

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
	2019-11-11 Date
	LOUIS AIELLO CFO/SR VP Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name
	Preparer's signature
	Date 2019-11-07
	Check <input type="checkbox"/> if self-employed
	PTIN P00589741
	Firm's name ▶ FUST CHARLES CHAMBERS LLP
	Firm's EIN ▶ 16-1226221
	Firm's address ▶ 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214
	Phone no (315) 446-3600

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

FAXTON ST LUKES HEALTHCARE, INC 'S MISSION IS TO PROVIDE FOR EXCELLENCE IN HEALTHCARE FOR OUR COMMUNITIES OUR VISION IS TO BE THE TRUSTED HEALTHCARE SYSTEM OF CHOICE THROUGH CLINICAL QUALITY, EXCELLENCE IN SERVICE AND EDUCATION, COMPASSIONATE CARE, PROMOTION OF WELLNESS AND OPERATIONAL EFFICIENCY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	90,051,708	including grants of \$	(Revenue \$	97,997,634)
See Additional Data						

4b	(Code)	(Expenses \$	54,054,352	including grants of \$	(Revenue \$	61,630,750)
See Additional Data						

4c	(Code)	(Expenses \$	46,256,108	including grants of \$	(Revenue \$	47,390,606)
See Additional Data						

(Code)	(Expenses \$	82,102,435	including grants of \$	(Revenue \$	102,452,381)
RENAL, CANCER CARE, RADIOLOGY, AUDIO/SPEECH/HEARING DIAGNOSTICS, REHABILITATION, DIABETES EDUCATION, STROKE CENTER, ORTHOPEDIC, GASTROENTEROLOGY, NEUROSURGERY, VASCULAR SURGERY, PULMONARY, NEURO INTERVENTIONAL, EMERGENCY/URGENT CARE, DENTAL, COMMUNITY EDUCATION (DIABETES, EMS, DRIVER TRAINING), PT, OT AND RESPIRATORY THERAPY					

4d Other program services (Describe in Schedule O)

(Expenses \$	82,102,435	including grants of \$	(Revenue \$	102,452,381)
--------------	------------	------------------------	-------------	---------------

4e Total program service expenses 272,464,603

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	330	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,956	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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
 ► LOUIS AIELLO PO BOX 479 UTICA, NY 13502 (315) 624-6143

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								5,148,516	1,187,589	280,224

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 ▶ 227

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNSET ANESTHESIA ASSOCIATES 1676 SUNSET AVE UTICA, NY 13502	ANESTHESIA SERVICES	2,738,653
UNITED HEALTH SERVICES 10-42 MITCHELL AVE BINGHAMTON, NY 13903	PHYSICIAN/MEDICAL SERVICES	1,885,000
DHP MANAGEMENT SERVICES INC 265 BROOKVIEW CENTRE WAY KNOXVILLE, TN 37919	PHYSICIAN/MEDICAL SERVICES	1,754,658
NY RADIATION THERAPY MNGMNT 2234 COLONIAL BLVD FORT MEYERS, FL 33907	RADIATION PHYSICIAN SERVICES	1,602,600
INTEGRITY LOCUMS PO BOX 823424 PHILADELPHIA, PA 19182	HOSPITALIST/PEDIATRIC PHYSICIANS	1,599,850

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 28

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(A)	(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				
	d	Related organizations	1d	425,134			
	e	Government grants (contributions)	1e	3,009,084			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,736			
	g	Noncash contributions included in lines 1a - 1f \$ _____					
	h	Total. Add lines 1a-1f ▶	3,457,954				
Program Service Revenue			Business Code				
	2a	ACUTE CARE	622200	97,997,634	97,997,634		
	b	PRIMARY CARE	622200	61,630,750	61,630,750		
	c	AMBULATORY SURGERY	622200	47,390,606	47,390,606		
	d	RENAL DIALYSIS	622200	37,361,625	37,361,625		
	e	CANCER CARE	622200	17,087,086	17,087,086		
	f	All other program service revenue		23,317,072	23,317,072		
	g	Total. Add lines 2a-2f ▶	284,784,773				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	2,147,307		2,147,307	
	4		Income from investment of tax-exempt bond proceeds ▶				
	5		Royalties ▶				
	6a	(i) Real	(ii) Personal				
		494,836					
	b	Less rental expenses	749,816				
	c	Rental income or (loss)	-254,980				
	d	Net rental income or (loss) ▶		-254,980		-254,980	
	7a	(i) Securities	(ii) Other				
		23,480					
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	23,480				
	d	Net gain or (loss) ▶		23,480			23,480
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b		Less direct expenses b					
c		Net income or (loss) from fundraising events . . . ▶					
9a	Gross income from gaming activities See Part IV, line 19 a						
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code					
11a	340B CONTRACT	900099	10,211,297	10,211,297			
b	MLMIC DISTRIBUTION	900099	6,264,705	6,264,705			
c	RETAIL PHARMACY	900099	4,566,061	4,566,061			
d	All other revenue		3,762,317	3,644,535	117,782		
e	Total. Add lines 11a-11d ▶		24,804,380				
12	Total revenue. See Instructions ▶		314,962,914	309,471,371	-137,198	2,170,787	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,739,213	701,616	1,037,597	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	144,307,241	127,131,918	17,175,323	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,436,435	5,633,771	802,664	
9 Other employee benefits.	9,058,100	7,928,498	1,129,602	
10 Payroll taxes.	10,063,484	8,808,504	1,254,980	
11 Fees for services (non-employees):				
a Management.	438,987	365,811	73,176	
b Legal.	413,258		413,258	
c Accounting.	139,938		139,938	
d Lobbying.	44,570		44,570	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,465,646	29,590,932	5,874,714	
12 Advertising and promotion.	273,543	227,945	45,598	
13 Office expenses.	1,092,587	910,461	182,126	
14 Information technology.	5,085,714	4,237,964	847,750	
15 Royalties.				
16 Occupancy.	6,461,068	5,347,794	1,113,274	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	690,206	575,154	115,052	
20 Interest.	1,228,429	1,023,659	204,770	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,742,438	7,703,781	5,038,657	
23 Insurance.	3,094,747	2,578,876	515,871	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	53,647,624	53,647,624		
b BAD DEBT	5,946,475	5,946,475		
c SERVICE CONTRACTS	4,193,782	3,494,710	699,072	
d NON MEDICAL SUPPLIES	3,158,452	2,631,962	526,490	
e All other expenses	4,821,325	3,977,148	844,177	
25 Total functional expenses. Add lines 1 through 24e.	310,543,262	272,464,603	38,078,659	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,672,753	1	5,223,490
	2 Savings and temporary cash investments	4,435,085	2	1,044,176
	3 Pledges and grants receivable, net	554,458	3	602,928
	4 Accounts receivable, net	36,311,147	4	37,676,435
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,871,921	8	6,513,672
	9 Prepaid expenses and deferred charges	2,433,025	9	2,751,059
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 312,901,694		
	b Less: accumulated depreciation	10b 245,359,551	68,031,728	10c 67,542,143
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	92,785,403	12	88,661,005
	13 Investments—program-related. See Part IV, line 11	9,440,686	13	4,939,064
	14 Intangible assets	654,435	14	
	15 Other assets. See Part IV, line 11	37,597,068	15	36,098,020
16 Total assets. Add lines 1 through 15 (must equal line 34)	260,787,709	16	251,051,992	
Liabilities	17 Accounts payable and accrued expenses	39,699,698	17	32,264,600
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	5,410,000	20	5,120,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,441,221	23	4,571,855
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	57,926,920	25	65,028,177
	26 Total liabilities. Add lines 17 through 25	108,477,839	26	106,984,632
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	143,729,491	27	136,428,230
	28 Temporarily restricted net assets	4,052,215	28	3,000,966
	29 Permanently restricted net assets	4,528,164	29	4,528,164
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	152,309,870	33	144,067,360	
34 Total liabilities and net assets/fund balances	260,787,709	34	251,051,992	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	314,962,914
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,543,262
3	Revenue less expenses Subtract line 2 from line 1	3	4,419,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,309,870
5	Net unrealized gains (losses) on investments	5	-9,662,567
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,999,595
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	144,067,360

