEASE; 3) IMPROVING MENTAL/BEHAVIORAL HEALTH; A NETWORK WIDE IMPLEMENTATION STRATEGY WAS CREATED TO ADDRESS THE THREE IDENTIFIED HEALTH PRIORITIES. THE IMPLEMENTATION STRATEGY WAS DEVELOPED TO CONTINUE ESTABLISHED EFFORTS AND FOSTER COMMUNITY COLLABORATION TO MEET THE IDENTIFIED HEALTH NEEDS, THROUGH THREE NETWORK-WIDE INITIATIVES (1) HEALTHY KIDS, BRIGHT FUTURES; (2) FIT FOR LIFE; AND (3) HEALTH FOR ALL. THE NETWORK WIDE IMPLEMENTATION STRATEGY APPROACHES THE THREE HEALTH PRIORITY AREAS DETERMINED BY THE CHNA FROM THREE MAIN VANTAGES: 1) WELLNESS AND PREVENTION; 2) CARE TRANSFORMATION; AND 3) RESEARCH AND PARTNERSHIPS. THESE PRIORITY HEALTH AREAS AND UNMET NEEDS IN THE IMPLEMENTATION PLAN ARE INTEGRAL TO OUR COMMUNITY BENEFIT STRATEGY. ST. LUKE'S LEADERS CONTINUE TO MONITOR NEW PROGRAM DEVELOPMENTS AND SERVICES IN ORDER TO MEET AND ADDRESS THESE NEEDS. PROGRAMMING TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA IS CONDUCTED IN PARTNERSHIP WITH OVER 200 ORGANIZATIONS NETWORK WIDE, A COMPREHENSIVE LIST OF PARTNERS CAN BE FOUND ON THE LAST PAGE OF EACH OF THE CAMPUS SPECIFIC CHNAS. THE ST. LUKE'S UNIVERSITY HEALTH NETWORK CHNA IMPLEMENTATION STRATEGY AS WELL AS SEPARATE HOSPITAL CAMPUS IMPLEMENTATION UPDATES CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE. THE IMPLEMENTATION STRATEGIES AND IMPLEMENTATION UPDATES INCLUDE AND DESCRIBE VARIOUS INITIATIVES AND PLANS IN PLACE TO ADDRESS THE UNMET NEEDS DISCOVERED THROUGH THE ORGANIZATION'S CHNA PROCESS. ANNUAL IMPLEMENTATION PLAN UPDATE REPORTS DESCRIBE EFFORTS UNDERTAKEN BY THE NETWORK TO ADDRESS THE CHNA IDENTIFIED NEEDS. HOSPITALS ARE NOT REQUIRED TO, NOR CAN THEY MEET ALL OF THE UNMET NEEDS IN THEIR COMMUNITIES. ANY UNMET NEEDS NOT ADDRESSED BY THE ADOPTED IMPLEMENTATION PLAN ARE ALREADY BEING ADDRESSED IN THE SERVICE AREA BY THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, GOVERNMENT, OR VARIOUS LOCAL NON-PROFIT ORGANIZATIONS IN THE COMMUNITY.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 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
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE NETWORK. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE NETWORK'S WEBSITE: <a href="http://WWW.SLHN.ORG/BILLPAY/POLICIES-AND-PROCEDURES/FINANCIAL-ASSISTANCE-POLICIES">WWW.SLHN.ORG/BILLPAY/POLICIES-AND-PROCEDURES/FINANCIAL-ASSISTANCE-POLICIES</a>
SCHEDULE H, PART V, SECTION B, QUESTION 16J	OTHER MEASURES TO PUBLICIZE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INCLUDE INDIVIDUAL FINANCIAL COUNSELING MEETINGS WITH PATIENTS WITHOUT HEALTH INSURANCE TO REVIEW THE FINANCIAL ASSISTANCE POLICY AND TO DISCUSS PAYMENT OPTIONS.

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](http://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 QUAKERTOWN HOSPITAL

Employer identification number

23-1352203

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . 3

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

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

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

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



Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP INC 1201 LANGHORNE-NEWTOWN LANGHORNE, PA 19047	23-2862339	501(C)(3)	10,000				PROGRAM SUPPORT
BOROUGH OF QUAKERTOWN 35 N THIRD STREET QUAKERTOWN, PA 19851	23-6003005		14,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILFORD TOWNSHIP 2100 KRAMMES ROAD QUAKERTOWN, PA 18951	23-6000427		1,122,883				PROGRAM SUPPORT

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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization ST LUKE'S QUAKERTOWN HOSPITAL		Employer identification number 23-1352203

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 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>b</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	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
<b>c</b> 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.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		6a	Yes
<b>b</b> Any related organization?		6b	Yes
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