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

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

Additional Data

Software ID:
Software Version:
EIN: 16-1576637
Name: FAXTON ST LUKE'S HEALTHCARE

Form 990 (2018)

Form 990, Part III, Line 4a:

INPATIENT/ACUTE CARE SERVICES - FSLH IS A FULL SERVICE GENERAL HOSPITAL WITH 320 LICENSED BEDS THE HOSPITAL PROVIDES A FULL RANGE OF ANCILLARY SERVICES, INCLUDING MATERNITY AND NEWBORN CARE SERVICES DISBURSEMENTS MADE BY THE HOSPITAL ARE EXCLUSIVELY FOR SERVICES AND MATERIALS USED IN PERFORMING THE HOSPITAL'S EXEMPT FUNCTIONS FSLH PROVIDES CARE TO EVERYONE REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY

Form 990, Part III, Line 4b:

PRIMARY CARE SERVICES - THE MHVS PRIMARY CARE NETWORK ENCOMPASSES 13 LOCATIONS AND 68 PROVIDERS (PHYS/NP), WITH 117,252 PATIENT VISITS PER YEAR
IN ADDITION TO OUR PRIMARY CARE, WE EXPANDED SPECIALTY PRACTICES OF SURGERY, ORTHOPEDICS, NEUROSURGERY, PULMONARY AND VASCULAR SERVICES IN
OUR COMMUNITY FSLH PROVIDES SERVICES TO EVERYONE REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY

Form 990, Part III, Line 4c:

AMBULATORY OUTPATIENT SURGERY - FSLH HAS A FULL RANGE OF AMBULATORY SURGERY SERVICES ON ITS CAMPUS FOR PATIENTS THAT DO NOT REQUIRE OVERNIGHT OR LONG INPATIENT STAYS FSLH PROVIDES SERVICES TO EVERYONE REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY

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			
JOAN COMPSON CHAIRMAN	1 50 3 50	X		X				0	0	0
BONNIE WOODS VICE CHAIRMAN	1 00 2 50	X		X				0	0	0
GREGORY EVANS SECRETARY	1 00 2 50	X		X				0	0	0
RICHARD ZWEIFEL TREASURER	1 00 2 50	X		X				0	0	0
RICHARD TANTILLO BOARD MEMBER	1 00 2 50	X						0	0	0
GREGORY B MCLEAN BOARD MEMBER	1 00 2 50	X						0	0	0
STEPHEN SWEET BOARD MEMBER	1 00 2 50	X						0	0	0
DOMENIC P AIELLO MD BOARD MEMBER	1 00 2 50	X						0	0	0
LAUREN BULL BOARD MEMBER	1 00 2 50	X						0	0	0
NORMAN SIEGEL BOARD MEMBER	1 00 2 50	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			
BARBARA BRODOCK BOARD MEMBER	1 00 3 50	X						0	0	0
CATHERINE COMINSKY BOARD MEMBER	1 00 2 50	X						0	0	0
ANDREW KOWALCZYK III BOARD MEMBER	1 00 2 50	X						0	0	0
SYMEON TSOUPELIS BOARD MEMBER	1 00 2 50	X						0	0	0
KAREN LEACH BOARD MEMBER	1 00 2 50	X						0	0	0
WALEED ALBERT MD BOARD MEMBER/FSLH MEDICAL	1 00 2 50	X						50,004	0	0
PAUL DAVIDSON MD BOARD MEMBER/SEMC MEDICAL	1 00 2 50	X						0	294,733	0
CATHERINE BROWNELL PHD BOARD MEMBER	1 00 2 50	X						0	0	0
ALICIA DETRAGLIA MD BOARD MEMBER	1 00 2 50	X						0	0	0
SCOTT PERRA FACHE PRESIDENT/CEO	30 00 25 00			X				912,630	0	31,907

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			
LOUIS AIELLO SR VICE PRESIDENT/CFO	27 00 23 00			X				0	449,544	44,480
ROBERT SCHOLEFIELD RN MS SR VICE PRESIDENT/COO	30 00 20 00				X			0	443,312	42,124
MICHAEL F TREVISANI MD SR VICE PRESIDENT/CMO	30 00 20 00				X			417,179	0	26,096
LINDA MCCORMACK-MILLER SR VICE PRESIDENT/CNO	30 00 20 00				X			280,112	0	22,891
CHRISTOPHER MAX MD PHYSICIAN	50 00					X		938,556	0	25,121
ANDREW PELLECCCHIA MD PHYSICIAN	50 00					X		604,230	0	27,264
SUSHMA KAUL MD PHYSICIAN	50 00					X		603,935	0	26,328
GHASSAN KOUSSA MD PHYSICIAN	50 00					X		601,547	0	14,636
ELAINE MAU MD PHYSICIAN	50 00					X		559,446	0	19,377
MARIA GESUALDO MD FORMER BOARD MEMBER	0 00						X	180,877	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

FAXTON ST LUKE'S HEALTHCARE

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

16-1576637

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 16-1576637
Name: FAXTON ST LUKE'S HEALTHCARE

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization FAXTON ST LUKE'S HEALTHCARE	Employer identification number 16-1576637
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		44,570
j	Total. Add lines 1c through 1i			44,570
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	PARTICIPATION IS BASED ON THE MEMBERSHIP DUES PAID TO HANYS AND IROQUOIS HEALTHCARE ASSOCIATION AS INDICATED ON LINE 2. THE FOLLOWING NARRATIVES, WERE TAKEN DIRECTLY FROM THEIR RESPECTIVE WEBSITES. 1. HANYS IS PROUD TO BE THE ONLY STATEWIDE ASSOCIATION THAT REPRESENTS AND ADVOCATES ON BEHALF OF NEW YORK'S HOSPITALS AND HEALTH SYSTEMS AT ALL LEVELS OF THE FEDERAL AND STATE GOVERNMENT. HANYS HAS ACCESS TO POLICY LEADERS, REGARDLESS OF THEIR POLITICAL AFFILIATION AND IS AN INTEGRAL PLAYER IN HEALTH POLICY DISCUSSIONS. HANYS ALSO COMMUNICATES MEMBERS' CONCERNS AND POSITIONS TO NEW YORK AND NATIONAL MEDIA IN SUPPORT OF THE ASSOCIATIONS' LEGISLATIVE AND REGULATORY INITIATIVES. 2. IROQUOIS IS THE REGIONAL VOICE IN ALBANY AND WASHINGTON FOR UPSTATE HOSPITALS AND HEALTH CARE SYSTEM MEMBERS. IROQUOIS PROMOTES A BROADER UNDERSTANDING OF, AND BUILDS SUPPORT FOR, THE HEALTH CARE SYSTEMS SERVING UPSTATE NEW YORK. IROQUOIS PROVIDES REPRESENTATION AND ADVOCACY AT THE STATE LEVEL BY EFFECTIVELY LOBBYING THE STATE LEGISLATURE, AND ESTABLISHING CLOSE WORKING RELATIONSHIPS WITH THE GOVERNORS' OFFICE, STATE AGENCY OFFICIALS, AND REGULATORY REPRESENTATIVES. IROQUOIS INFLUENCES PUBLIC POLICY DEVELOPMENT THROUGH BOTH LEGISLATIVE AND REGULATORY ADVOCACY EFFORTS. REGIONAL ACTIVITIES, SUCH AS HOSTING LEGISLATORS AND MEETING WITH LOCAL OFFICIALS, ARE CRITICAL TO MAINTAINING A UNIFIED VOICE FOR LEGISLATIVE AND REGULATORY ACTION. IROQUOIS CONTINUES TO WORK WITH THE NY STATE ADMINISTRATION TO ADDRESS ISSUES AFFECTING UPSTATE HOSPITALS, REVIEW THE EXECUTIVE BUDGET PROPOSAL AND ALSO WORK WITH THE STATE LEGISLATURE. ALL ADVOCACY EFFORTS FOCUS ON THE SIMPLE TRUTH THAT HOSPITALS EXIST TO SERVE. THEIR ABILITY TO SERVE WELL, REQUIRES A RELATIONSHIP WITH THEIR COMMUNITIES BUILT ON TRUST AND COMPASSION. TO SERVE COMMUNITIES WELL, HOSPITALS MUST ALSO MANAGE RESOURCES IN A CHALLENGING ENVIRONMENT.

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493317022909

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAXTON ST LUKE'S HEALTHCARE

Employer identification number
16-1576637

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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) 2018

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	9,256,788	8,535,658	8,831,087	8,810,474	8,468,974
b Contributions		1,647,171	1,654,343		
c Net investment earnings, gains, and losses	-337,687	490,359	133,577	304,481	341,500
d Grants or scholarships					
e Other expenditures for facilities and programs		1,416,400	2,083,349	283,868	
f Administrative expenses					
g End of year balance	8,919,101	9,256,788	8,535,658	8,831,087	8,810,474

2

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

a

Board designated or quasi-endowment ▶ 7 500 %

b

Permanent endowment ▶ 50 770 %

c

Temporarily restricted endowment ▶ 41 730 %

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)	Yes	
3b	Yes	

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		2,200,047		2,200,047
b Buildings		122,223,164	95,279,784	26,943,380
c Leasehold improvements		4,600,064	3,646,662	953,402
d Equipment		179,257,260	142,765,180	36,492,080
e Other		4,621,159	3,667,925	953,234
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				67,542,143

Schedule D (Form 990) 2018

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) MUTUAL FUNDS INVESTMENT	60,930,186	F
(B) COMMON STOCK INVESTMENT	2,498,675	F
(C) CORPORATE OBLIGATIONS	25,232,144	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	88,661,005	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) OTHER ASSETS	5,001,667
(2) DUE FROM AFFILIATES	7,725,639
(3) WC INSURANCE RECEIVABLE LT, NET	5,115,880
(4) G&P INSURANCE RECEIVABLE LT, NET	18,254,834
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	36,098,020

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	
2006 SERIES TAXABLE BONDS	8,660,000
CAPITAL LEASE OBLIGATIONS	6,501,711
UNREALIZED LOSS ON INTEREST RATE SWAPS	2,761,464
WC INSURANCE RECEIVABLE ST/LT	5,115,880
G&P INSURANCE RECEIVABLE ST/LT	20,126,834
ESTIMATED SELF INSURED LIABILITIES	9,686,307
OTHER LIABILITIES	584,187
ESLB	10,532,866
DUE TO AFFILIATES	1,058,928
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	65,028,177

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	309,766,255
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	749,816
e	Add lines 2a through 2d	2e	749,816
3	Subtract line 2e from line 1	3	309,016,439
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	5,946,475
c	Add lines 4a and 4b	4c	5,946,475
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	314,962,914

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

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

1	Total expenses and losses per audited financial statements	1	305,346,603
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	749,816
e	Add lines 2a through 2d	2e	749,816
3	Subtract line 2e from line 1	3	304,596,787
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	5,946,475
c	Add lines 4a and 4b	4c	5,946,475
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	310,543,262

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 16-1576637
Name: FAXTON ST LUKE'S HEALTHCARE

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

1	(a) Description of Liability	(b) Book Value
	2006 SERIES TAXABLE BONDS	8,660,000
	CAPITAL LEASE OBLIGATIONS	6,501,711
	UNREALIZED LOSS ON INTEREST RATE SWAPS	2,761,464
	WC INSURANCE RECEIVABLE ST/LT	5,115,880
	G&P INSURANCE RECEIVABLE ST/LT	20,126,834
	ESTIMATED SELF INSURED LIABILITIES	9,686,307
	OTHER LIABILITIES	584,187
	ESLB	10,532,866
	DUE TO AFFILIATES	1,058,928