**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
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2019 FORMS W-2.
SCHEDULE J, PART I; QUESTION 3	<p>COMPENSATION REVIEW ----- EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS. TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF TRUSTEES. THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF TRUSTEES AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS. BONUS/INCENTIVE -----</p> <p>----- THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS, INCLUDING JOINT COMMISSION, PENNSYLVANIA DEPARTMENT OF HEALTH AND PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION ACCREDITATIONS, EVIDENCE-BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES, SUCH AS PATIENT SATISFACTION, MORTALITY RATE, AND LENGTH OF STAY; EFFICIENCY MEASURES AS DEMONSTRATED BY COST-PER ADJUSTED DISCHARGE AND NET INCOME. OTHER REPORTABLE COMPENSATION ----- OTHER BENEFITS INCLUDE DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. DEFERRED COMPENSATION ----- DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019 FORM W-2. NONTAXABLE BENEFITS ----- NONTAXABLE BENEFITS REPRESENTS HEALTH AND WELFARE BENEFITS RECEIVED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2019 FORM W-2. COMPENSATION REPORTED ON PRIOR 990 ----- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS RECOGNITION OF DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION.</p>
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUAL INCLUDED IN CORE FORM, PART VII RECEIVED A SEVERANCE PAYMENT, WHICH WAS INCLUDED IN HER 2019 FORM W-2, BOX 5, AS TAXABLE WAGES: ROSANNE NEIMAN, \$46,969.
SCHEDULE J, PART I; QUESTIONS 6A AND 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN INCLUDES JCAHO, DEPARTMENT OF HEALTH AND TRAUMA CENTER ACCREDITATIONS, EVIDENCE BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES SUCH AS PATIENT SATISFACTION, MORTALITY RATE, LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST PER ADJUSTED DISCHARGE AND FINALLY NET INCOME.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2019 WHICH WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

Additional Data

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

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				
1NICOLE D YODER DO VP MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	331,034	32,074	9,816	15,400	14,345	402,669	0
1JOSEPH G O'NEILL DO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	190,967	136,948	1,140	19,600	22,002	370,657	0
2DENNIS D PFLEIGER JR TRUSTEE - PRES SLQH/SLUB	(i)	255,159	68,973	690	7,000	21,251	353,073	0
	(ii)	0	0	0	0	0	0	0
3JOHN B SYLVIA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	255,643	46,883	450	15,400	22,351	340,727	0
4ALEX M PAGE DO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	180,972	107,633	157	11,200	23,286	323,248	0
5HOLLY BADALI VP PAT CARE SVCS (EFF 12/2019)	(i)	180,681	0	690	4,541	1,233	187,145	0
	(ii)	0	0	0	0	0	0	0
6PAUL M SAWARYNSKI PHARMACY MANAGER	(i)	154,655	250	120	6,438	25,057	186,520	0
	(ii)	0	0	0	0	0	0	0
7JAMES C WORTHINGTON PHARMACIST	(i)	133,263	0	430	9,528	18,066	161,287	0
	(ii)	0	0	0	0	0	0	0
8CHRISTINE M DORSEY PA-C PHYSICIAN ASSISTANT	(i)	143,825	0	93	7,965	3,849	155,732	0
	(ii)	0	0	0	0	0	0	0
9BRENT BERNSTEIN DPM TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	144,192	4,962	325	3,729	185	153,393	0
10KATHY P RAMSON FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	132,615	7,632	409	9,869	744	151,269	0
11ROSANNE NEIMAN RN MED SURGICAL NURSE MANAGER	(i)	67,701	5,406	66,982	6,541	4,081	150,711	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization  
ST LUKE'S QUAKERTOWN HOSPITAL