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	PERMANENT ENDOWMENT FUNDS ARE TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH IS TO BE USED TO SUPPORT CHARITY CARE, HEALTH CARE SERVICES, SCHOLARSHIPS AND FACILITY MAINTENANCE. TEMPORARY ENDOWMENT FUNDS ARE DONOR CONTRIBUTIONS RESTRICTED BY THE DONORS FOR SPECIFIC PURPOSES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	HEALTHCARE IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501C(3) OF THE INTERNAL REVENUE CODE AS OF DECEMBER 31, 2018 AND 2017, HEALTHCARE DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY RELATED ACCRUED INTEREST OR PENALTIES THE TAX YEARS OPEN TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES ARE 2015-2018 HEALTHCARE DOES NOT ANTICIPATE THE TOTAL UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 749,816

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT 5,946,475

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 749,816

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT 5,946,475

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493317022909

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

FAXTON ST LUKE'S HEALTHCARE

Employer identification number

16-1576637

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 32500 0000000000 %

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,782,208	758,267	2,023,941	0 660 %
b Medicaid (from Worksheet 3, column a)			60,493,723	40,167,124	20,326,599	6 670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63,275,931	40,925,391	22,350,540	7 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,216,814	0	1,216,814	0 400 %
f Health professions education (from Worksheet 5)			1,153,803	799,339	354,464	0 120 %
g Subsidized health services (from Worksheet 6)			14,675,606	11,258,280	3,417,326	1 120 %
h Research (from Worksheet 7)			79,922	15,829	64,093	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			17,126,145	12,073,448	5,052,697	1 660 %
k Total. Add lines 7d and 7j			80,402,076	52,998,839	27,403,237	8 990 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			10,650	0	10,650	0 %
3 Community support			78,302	67,287	11,015	0 %
4 Environmental improvements						
5 Leadership development and training for community members			934	40	894	0 %
6 Coalition building						
7 Community health improvement advocacy			59,162	13,433	45,729	0 020 %
8 Workforce development						
9 Other						
10 Total			149,048	80,760	68,288	0 020 %

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,019,046	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	742,442	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	128,178,847
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	166,832,587
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-38,653,740
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 NEW HARTFORD SCANNER	MEDICAL IMAGING SERVICES	62 500 %	0 %	37 500 %
2 2 MOHAWK VALLEY ENDOSCOPY CENTER	ENDOSCOPY SERVICES	20 000 %	0 %	60 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FAXTON ST LUKES HEALTHCARE INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //MVHEALTHSYSTEM.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //OCGOV.NET</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>HTTP //MVHEALTHSYSTEM.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FAXTON ST LUKES HEALTHCARE INC

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 250 000000000000 % and FPG family income limit for eligibility for discounted care of 325 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" 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? 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)	15	Yes	
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 checked="" 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW.MVHEALTHSYSTEM.ORG/FINANCIAL-ASSISTANCE-PROGRAM			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW.MVHEALTHSYSTEM.ORG/FINANCIAL-ASSISTANCE-PROGRAM			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW.MVHEALTHSYSTEM.ORG/FINANCIAL-ASSISTANCE-PROGRAM			
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 type="checkbox"/> Other (describe in Section C)			

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

FAXTON ST LUKES HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

FAXTON ST LUKES HEALTHCARE INC

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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? 29

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE PATIENTS COST-TO-CHARGE RATIO WAS COMPUTED USING ALL CHARGES AND EXPENSES LESS NON-ALLOWABLE THE COST TO CHARGE RATIO WAS USED TO COMPUTE COST COST-TO-CHARGE WAS DERIVED BY DIVIDING TOTAL CHARGES FROM THE FINANCIAL STATEMENTS INTO TOTAL COST FROM THE FINANCIAL STATEMENTS, LESS NON-PATIENT COSTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 5,946,475

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>#2ECONOMIC DEVELOPMENT SCHOOL AND BUSINESS ALLIANCE SUMMER YOUTH EMPLOYMENT PROGRAM (SABA) -STUDENTS WERE ASSIGNED TO WORK THROUGHOUT THE ORGANIZATION FOR FIVE WEEKS BEING MENTORED BY ON-SITE SABA CAREER SPECIALISTS AND FSLH PROFESSIONALS IN THEIR ASSIGNED FIELD THE PURPOSE IS TO BUILD STUDENTS' AWARENESS OF THE JOB OPPORTUNITIES IN HEALTHCARE, INCREASE PURSUIT OF A CAREER IN THE FIELD AND ESTABLISH PRE-EMPLOYMENT SKILLS APPLICABLE TO ANY BUSINESS ORGANIZATION SABA ASSISTS STUDENTS IN TRANSITIONS FROM SCHOOL TO CAREERS AND SUPPORTS DEVELOPMENT OF A QUALIFIED WORKFORCE IN THE MOHAWK VALLEY</p> <p>#3 COMMUNITY SUPPORT</p> <p>A) DURING THE SPONSORSHIP FOR THE BOILERMAKER EXPO AND ROAD RACE, THE FOLLOWING STATIONS/SERVICES WERE PROVIDED BLOOD PRESSURE AND DIABETES SCREENING, BODY FAT ANALYSIS AND CALORIE ASSESSMENT, HEART RISK EDUCATION EVALUATIONS THREE FSLH EMS EMPLOYEES ARE ON THE BOILERMAKER SAFETY COMMITTEE AND ATTEND MONTHLY MEETINGS</p> <p>B) DIABETES SUPPORT GROUP IS A FREE SUPPORT GROUP FOR ANY PERSON WITH DIABETES OR PRE-DIABETES WHO IS INTERESTED IN SPEAKING WITH OTHERS WHO ARE LIVING SIMILAR LIFESTYLES AND DEALING WITH THE DAILY IMPACT OF DIABETES MANAGEMENT</p> <p>C) MONTHLY STROKE SUPPORT GROUP FOR PATIENTS AND FAMILIES</p> <p>D) COMMUNITY MEMBERS AND BREAST CANCER SURVIVORS GATHERED TOGETHER ON OCTOBER 2017, TO FORM A HUMAN PINK RIBBON TO PROMOTE BREAST CANCER AWARENESS MONTH AT F T PROCTOR PARK IN UTICA A BRIEF CEREMONY WAS HELD TO HONOR BREAST CANCER SURVIVORS AND ATTENDEES, DRESSED IN PINK, CREATED A HUMAN PINK RIBBON THIS EVENT WAS SPONSORED BY THE MOHAWK VALLEY HEALTH SYSTEM CANCER CENTER, ONEIDA COUNTY HEALTH DEPARTMENT CANCER SERVICES PROGRAM UNDER THE LEADERSHIP OF COUNTY EXECUTIVE ANTHONY J. PICENTE, JR., UTICA MAYOR ROBERT PALMIERI, THE AFTER BREAST CANCER (ABC) SUPPORT GROUP AND THE AMERICAN CANCER SOCIETY</p> <p>E) THE ABC SUPPORT GROUP WAS CREATED BY WOMEN WHO HAVE HAD BREAST CANCER THE GROUP IS DEDICATED TO PROVIDING EDUCATION, INFORMATION AND EMOTIONAL SUPPORT TO WOMEN AND MEN WHO ARE FACING BIOPSY, SURGERY OR RECOVERY FROM BREAST CANCER PEOPLE FROM THE COMMUNITY ATTENDED NONE MEETINGS HELD THROUGHOUT THE YEAR, ON THE FSLH CAMPUS</p> <p>F) THE CANCER SUPPORT GROUP FORUM, LED BY THE CANCER CENTER'S SOCIAL WORKER, OFFERS SUPPORT TO ANYONE WHO HAS RECEIVED A CANCER DIAGNOSIS MEETINGS COVER A WIDE VARIETY OF ISSUES INCLUDING HOW TO TALK WITH CHILDREN ABOUT MOM OR DAD HAVING CANCER, FINANCIAL CONCERNS, PHYSICAL ISSUES, INTIMACY ISSUES AND NUTRITION DURING TREATMENTS, PLUS MANY MORE THE FORUM PROVIDES A COMFORTABLE ATMOSPHERE FOR PATIENTS AND CANCER SURVIVORS TO COME TOGETHER AND SHARE USEFUL INFORMATION THERE WERE 91 ATTENDEES DURING 12 SESSIONS IN 2017, UP FROM 19 ATTENDEES OVER 6 SESSIONS IN 2016</p> <p>G) CANCER SURVIVORS DAY IS AN EVENT SPONSORED BY THE MVHS CANCER CENTER HONORING CANCER SURVIVORS AND FAMILIES A BREAKFAST, RAFFLES AND OTHER ACTIVITIES ARE PROVIDED FOR THOSE WHO ATTEND</p> <p>H) CAREGIVER BURNOUT GROUP IS A SUPPORT GROUP TO HELP COPE WITH THE DIFFICULTIES IN TAKING CARE OF OTHERS</p> <p>I) RELAY FOR LIFE IS AN EVENT CONSISTING OF NUMEROUS FUNDRAISERS FOR AMERICAN CANCER SOCIETY'S SPONSORSHIP AND SUPPORT</p> <p>J) CAR SEAT INSPECTION - THE FSLH SECURITY TEAM WORKED WITH THE NEW HARTFORD TOWN POLICE AND A NYS GRANT TO INSPECT CAR SEATS TO MAKE SURE THEY WERE PROPERLY INSTALLED IN VEHICLES IF A CAR SEAT WAS FOUND TO BE UNSAFE, A NEW CAR SEAT WAS PROVIDED AND PROPERLY INSTALLED FREE OF CHARGE</p> <p>#5 LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY</p> <p>A) MEDICAMP- MVHS HOSTED A TWO-DAY MEDICAL CAMP AT EACH ORGANIZATION FOR TEENS AGES 15 THROUGH 18 TO DEMONSTRATE HOW A HOSPITAL OPERATES AND PROVIDES THEM WITH THE OPPORTUNITY TO EXPLORE DIFFERENT DEPARTMENTS FOR POTENTIAL CAREER ENDEAVORS</p> <p>B) ONEIDA COUNTY WORKFORCE DEVELOPMENT INTERNSHIP PROGRAM FUNDING OF COLLEGE INTERNSHIP PROGRAM IN COOPERATION WITH ONEIDA COUNTY</p> <p>#6 COALITION BUILDING FSLH WORKS WITH MULTIPLE AGENCIES, TO SUPPORT COMMUNITY HEALTH EXPOS IN THE FORM OF FINANCIAL/EDUCATIONAL/FREE HEALTH SCREENINGS</p> <p>A) AMERICA'S GREATEST HEART RUN & WALK FOR THE AMERICAN HEART ASSOCIATION WITH HEART WEEKEND, WHICH INCLUDES THE HEALTH & FITNESS EXPO</p> <p>B) GREATER UTICA CHAMBER EXPO IS AN ANNUAL EVENT SHOWCASING LOCAL BUSINESSES IN ONE LOCATION</p> <p>C) HEALTH FRIENDS IS A PROGRAM SPONSORSHIP TO PROVIDE FINANCIAL RESOURCE SUPPORT FOR RX ASSISTANCE TO UN- OR UNDER-INSURED PEOPLE</p> <p>#7 COMMUNITY HEALTH IMPROVEMENT ADVOCACY</p> <p>A) THE CHRONIC KIDNEY DISEASE EDUCATION PROGRAM ALLOWS FOR PATIENTS TO LEARN MORE ABOUT KIDNEY DISEASE, WAYS TO SLOW THE LOSS OF KIDNEY FUNCTION, AND HOW MEDICATIONS, DIET AND LIFESTYLE CAN AFFECT THE