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

23-1352203

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PAGE 1, BOX C	PLEASE NOTE, IN ADDITION TO THE D/B/A INCLUDED ON PAGE 1 OF THIS FORM 990, THIS ORGANIZATION ALSO FILED THE FOLLOWING FICTITIOUS NAME WITH THE COMMONWEALTH OF PENNSYLVANIA AND OPERATES UNDER THE FOLLOWING: ST. LUKE'S QUAKERTOWN CAMPUS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST. LUKE'S UPPER BUCKS CAMPUS ===== ST. LUKE'S UPPER BUCKS CAMPUS (SLUB) IS A JOINT COMMISSION-ACCREDITED, NOT-FOR-PROFIT, ACUTE CARE HOSPITAL WITH 80 BEDS LOCATED IN THE QUAKERTOWN AREA, BUCKS COUNTY, PENNSYLVANIA. IN 2020, ST. LUKE'S UPPER BUCKS PROVIDED SERVICES PRIMARILY TO RESIDENTS OF BUCKS, MONTGOMERY AND LEHIGH COUNTIES. ST. LUKE'S UPPER BUCKS ANNUALLY PROVIDES CARE FOR NEARLY 100,000 PATIENTS AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. OF ITS 16,279 ANNUAL EMERGENCY DEPARTMENT PATIENTS, APPROXIMATELY 14.5% ARE MEDICAID RECIPIENTS AND 4.6% ARE SELF-PAY/UNINSURED. PURSUANT TO ITS CHARITABLE PURPOSES, SLUB PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, SLUB OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN THE INTERNAL REVENUE RULING (IRS) RULING 69-545: - PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; - OPERATES AN ACTIVE EMERGENCY DEPARTMENT, WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR, FOR ALL PERSONS; - MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; - CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF DIRECTORS OF ST. LUKE'S UNIVERSITY HEALTH NETWORK, INC. D.B.A. ST. LUKE'S UNIVERSITY HEALTH NETWORK. BOTH BOARDS COMPRISED MOSTLY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AS WELL AS PHYSICIANS ON THE HOSPITAL/NETWORK MEDICAL STAFF; - SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF ST. LUKE'S UPPER BUCKS, AS DEMONSTRATED THROUGH THE FACTORS OUTLINED ABOVE AND ADDITIONAL INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF ST. LUKE'S UPPER BUCKS IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION BENEFIT ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. MISSION ===== THE MISSION OF ST. LUKE'S UPPER BUCKS CAMPUS IS TO CARE FOR THE SICK AND INJURED REGARDLESS OF THEIR ABILITY TO PAY, IMPROVE OUR COMMUNITIES' OVERALL HEALTH AND EDUCATE OUR HEALTH CARE PROFESSIONALS. THE MISSION WILL BE ACCOMPLISHED BY THE FOLLOWING: - MAKING THE PATIENT OUR HIGHEST PRIORITY. - PROMOTING HEALTHY LIFESTYLES AND CONTINUOUSLY IMPROVING CARE PROVIDED TO HEAL THE SICK AND INJURED. - COORDINATING AND INTEGRATING SERVICES INTO A SEAMLESS, EASILY ACCESSIBLE SYSTEM OF CARE. - IMPROVING THE LEVEL OF SERVICE PROVIDED THROUGHOUT THE NETWORK. - ENSURING ALL HEALTH CARE SERVICES ARE RELEVANT TO THE NEEDS OF THE COMMUNITY. - STRIVING TO MAXIMIZE THE SATISFACTION OF OUR</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PATIENTS, EMPLOYEES, MEDICAL STAFF AND VOLUNTEERS, AND - TRAINING ALLIED HEALTH PROFESSIONALS, NURSING AND MEDICAL STUDENTS, AND RESIDENTS AND FELLOWS AND ATTRACTING THEM TO PRACTICE WITHIN OUR NETWORK'S SERVICE AREA. OVERVIEW ===== OPENING IN DECEMBER 2019, ST. LUKE'S UPPER BUCKS, WAS THE NEWEST HOSPITAL CONSTRUCTION PROJECT IN BUCKS COUNTY SINCE 1973; AND WITH A \$100 MILLION INVESTMENT, THE LARGEST PROJECT IN QUAKERTOWN'S HISTORY. LOCATED IN MILFORD TOWNSHIP, NEAR QUAKERTOWN, IT OFFERS PATIENTS EASY ACCESS TO SPECIALISTS, OUTSTANDING PHYSICIANS, ADVANCED TECHNOLOGY, NATIONALLY RECOGNIZED HEALTH CARE AND TOP-NOTCH CUSTOMER SERVICE. ST. LUKE'S UPPER BUCKS CAMPUS PROVIDES MEDICAL, DIAGNOSTIC, CRITICAL CARE, EMERGENCY AND SURGICAL SERVICES TO PATIENTS PRIMARILY FROM BUCKS, MONTGOMERY AND LEHIGH COUNTIES. THE NEW HOSPITAL OPENED WITH 30 PRIVATE MEDICAL SURGICAL AND 10 PRIVATE INTENSIVE CARE ROOMS, A 16-BAY EMERGENCY ROOM, FOUR OPERATING AND ONE PROCEDURE ROOM, A STATE-OF-THE-ART INTERVENTIONAL RADIOLOGY LAB, DIAGNOSTIC RADIOLOGY AND ADDITIONAL LAB SERVICES. ESTABLISHED IN 1929, ST. LUKE'S QUAKERTOWN HOSPITAL (SLQ) WAS ACQUIRED BY NATIONALLY RECOGNIZED ST. LUKE'S UNIVERSITY HEALTH NETWORK (NETWORK) IN 1995. THE HOSPITAL PROVIDES PATIENTS WITH ACCESS TO MORE THAN 2500 PHYSICIANS ACROSS OVER 60 MEDICAL SPECIALTIES. LEAPFROG ----- THE LEAPFROG GROUP BROUGHT TOGETHER PUBLICLY AVAILABLE DATA ABOUT HOSPITAL SAFETY TO CALCULATE A HOSPITAL SAFETY SCORE WHICH INCLUDES MEASURES RELATED TO SURGICAL COMPLICATIONS, HOSPITAL ASSOCIATED CONDITIONS/INFECTIONS, PATIENT EXPERIENCE, INTENSIVE CARE UNIT (ICU) PHYSICIAN STAFFING, HAND HYGIENE, SURGICAL VOLUMES, COMPUTERIZED PHYSICIAN ORDER ENTRY AND SAFE PRACTICES. SLQ'S LETTER GRADE FOR THE FALL 2020 REPORTING PERIOD WAS "A". THE NEXT SAFETY GRADE WILL BE REPORTED IN SPRING 2021. JOINT