PROGRESSION OF THE DISEASE PATIENTS HAVE THE OPPORTUNITY TO MEET WITH DIETICIANS, SOCIAL WORKERS AND NURSES WHO SPECIALIZE IN RENAL (KIDNEY) CARE FAMILY MEMBERS, FRIENDS AND CAREGIVERS ARE INVITED TO ATTEND THE PROGRAM AS WELL</p> <p>B) CAMPAIGN FOR QUALITY IS A PROGRAM HELD AT HAMILTON COLLEGE IN CLINTON, FEATURING NATIONAL AND LOCAL EXPERTS WHO PRESENT ON CURRENT TRENDS IN HEALTHCARE,</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>PATIENT EXPERIENCES, POPULATION HEALTH TOPICS AND PATIENT SAFETY INITIATIVES C)THE BALANCE CENTER AT MVHS OFFERS FREE BALANCE SCREENINGS TO HELP COMMUNITY MEMBERS WITH QUESTIONS OR SYMPTOMS RELATED TO BALANCE, VERTIGO AND INNER EAR DISORDERS THE SCREENING EVALUATES PATIENTS FOR SPECIFIC BALANCE CONCERNS, RISK FOR FALLS AND SYMPTOMS OF VERTIGO TO DETERMINE IF THEY WILL BENEFIT FROM FORMAL TESTING AND THERAPY D) A WOMEN'S HEALTH OPEN HOUSE IS HOSTED, ANNUALLY, TO INFORM THE COMMUNITY ABOUT SERVICES MVHS OFFERS TO WOMEN IN OUR COMMUNITY E) MVHS IS A PRESENCE AT ALL LOCAL HEALTH FAIRS PERFORMING SCREENINGS (DIABETES, HEARING, STROKE, BALANCE, ETC) AND PROVIDING EDUCATION AND INFORMATION, IE SENIOR CENTER, LOCAL EMPLOYERS, COMMUNITY EVENTS, ETC F) MOHAWK VALLEY HEALTH SYSTEM (MVHS) OFFERS THE HOUSEHOLD SHARPS DISPOSAL PROGRAM FOR COMMUNITY MEMBERS TO PROPERLY DISPOSE OF THEIR MEDICAL WASTE ITEMS SUCH AS SYRINGES AND LANCETS MAY BE DROPPED OFF ANY DAY OF THE WEEK FROM 7AM TO 3PM AT THE FSLH ENERGY CENTER LOCATED ON THE ST. LUKE'S CAMPUS OR AT THE CENTER FOR REHABILITATION AND CONTINUING CARE SERVICES (CRCCS) ALSO ON THE ST. LUKE'S CAMPUS ONLY ITEMS FROM PRIVATE RESIDENCES IN CLEARLY MARKED "SHARPS" PUNCTURE-PROOF CONTAINERS WILL BE ACCEPTED G) PODIATRY PROGRAM HELD 4 TIMES A YEAR, FOR PEOPLE WITH DIABETES WHO ARE AT HIGH RISK FOR CIRCULATION PROBLEMS THAT COULD LEAD TO LOSS OF SENSATION AND POOR HEALING IN THEIR FEET PROPER SKIN AND FOOT CARE IS ESSENTIAL THIS IS AN INFORMATIONAL SESSION AND FREE FOOT EXAM PROVIDED BY AREA PODIATRISTS H) CHILDBIRTH CLASSES - FREE 5-WEEK SERIES OF CLASSES IN CHILDBIRTH AND INFANT CARE TAUGHT BY AN EXPERIENCED LABOR AND DELIVERY REGISTERED NURSE I) FSLH OFFERS FREE MONTHLY BREASTFEEDING CLASSES FOR EXPECTANT PARENTS WHO HAVE CHOSEN OR ARE CONSIDERING BREASTFEEDING J) DIABETES EDUCATION CLASSES ARE HELD THROUGHOUT THE YEAR TO PROVIDE INFORMATION TO THOSE WITH DIABETES ABOUT HOW TO SUCCESSFULLY MANAGE THEIR DISEASE K) THE FSLH DIABETES EDUCATION DEPARTMENT OFFERS A GROCERY TOUR ON A QUARTERLY BASIS FOR EVERY DAY PEOPLE WITH DIABETES TO LEARN HOW TO MAKE NUTRITIONAL CHOICES THAT IMPACT OVERALL HEALTH AND BLOOD SUGAR THIS FREE CLASS TEACHES PARTICIPANTS HOW TO IMPROVE THEIR DAILY CHOICES WITH BETTER NUTRITION BY GROCERY SHOPPING WITH A CERTIFIED DIABETES EDUCATOR AND NUTRITIONALIST L) NATIONAL DIABETES MONTH OFFERED EDUCATION AND RECIPE TASTING TO ANYONE IN THE COMMUNITY WHO IS INTERESTED IN ATTENDING M)NATIONAL DIABETES PREVENTION PROGRAM FOCUSES ON TREATING THOSE WITH PRE-DIABETES TO PREVENT TYPE 2 DIABETES N) BLOOD DRIVES ARE HOSTED TO COLLECT BLOOD FROM THOSE WHO ARE ELIGIBLE AND WILLING TO DONATE THE FSLH BLOOD BANK WORKS IN ASSOCIATION WITH THE AMERICAN RED CROSS TO HOST THE BLOOD DRIVES FOR EVERY UNIT OF BLOOD COLLECTED, UP TO THREE PEOPLE BENEFIT FROM THE DONATION O)IN AN EFFORT TO PROMOTE THE EARLY DETECTION OR POTENTIAL FOR HEARING LOSS, THE AUDIOLOGY DEPARTMENT PROVIDES FREE HEARING AND SPEECH SCREENINGS TO THE COMMUNITY AS REQUESTED P)OUR EMS EDUCATION DEPARTMENT OFFERS FREE PROGRAMS FOR COMMUNITY TRAINING IN AHA CPR, EMS CRITICAL STRESS TEAMS AND OPIATE OVERDOSE, WHILE ALSO PARTICIPATING IN REGIONAL EMS COUNCIL MEETINGS ON A REGULAR BASIS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	<p>BAD DEBT FOR SCHEDULE H REPORTING IS DETERMINED BY TAKING THE ACTUAL BAD DEBT EXPENSE REPORTED FOR THE YEAR ON THE HOSPITAL AUDITED FINANCIAL STATEMENTS, LESS ANY BAD DEBT RECOVERIES RECEIVED DURING THE YEAR FROM THE AUDITED FINANCIAL STATEMENTS THEN, ADJUSTING THAT AMOUNT TO COST BASED ON THE HOSPITAL'S CURRENT YEAR MEDICARE COST REPORT DERIVED COST TO CHARGE RATIO THIS AMOUNT UNDERSTATES BAD DEBT SOMEWHAT BECAUSE A LARGE PORTION OF BAD DEBT IS THE RESULT OF UNPAID DEDUCTIBLE AND CONINSURANCE BALANCES THOSE BALANCES ARE NO LONGER RECORDED AT FULL CHARGES BECAUSE CONTRACTUAL ADJUSTMENTS HAVE ALREADY REDUCED CHARGES TO AN EXPECTED REIMBURSEMENT AMOUNT, HENCE, REDUCING BY A COST-TO-CHARGE RATIO, REDUCES AN ALREADY DISCOUNTED CHARGE WE REPORT THIS WAY BECAUSE BAD DEBT IS REPORTED IN MUTLIPLE STATE AND FEDERAL REQUIRED REPORTS, RETURNS AND DISCLOSURE STATEMENTS IN ORDER TO BE CONSISTENT WE ARE REPORTING USING THE COSERVATIVE METHOD WHICH IS REQUIRED FOR HOSPITAL MEDICARE COST REPORT REPORTING</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>MANY PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE ASSISTANCE ARE UNWILLING TO APPLY FOR IT THE HOSPITAL BUSINESS OFFICE OFFERS OUR CHARITY CARE PACKAGE TO ALL PATIENTS IN 2015, THE CHARITY CARE PROGRAM WAS EXPANDED DUE TO THE IMPLEMENTATION OF THE 340B PROGRAM MANY PATIENTS WILL AGREE TO HAVE THE CHARITY CARE REQUEST FORMS SENT TO THEM BUT NEVER RETURN THEM MANY PATIENTS SAY THEY CANNOT PAY BUT ARE UNWILLING TO COMPLETE ANY FORMS THE HOSPITAL BUSINESS OFFICE, COLLECTIONS STAFF, HAVE FORMED A PERCENTAGE ESTIMATE BASED ON THE NUMBER OF CASES OF PATIENTS WHO RECEIVE CHARITY CARE FORMS AND DON'T COMPLETE THEM PLUS THE NUMBER OF PATIENTS WHO STATE THEY CANNOT PAY BUT ARE UNWILLING TO REQUEST ASSISTANCE THIS RECORDED BAD DEBT EXPENSE WOULD BE RECORDED AS CHARITY CARE IF PATIENT'S WERE WILLING TO COMPLY WITH MINIMAL APPLICATION REQUIREMENTS THE NATURE OF THE PRESENTATION ON HOSPITAL FIANANCIAL STATEMENTS DOES NOT DETERMINE THE COMMUNITY BENEFIT BUT RATHER THE NATURE OF THE REASON FOR THE EXPENSE THIS IS CHARITY CARE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, HEALTHCARE RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF HEALTHCARE'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, HEALTHCARE RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY A RESERVE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, HEALTHCARE ANALYZES PAST PAYMENT HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE RESERVE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD PARTY COVERAGE, HEALTHCARE ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES A RESERVE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), HEALTHCARE RECORDS A RESERVE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES BASED ON ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE, OR UNWILLING, TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNT ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	ALL OF THIS IS COMMUNITY BENEFIT, THE HOSPITAL IS RECEIVING LESS THAN COST ON COMMUNITY MEDICARE RECIPIENTS, THUS A COMMUNITY BENEFIT TO THESE PATIENTS THE PATIENTS COST-TO-CHARGE RATIO WAS COMPUTED USING ALL CHARGES AND EXPENSES LESS NON-ALLOWABLE THE COST-TO-CHARGE RATIO WAS USED TO COMPUTE COST COST-TO-CHARGE WAS DERIVED, USING THE FINANCIAL STATEMENTS, BY DIVIDING TOTAL CHARGES INTO TOTAL COSTS LESS NON-PATIENT COSTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL FAP POLICY PLACES ALL ACCOUNTS, FOR COLLECTION EFFORTS, ON HOLD FROM THE DATE OF APPLICATION UNTIL A DETERMINATION HAS BEEN MADE FOR FINANCIAL ASSISTANCE ELIGIBILITY THE APPLICATION IS REVIEWED BY THE HOSPITAL WITHIN THIRTY DAYS OF RECEIPT OF THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION THE PATIENT OR GUARANTOR WILL BE NOTIFIED OF THE DETERMINATION IF DENIED, THE APPLICANT IS PROVIDED DIRECTIONS FOR AN APPEAL WITHIN THIRTY DAYS OF THE DETERMINATION IF THE APPEAL IS THEN DENIED, THE PATIENT WILL BE NOTIFIED OF THE REASON AND THE STATEMENT CYCLE WILL BEGIN FIVE STATEMENTS ARE SENT, WITHIN THE 120 DAY BILLING CYCLE IF NOT PAID, A FINAL PRE-COLLECTION LETTER IS ISSUED ADVISING THE ACCOUNT WILL BE SENT TO COLLECTIONS WITHIN THIRTY DAYS IF THE PATIENT IS ACCEPTED IN THE FAP PROGRAM, THIS STATUS WILL BE EFFECTIVE FOR ONE YEAR FROM ACCEPTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>A VARIETY OF DATA SOURCES WERE USED TO IDENTIFY AND CONFIRM PRIORITIES INCLUDING THE NYS PREVENTION AGENDA DASHBOARD, HEALTHCONNECTIONS, NEW YORK STATE QUITLINE PARTNERS REPORTS, ONEIDA COUNTY TEEN ASSESSMENT PROJECT (TAP), AND THE PEDIATRIC NUTRITION SURVEILLANCE SYSTEM (PEDNSS) REPORTS THE PLANNING TEAM ALSO REVIEWED DATA FROM THE JOHN SNOW, INC COMMUNITY HEALTH ASSESSMENT FOR THE CENTRAL NEW YORK CARE COLLABORATIVE (CNYCC), THE COUNTY HEALTH RANKINGS, AND BRIDGES COMMUNITY SURVEY THE PLANNING TEAM WORKED TO SOLICIT FEEDBACK FROM COMMUNITY MEMBERS THROUGHOUT THE YEAR ROME MEMORIAL HOSPITAL HOSTED A COMMUNITY FORUM TO SOLICIT FEEDBACK FROM COMMUNITY MEMBERS AND PARTICIPATED IN THE CITY OF ROME'S HUD COMMUNITY NEEDS ASSESSMENT, ACCESS TO SPECIALTY, PRIMARY, AND BEHAVIORAL HEALTH SERVICES WERE THE MAIN COMMUNITY NEEDS IDENTIFIED ADDITIONALLY, THE PLANNING TEAM REVIEWED THE FINDINGS FROM THE CENTRAL NY CARE COLLABORATIVE (CNYCC) NEEDS ASSESSMENT IN WHICH SOME ITS KEY FINDINGS AND RECOMMENDATIONS ARE ADDRESSED IN THE SELECTED CHIP INTERVENTIONS AND TARGET POPULATIONS FINALLY, THE ONEIDA COUNTY HEALTH DEPARTMENT ASKED SPECIFIC QUESTIONS AT HEALTH FAIRS AND EVENTS WHERE ITS STAFF INTERACTS WITH THE PUBLIC 1) WHAT CAN WE DO AS A COMMUNITY TO HELP MORE MOTHERS BREASTFEED THEIR BABIES?2) WHAT CAN WE DO AS A COMMUNITY TO HELP MORE PEOPLE STOP SMOKING?