COMMISSION PRIMARY STROKE CENTER REACCREDITATION SURVEY ----- THE JOINT COMMISSION WAS ONSITE SEPTEMBER 17, 2020 FOR THE PRIMARY STROKE CENTER REACCREDITATION SURVEY. THE PROGRAM WAS SUCCESSFULLY REACCREDITED FOR TWO YEARS. PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION REACCREDITATION SURVEY ----- PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION WAS ON SITE AT ON AUGUST 12, 2020 FOR THE TRAUMA SITE SURVEY FOR THE ST. LUKE'S UPPER BUCKS CAMPUS. OVERALL, IT WAS A VERY SUCCESSFUL SURVEY. SURVEYORS RELAYED POSITIVE COMMENTS REGARDING THE SLQ TRAUMA PROGRAM, THE NETWORK TRAUMA PROGRAM AND THE SUPPORT SLQ RECEIVES FROM THE NETWORK. THE CAMPUS IS REACCREDITED FOR THE PERIOD FROM NOVEMBER 1, 2020 THROUGH OCTOBER 21, 2024. THIS SUPERSEDES THE CURRENT CERTIFICATE WITH THE QUAKERTOWN NAME WHICH WOULD HAVE EXPIRED ON SEPTEMBER 30, 2021. STROKE - GET WITH THE GUIDELINES ----- ST. LUKE'S QUAKERTOWN CAMPUS WAS AWARDED THE 2020 GET WITH THE GUIDELINES STROKE GOLD PLUS WITH HONOR ROLL ELITE AND TARGET TYPE 2 DIABETES HONOR ROLL</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>. THIS AWARD RECOGNIZES COMPLIANCE WITH MEETING STROKE CORE MEASURES AND APPLYING THE MOST UP-TO-DATE EVIDENCE-BASED TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND OUTCOMES FOR T HE PATIENTS AND COMMUNITY WE SERVE. HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD 2020 ---- ----- ST. LUKE'S QUAKERTOWN IS A 2020 RECIPIENT O F THE PATIENT SAFETY EXCELLENCE AWARD, WHICH RECOGNIZES HOSPITALS THAT HAVE THE LOWEST OCC URRENCES OF 14 PREVENTABLE PATIENT SAFETY EVENTS. THESE HOSPITALS ARE IN THE TOP 10% IN TH E NATION FOR PATIENT SAFETY. HOSPITAL COMPARE STAR RATINGS ----- THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES (CMS) RELEASED NEW DATA ON THEIR HOSPITAL COM PARE WEBSITE IN JANUARY 2020. ST. LUKE'S QUAKERTOWN HOSPITAL RECEIVED A FIVE OUT OF FIVE-S TAR RATING. THE STAR RATINGS ARE COMPRISED OF QUALITY MEASURES INCLUDING MORTALITY, READMI SSION, SAFETY OF CARE, PATIENT EXPERIENCE, EFFECTIVENESS AND TIMELINESS OF CARE, AND EFFIC IENCY USE OF IMAGING. SLQ WAS RANKED ABOVE AVERAGE IN SAFETY OF CARE AND READMISSIONS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HERNIA CENTER OF EXCELLENCE ----- ST. LUKE'S QUAKERTOWN WAS RE-DESIGNATED A CENTER OF EXCELLENCE IN HERNIA SURGERY (COEHS) BY SURGICAL REVIEW CORPORATION IN 2019 FOR 3 MORE YEARS. EMANUEL NOGUEIRA, MD ALSO EARNED THE SURGEON OF EXCELLENCE IN HERNIA SURGERY (SOEHS) DESIGNATION IN 2019. NURSING IMPROVING CARE FOR HEALTH SYSTEM ELDERLY (NICHE) ----- ST. LUKE'S QUAKERTOWN/UPPER BUCKS IS A NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY) DESIGNATED HOSPITAL. THE HOSPITAL'S SPECIALTY SERVICES INCLUDE: - BEHAVIORAL HEALTH - CARDIOLOGY - DIALYSIS AND HEMODIALYSIS - EMERGENCY SERVICES - ENDOCRINOLOGY - INFUSION SERVICES - NEPHROLOGY - NEUROLOGY/ NEUROSURGERY - ONCOLOGY/HEMATOLOGY - ORTHOPEDICS - OTOLARYNGOLOGY/ENT - PAIN MANAGEMENT - PULMONOLOGY - RADIOLOGY (ADVANCED) - SLEEP DISORDERS - SPORTS MEDICINE, PHYSICAL AND OCCUPATIONAL THERAPY, REHABILITATION - SURGERY (GENERAL AND LAPAROSCOPIC) - URGENT CARE - UROLOGY - VASCULAR SERVICES - WOMEN'S HEALTH - WOUND MANAGEMENT THE HOSPITAL HAS SIGNIFICANTLY EXPANDED MEDICAL EXPERTISE THROUGH THE ADDITION OF THE FOLLOWING SERVICES: - ORTHOPEDIC SURGEONS PROVIDING THE MOST ADVANCED DIAGNOSIS, TREATMENT AND REHABILITATION FOR PATIENTS WITH MUSCULOSKELETAL DISORDERS AND INJURIES. - A HIGHLY TRAINED CARDIAC VASCULAR TEAM INCLUDING EXPERIENCED AND SKILLED CARDIOLOGISTS, VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS. - ONCOLOGISTS AND A WIDE RANGE OF ONCOLOGY SPECIALISTS. ST. LUKE'S UPPER BUCKS OFFERS OUTPATIENT VISITS AND SURGICAL CAPABILITIES WITH THE REGION'S FOREMOST GYNECOLOGIC ONCOLOGIST. - INCREASED THE PRESENCE OF NEUROLOGY IN THE UPPER BUCKS MARKET. COMMUNITY OUTREACH = ===== IN KEEPING WITH ITS COMMITMENT TO THE COMMUNITIES IT SERVES, SLQ ANNUALLY REACHES MORE THAN 100,000 PEOPLE THROUGH ITS COMMUNITY OUTREACH ENDEAVORS. COMMUNITY OUTREACH INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: - SUMMER FOOD SERVICE PROGRAM (SFSP) : THE QUAKERTOWN CAMPUS SERVED AS AN OPEN SITE FOR THE UNITED STATES DEPARTMENT OF AGRICULTURE'S (USDA'S) PROGRAM TO PROVIDE SUMMER MEALS FOR CHILDREN IN QUAKERTOWN. IN ADDITION TO A HEALTHY MEAL, THE PROGRAM WAS CREATED TO PROVIDE ACTIVITIES, CRAFTS, EDUCATION SESSIONS, COMMUNITY SUPPORTED AGRICULTURE (CSA) SHARES AND BACKPACKS WITH FOOD FOR WEEK-END MEALS. THE PROGRAM RECEIVED FUNDING FROM PENN COMMUNITY BANK AND MISCELLANEOUS DONORS. A TOTAL OF \$8,491 WAS SPENT ON CSA PRODUCE, ACTIVITY SUPPLIES, FOOD FOR WEEK-END BACKPACKS. MONEY WAS ALSO ALLOCATED TO SUPPORT A PUBLIC HEALTH INTERN WHO SERVED AS THE SITE SUPERVISOR. A BALANCE OF \$7,301 REMAINS THAT WILL BE UTILIZED FOR THE 2020 SUMMER FEEDING PROGRAM. - COMMUNITY FITNESS PROGRAMS: THE FIT FOR LIFE STRATEGY SUPPORTS THE PROMOTION OF A MINIMUM OF 150 MINUTES OF EXERCISE PER WEEK. THE TWO PRIMARY PROGRAMS DESIGNED TO PROMOTE COMMUNITY ENGAGEMENT IN PHYSICAL ACTIVITY INCLUDE GET YOUR TAIL ON THE TRAIL (A PROGRAM IN PARTNERSHIP BETWEEN SLUHN &amp; THE D &amp; L) AND</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>D WALK WITH A DOC (WWAD). ACROSS THE NETWORK COMMUNITIES, THE TOTAL MILES ACCUMULATED UNDER THIS PROGRAM HAS SURPASSED FOUR MILLION TOTAL MILES. AT THE END OF THIS FISCAL YEAR A SCHOOL-BASED GET YOUR TAIL ON THE PROGRAM WAS INITIATED WITH PALISADES, QUAKERTOWN COMMUNITY AND UPPER PERKIOMEN SCHOOL DISTRICTS - ALL PARTICIPATING FROM THE REGIONS SURROUNDING THE QUAKERTOWN AND UPPER BUCKS CAMPUSES. A WALK WITH A DOC SUMMER SERIES WAS HELD AT THE PARK AT FOURTH, WHERE FRESH PRODUCE WAS PROVIDED ON A SHARING TABLE. A MONTHLY WWAD WAS INITIATED IN MARCH 2020 AT THE UPPER PERKIOMEN YMCA. THERE WERE 11 IN-PERSON WWAD EVENTS THIS YEAR LED BY 10 UNIQUE PROVIDERS. SINCE APRIL 2020, ALL FORMAL WALKING EVENTS HAVE BEEN CHANGED TO VIRTUAL DUE TO COVID-19. IN APRIL 2020, WE BEGAN CREATING VIRTUAL WWAD VIDEOS AND SHARED THEM ON OUR ST. LUKE'S WEBSITE, SOCIAL MEDIA, TAIL ON THE TRAIL (<a href="http://WWW.TAILONTHETRAIL.ORG">WWW.TAILONTHETRAIL.ORG</a>) AND THROUGH LOCAL PARTNERS AND BUSINESSES. THESE VIDEOS, PROVIDED IN BOTH ENGLISH AND SPANISH, TO THIS DATE HAVE ENGAGED 17 PROVIDERS WITH VIEWS OF ~24,195 (~1,600 VIEWS/VIDEO) . - SUPPORT OF THE OPEN LINK, A MULTI-SERVICE AGENCY OFFERING PROGRAMS, RESOURCES AND SERVICES DESIGNED TO MEET THE BASIC NEEDS OF INDIVIDUALS AND FAMILIES IN THE UPPER PERKIOMEN VALLEY. - HOSTING OF A VARIETY OF SUPPORT GROUPS AND EDUCATIONAL PROGRAMS INCLUDING T.O.P.S. (TAKE OFF POUNDS SENSIBLY), SURVIVORS OF SUICIDE, CPR AND FIRST AID TRAINING. - YEAR-ROUND DRUG TAKEBACK SITES ESTABLISHED AT QUAKERTOWN AND UPPER BUCKS CAMPUSES. - UTILIZATION OF MEDIA OUTLETS TO EDUCATE THE COMMUNITY ABOUT HEALTH ISSUES THAT MAY IMPACT THEM. THE HOSPITAL IS COMMITTED TO HEALTH IMPROVEMENT ADVOCACY AND PARTNERING WITH THE COMMUNITIES IT SERVES THROUGH COALITION BUILDING. SOME EXAMPLES INCLUDE: - ANNUAL COMMUNITY LEADER PRESENTATIONS TO KEEP BUSINESS AND COMMUNITY LEADERS, AS WELL AS LOCAL GOVERNMENT OFFICIALS, INFORMED OF HEALTH CARE TRENDS AND LEGISLATION AND TO PROVIDE UPDATES ABOUT ST. LUKE'S UPPER BUCKS AND ST. LUKE'S UNIVERSITY HEALTH NETWORK. - MEMBERSHIP AND ACTIVE PARTICIPATION WITH THE UPPER PERKIOMEN VALLEY CHAMBER OF COMMERCE, THE UPPER BUCKS CHAMBER OF COMMERCE, THE INDIAN VALLEY CHAMBER OF COMMERCE, THE PENNRIDGE CHAMBER OF COMMERCE, UNITED WAY OF BUCKS COUNTY, THE UPPER PERKIOMEN YMCA AND THE YMCA OF BUCKS COUNTY. - MEDICAL CAREER PATHWAYS PROGRAM PROVIDED AN ADOLESCENT MENTORING PROGRAM FOR HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN THE HEALTH CARE FIELD. TWENTY-FOUR STUDENTS FROM QUAKERTOWN AND PALISADES HIGH SCHOOLS PARTICIPATED IN MONDAY LECTURES/INTERACTIVE SESSIONS AND WEDNESDAY CLINICAL SITE ROTATIONS. THIS WAS THE SEVENTH YEAR FOR THE PROGRAM, WHICH WAS FORCED TO END EARLIER THAN SCHEDULED DUE TO COVID-19.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ST. LUKE'S QUAKERTOWN CAMPUS ===== ST. LUKE'S QUAKERTOWN HOSPITAL H OUSES ONE OF ONLY TWO BEHAVIORAL HEALTH UNITS IN BUCKS COUNTY. THE BEHAVIORAL HEALTH UNIT PROVIDES EFFECTIVE PSYCHIATRIC CARE IN A SAFE AND THERAPEUTIC ENVIRONMENT FOR PEOPLE WITH A WIDE VARIETY OF MENTAL AND BEHAVIORAL HEALTH ISSUES INCLUDING ANGER MANAGEMENT, ANXIETY DISORDERS, BIPOLAR DISORDER, DEPRESSION, OBSESSIVE COMPULSIVE DISORDER (OCD), POST-TRAUMATIC STRESS DISORDER (PTSD) AND WORK/LIFE BALANCE. THE UNIT MEETS THE GROWING DEMAND FOR BEHAVIORAL HEALTH SERVICES WHILE KEEPING PATIENTS NEAR FAMILY, FRIENDS AND SUPPORT SYSTEMS THROUGHOUT THEIR TREATMENT. IN FY'20 THE BHU HAD 890 ADMISSIONS. THE 19-BED BEHAVIORAL HEALTH UNIT REMAINS AT ST. LUKE'S QUAKERTOWN ALONG WITH THE FOLLOWING ESSENTIAL OUTPATIENT SERVICES: - LAB SERVICES - RADIOLOGY - INFUSION - WOUND CARE - PULMONARY FUNCTION TESTING - CARDIOPULMONARY REHABILITATION - DAVITA DIALYSIS - OUTPATIENT NUTRITION SERVICES - EEG/EMG - SLEEP CENTER A MEDICAL OFFICE BUILDING ALSO REMAINS AT THE CAMPUS. VOLUNTEERS ===== IN FY'20, 190 VOLUNTEERS PROVIDED MORE THAN 11,215 VOLUNTEER HOURS AT THE QUAKERTOWN AND UPPER BUCKS CAMPUS. COVID-19 PANDEMIC ===== THE COVID-19 PANDEMIC HAS HAD A TREMENDOUS IMPACT ON SLUHN, ITS HOSPITALS, OUTPATIENT LOCATIONS - AND MOST IMPORTANTLY PATIENTS AND STAFF. THE ST. LUKE'S TEAM HAS PULLED TOGETHER TO MEET THESE CHALLENGES AND TO CONTINUALLY IMPROVE UNDERSTANDING OF THE DISEASE AND HOW TO TREAT IT. THIS HAS YIELDED CLINICAL PROTOCOLS THAT HAVE EFFECTIVELY REDUCED THE LENGTH OF STAY AND IMPROVED OUTCOMES FOR COVID PATIENTS. MEANWHILE, SLUHN IS IN CONSTANT CONTACT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE AND LOCAL HEALTH DEPARTMENTS IN PENNSYLVANIA AND NEW JERSEY FOR THE LATEST INFORMATION. SLUHN HAS ADOPTED AN EMERGENCY PLAN IN CASE OF A COVID-19 OUTBREAK. SLUHN HAS EXCELLENT RELATIONSHIPS WITH KEY HEALTHCARE AND PUBLIC HEALTH PARTNERS IN THE COMMUNITIES IT SERVES AND HAS AN EXTENSIVE EMERGENCY CONTACT LIST OF KEY PARTNERS THAT IS ACCESSIBLE IN MISSION CRITICAL LOCATIONS. THROUGHOUT THE PANDEMIC, SLUHN AND ITS HOSPITALS ----- HAVE BEEN LEADERS IN TREATING COVID PATIENTS BY: - ESTABLISHING ONE OF PENNSYLVANIA'S FIRST OUTPATIENT COVID-19 TREATMENT PROGRAMS. - A MONOCLONAL ANTIBODY INFUSION CENTER AT ST. LUKE'S EASTON CAMPUS. THE SERVICE OFFERS PATIENTS BAMLANIVIMAB, AN EXPERIMENTAL DRUG DEVELOPED BY ELI LILLY, ENABLING CERTAIN HIGH-RISK PATIENTS TO RECOVER IN THE COMFORT OF THEIR HOMES, THEREBY PREVENTING SLUHN HOSPITALS FROM BEING OVERWHELMED DURING A SURGE. A SECOND INFUSION CENTER OPENED AT ST. LUKE'S WARREN CAMPUS. - BECOMING ONE OF THE FIRST HEALTH SYSTEMS WORLDWIDE TO USE MASIMO SAFETY NET, A CLOUD-BASED PATIENT MANAGEMENT PLATFORM, TO HELP CLINICIANS CARE FOR PATIENTS REMOTELY. THE PLATFORM UTILIZES A WIRELESS SENSOR TO MONITOR PATIENTS' VITAL SIGNS AND PROVIDE DOCTORS WITH CLINICAL DATA TO</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>INFORM TREATMENT DECISIONS SUCH AS WHEN TO USE A VENTILATOR. - PARTNERING WITH MICROSOFT TO STREAMLINE WORKFLOW ENHANCING EFFICIENCY AND HEALTHCARE DELIVERY TO PATIENTS. THE TELEHEALTH FUNCTION OF MICROSOFT TEAMS HAS ALSO FACILITATED PERSONAL AND SAFE INTERACTIONS BETWEEN DOCTORS AND PATIENTS IN THE HOSPITAL SETTING USING DIGITAL TABLETS. THIS "VIRTUAL ROUNDING" REDUCES PROVIDER AND STAFF EXPOSURE TO THE VIRUS, LIMITS UNNEEDED USE OF PPE AND ALLOWS FAMILY MEMBERS TO 'VISIT' HOSPITALIZED LOVED ONES WITHOUT RISKING CONTAMINATION. REDUCED POTENTIAL EXPOSURE TO COVID-19 BY: - IMPROVING ITS CAPACITY TO PROVIDE VIRTUAL VISITS THROUGH PROVIDER AND PATIENT EDUCATION. - LEVERAGING WORK FROM HOME CAPABILITIES. INCREASED AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE) BY: - PARTNERING AS AN INVESTOR-OWNER WITH PREMIER, INC. TO BETTER ACCESS TO PPE. - PARTNERING WITH LEHIGH UNIVERSITY TO EXTEND THE USE OF EXISTING PPE BY USING A HIGH-THROUGHPUT UV STERILIZATION SYSTEM TO DECONTAMINATE 200 N95 MASKS. - THE SYSTEM USES ULTRAVIOLET LIGHT TO CAUSE CHANGES IN THE DNA AND RNA OF VIRUSES AND OTHER PATHOGENS, INCLUDING THE CORONAVIRUS, EFFECTIVELY DEACTIVATING THEM. - DEVELOPING 3D MODELING CAPABILITY SENT TO A 3D PRINTER TO CREATE CUSTOM N95 RESPIRATOR MASKS, REGULAR MASKS, STETHOSCOPES, AND FACE SHIELDS FOR FRONT-LINE EMPLOYEES. EDUCATED STAFF AND THE PUBLIC ABOUT COVID BY: - DEVELOPING INTERNAL AND EXTERNAL WEBSITES TO KEEP EMPLOYEES AND THE PUBLIC AT LARGE UP TO DATE ON INFORMATION RELATED TO COVID AND VACCINES. - DEPLOYING HEALTH, WELLNESS AND SAFETY MESSAGING THROUGH ALL PAID MEDIA OUTLETS AND SOCIAL MEDIA. ADDRESSED COMMUNITY NEEDS BY: - ENGAGING ST. LUKE'S COMMUNITY HEALTH AND PREVENTIVE MEDICINE DEPARTMENT (CHPM), THE PARISH NURSE TEAM AND OTHER SLUHN REPRESENTATIVES TO WORK CLOSELY WITH REPRESENTATIVES OF LEHIGH AND NORTHAMPTON COUNTIES, ALLENTOWN AND BETHLEHEM CITIES, MEALS ON WHEELS AND OTHER HEALTH PROVIDERS AND COMMUNITY ORGANIZATIONS TO DESIGN AND IMPLEMENT A PROCESS TO HOUSE COVID-POSITIVE PATIENTS WHO WERE HOMELESS, MONITOR THEM AND PROVIDE THEM FOOD. - CONTINUING TO USE SLUHN'S MOBILE YOUTH HEALTH TEAM TO SERVE STUDENTS AND FAMILIES DURING COVID, INCLUDING CONNECTING FAMILIES TO HEALTH INSURANCE AND VISION CARE. - CONNECTING CHPM AND HOSPITAL REPRESENTATIVES WITH SCHOOL OFFICIALS TO PROVIDE STUDENTS WITH MEALS AND ADDITIONAL FOOD EVEN WHEN THE SCHOOLS WERE CLOSED.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; QUESTION 2	DURING FY20, THIS ORGANIZATION OPENED THE ST. LUKE'S UPPER BUCKS CAMPUS; AN 80-BED 131,000 SQUARE FOOT HOSPITAL FACILITY. THEREAFTER, THE ST. LUKE'S QUAKERTOWN CAMPUS RELOCATED ITS EMERGENCY DEPARTMENT TO THE ST. LUKE'S UPPER BUCKS CAMPUS. THE ST. LUKE'S QUAKERTOWN CAMPUS CONTINUES TO PROVIDE THE FOLLOWING ESSENTIAL HEALTH AND WELLNESS SERVICES: IN-PATIENT BEHAVIORAL HEALTH UNIT, MEDICAL OFFICE BUILDING, LAB SERVICES, RADIOLOGY, INFUSION, WOUND CARE, PULMONARY FUNCTION TESTING, CARDIOPULMONARY REHABILITATION, DAVITA DIALYSIS, OUTPATIENT NUTRICIAN SERVICES, EEG/EMG AND SLEEP CENTER SERVICES.

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT NO FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS"). ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION. IN CONJUNCTION WITH THIS SERVICE, ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS. ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, QUESTION 3; PART VII AND SCHEDULE J	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. THIS ORGANIZATION OUTSOURCED ALL OF ITS FINANCE FUNCTIONS INCLUDING BUT NOT LIMITED TO, ACCOUNTING, FINANCE, PAYROLL, ACCOUNTS PAYABLE AND TAX, TO ST. LUKE'S HEALTH NETWORK, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THOMAS P. LICHTENWALNER IS THE SENIOR VICE PRESIDENT OF FINANCE/CHIEF FINANCIAL OFFICER OF THE NETWORK. MR. LICHTENWALNER RECEIVES A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HOWEVER, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. MR. LICHTENWALNER'S REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION.</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN INDIVIDUALS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. EDWARD R. NAWROCKI, A FORMER OFFICER OF THIS ORGANIZATION, IS STILL EMPLOYED WITHIN THE ST. LUKE'S UNIVERSITY HEALTH NETWORK AS THE NETWORK'S EAST REGION PRESIDENT AS WELL AS THE PRESIDENT OF ST. LUKE'S HOSPITAL ANDERSON CAMPUS; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION. MR. NAWROCKI RECEIVES A FEDERAL FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA. MR. NAWROCKI'S REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282) FEDERAL FORM 990. PLEASE REFER TO THE ST. LUKE'S HEALTH NETWORK, INC. FORM 990 FOR THIS INFORMATION. ADDITIONALLY, JOHN B. SYLVIA, A FORMER OFFICER OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN THE ST. LUKE'S HEALTH NETWORK AS THE VICE PRESIDENT OF STRATEGIC PLANNING AND VALUE.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THOMAS P. LICHTENWALNER IS ONLY SHOWN ON THIS FORM 990 BECAUSE HE IS THE TOP FINANCIAL OFFICIAL OF ST. LUKE'S UNIVERSITY HEALTH NETWORK. MR. LICHTENWALNER IS NOT EMPLOYED BY THIS ORGANIZATION; RATHER HE RECEIVES A FORM W-2 FROM ST. LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION. HOWEVER, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ST. LUKE'S HEALTH NETWORK, INC. (EIN: 23-2384282). ACCORDINGLY, ST. LUKE'S HEALTH NETWORK, INC. FILED A 2019 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. LICHTENWALNER IN EXCESS OF \$1M.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART X	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR BALANCES PREVIOUSLY REPORTED TO CONFORM TO THE CURRENT YEAR PRESENTATION. THE RESTATEMENT HAD NO EFFECT ON THE ORGANIZATION'S NET ASSETS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART X; LINE 25	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE NETWORK HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - BUCKS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY SERIES 2019; AND - NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY SERIES 2020. THE BONDS OUTLINED ABOVE ARE ALLOCATED BY ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION TO THIS TAX-EXEMPT ORGANIZATION. THE BALANCE SHEET OF THIS ORGANIZATION REFLECTS A NETWORK OBLIGATED GROUP LIABILITY. HOWEVER, SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS FOR THE BONDS ISSUANCES DESCRIBED ABOVE AND THEREFORE THESE BONDS ARE INCLUDED ON THE FEDERAL FORM 990 OF ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA (EIN: 23-1352213).

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - PRE-ACQUISITION/MERGER/STARTUP COSTS - (\$1,298,771); - RESTRUCTURING COSTS - (\$102,328); - PLEDGES RECEIVED - SPECIFIC PURPOSE FUND - (\$236,429); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - (\$24,599); AND - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - \$5,833.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

## 990 Schedule O, Supplemental Information

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



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](http://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 QUAKERTOWN HOSPITAL

Employer identification number  
23-1352203

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> SH ASSISTED LIVING 3910 ADLER PLACE BETHLEHEM, PA 18017 20-0546001	MEDICAL	PA	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ST LUKE'S HEALTH NETWORK INSURANCE COMP 801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150	FINANCIAL VEHICLE	VT	NA	C CORP.					No
<b>(2)</b> ST LUKE'S PHYSICIAN HOSPITAL ORG INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818	HEALTHCARE SVCS.	PA	NA	C CORP.					No
<b>(3)</b> HILLCREST EMERGENCY SERVICES PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976	HEALTHCARE SVCS.	NJ	NA	C CORP.					No
<b>(4)</b> TWO RIVERS ENTERPRISES INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606	REAL ESTATE	NJ	NA	C CORP.					No
<b>(5)</b> ST LUKE'S WARREN PHYSICIAN GROUP PC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316	HEALTHCARE SVCS.	NJ	NA	C CORP.					No
<b>(6)</b> SACRED HEART ANCILLARY SERVICES INC 421 W CHEW STREET ALLENTOWN, PA 18102 23-2384987	HEALTHCARE SVCS.	PA	NA	C CORP.					No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2019

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

[illegible]

**Part VII**    **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. ST. LUKE'S HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE ST. LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2384282	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	NA		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-1352213	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 45-4394739	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 46-5143606	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 25-1550350	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2380812	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2179542	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2543924	INACTIVE	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2418254	INACTIVE	PA	501(C)(3)	509(A)(2)	VNA		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 24-0795497	HEALTH SVCS.	PA	501(C)(3)	509(A)(1)	SLB		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 22-1494454	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 24-0795436	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2473899	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-2328297	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 23-1352208	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	SLHN		No
1100 ST LUKES WAY ALLENTOWN, PA 18109 83-3200970	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	SLHN		No
1110 ST LUKES WAY ALLENTOWN, PA 18109 84-4475996	INACTIVE	PA	501(C)(3)	HOSPITAL	SLHN		No