</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE HOSPITAL FAP APPLICATION AND POLICY SUMMARY ARE INCLUDED IN THE ADMISSION PACKETS MAILED TO ALL PATIENTS PRIOR TO ADMISSION FOR INPATIENT SERVICES THE HOSPITAL PROVIDES ACCESSIBLE COMMUNICATION, WITHIN THE HOSPITAL AND ALL OFF-SITE LOCATIONS, IN THE FORM OF 1)SIGNAGE IN FIVE LANGUAGES,2)A PATIENT PAMPHLET WHICH DESCRIBES PAYMENT OPTIONS INCLUDING FAP,WEBSITE INFORMATION AND STAFF CONTACT INFORMATION FOR ASSISTANCE THE FAP SUMMARY AND WEBSITE INFORMATION ARE DISPLAYED IN PATIENT COMMON ENTRANCE AREAS IN THE HOSPITAL AND OFFSITE LOCATIONS THE HOSPITAL HAS UP-FRONT FINANCIAL COUNSELORS AND CAC'S (CERTIFIED APPLICATION COUNSELORS) TO ASSIST OUR PATIENTS WITH ONLINE APPLICATIONS FOR AFFORDABLE INSURANCE, MEDICAID AND OTHER PROGRAMS/GRANTS OUR PRE-COLLECTIONS OUTSOURCE VENDOR HAS OUR POLICY INFORMATION AND COUNSELS THE PATIENT IN THE SAME MANNER AS HOSPITAL EMPLOYEES THE DOCUMENTATION OF OUR FINANCIAL POLICY PATIENT EDUCATION IS PROVIDED IN OUR BILLING SYSTEM THE COLLECTION STAFF IN THE BUSINESS OFFICE FOLLOWS UP ON ALL APPLICATIONS SENT BY THE PRE-COLLECTIONS VENDOR DURING THE APPLICATION PROCESS, THE ACCOUNT IS PLACED ON HOLD UNTIL A FINAL DETERMINATION IS MADE THE DETERMINATION IS MADE WITHIN THIRTY DAYS OF RECEIVING A COMPLETED APPLICATION, INCLUDING REQUESTED SUPPORTING DOCUMENTATION IN WRITING, WITH AND EXPLANATION OF DETERMINATION WHEN DETERMINATION REQUIRES IT, THE APPLICANT IS GIVEN INSTRUCTIONS AS TO HOW TO APPEAL A DECISION</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SERVICE AREA THE ONEIDA COUNTY HEALTH DEPARTMENT AND THE HOSPITALS SERVE THE ENTIRE COUNTY HOSPITAL PATIENT CENSUS INCLUDES RESIDENTS FROM HERKIMER AND MADISON AS WELL, WITH APPROXIMATELY 80% OF PATIENTS RESIDING IN ONEIDA COUNTY ZIP CODES THE THREE HOSPITALS IN THE COUNTY INCLUDE MOHAWK VALLEY HEALTH SYSTEM WHICH INCLUDES FAXTON-ST LUKE'S HEALTHCARE (FSLH) AND ST ELIZABETH MEDICAL CENTER (SEMC), LOCATED IN THE CITY OF UTICA, AND ROME MEMORIAL HOSPITAL (RMH) LOCATED IN THE CITY OF ROME GEOGRAPHY ONEIDA COUNTY IS LOCATED IN CENTRAL NEW YORK WITH A POPULATION OF APPROXIMATELY 233,944 THERE ARE THREE CITIES IN THE COUNTY UTICA POPULATION OF 62,000, ROME POPULATION OF 33,000, AND THE SMALL CITY OF SHERRILL THERE ARE 45 TOWNS AND VILLAGES THAT COVER A TOTAL OF 1,257 11 SQUARE MILES SIXTY-SEVEN PERCENT (67%) OF THE COUNTY'S POPULATION RESIDES IN URBAN AREAS AND 33% IN RURAL AREAS AGE LIKE MANY OTHER COMMUNITIES, ONEIDA COUNTY HAS A SIGNIFICANT AND GROWING AGING POPULATION WITH A MEDIAN AGE OF 41 2 AND 16 8% OF THE POPULATION 65 YEARS AND OLDER RACE & ETHNICITY THE RACIAL AND ETHNIC CHARACTERISTICS OF ONEIDA COUNTY ARE WHITE (84 9%), BLACK (5 5%), ASIAN (4 0%), OTHER (2 0%), TWO OR MORE RACES (3 1%), AND HISPANIC OR LATINO (5 5%) ONEIDA COUNTY IS THE HOME OF ONE OF THE LARGEST REFUGEE RESETTLEMENT AGENCIES IN THE COUNTRY, THE MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES (MVRRCR) SINCE 1981, THE MVRRCR HAS RESETTLED OVER 15,000 INDIVIDUALS IN THE CITY OF UTICA OF VARYING ETHNICITIES AND NATIONALITIES INCLUDING VIETNAMESE, RUSSIAN, BOSNIAN, SOMALI BANTU, BURMESE AND NEPALI TO NAME A FEW (MVRRCR) 17 6% FOREIGN-BORN RESIDENTS CONSTITUTE THE POPULATION OF THE CITY OF UTICA AND 26 6% HOUSEHOLDS IN UTICA SPEAK A LANGUAGE OTHER THAN ENGLISH WITHIN THE COUNTY BORDER IS A PORTION OF THE MEMBERS (~549) AND TERRITORY OF THE ONEIDA INDIAN NATION (NYS OFFICE OF CHILDREN AND FAMILY SERVICES, "A PROUD HERITAGE - NATIVE AMERICAN SERVICES IN NYS", 2001 EDITION) IN THE COUNTY, THERE ARE POCKETS OF AMISH AND MENNONITE POPULATIONS IN RURAL AREAS (DATA UNAVAILABLE) ECONOMIC PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL IS 11 7% AND THE PERCENTAGE WITH RELATED CHILDREN UNDER 18 YEARS IS 20 8%, THE PERCENTAGE OF PEOPLE 65 YEARS AND OLDER BELOW THE POVERTY LEVEL IS 9 1% THE PERCENTAGE OF THE POPULATION 16 YEARS AND OLDER THAT IS UNEMPLOYED IS 4 8% PERCENT WITH HIGH SCHOOL GRADUATE DEGREE OR HIGHER IS 87 5% PERCENT OF CIVILIAN NON-INSTITUTIONALIZED POPULATION WITH HEALTH INSURANCE COVERAGE IS 93 1%, 67 5% OF THESE HAVE PRIVATE HEALTH INSURANCE AND 40 6% WITH PUBLIC COVERAGE AND 6 9% HAVE NO HEALTH INSURANCE COVERAGE THE EIGHT COUNTIES OF CNY HAVE A TOTAL OF 277,458 MEDICAID ENROLLEES, ONONDAGA AND ONEIDA COUNTY ACCOUNT FOR 171,713 OR 62% OF ALL OF THE MEDICAID ENROLLEES (CENTRAL NY CARE COLLABORATIVE COMMUNITY HEALTH ASSESSMENT)</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE NEW YORK STATE PREVENTION AGENDA SERVES AS A GUIDE TO HEALTH DEPARTMENTS AND HOSPITALS AS THEY DEVELOP THE CHNA AND PROMOTE COMMUNITY HEALTH. THE SIX PRIORITY AREAS WERE REVISED IN MARCH 2015. THEY ARE:</p> <ol style="list-style-type: none"> 1. IMPROVE HEALTH STATUS AND REDUCE HEALTH DISPARITIES 2. PROMOTE A HEALTHY AND SAFE ENVIRONMENT 3. PREVENT CHRONIC DISEASES 4. PREVENT HIV/STDs, VACCINABLE PREVENTABLE DISEASES AND HEALTHCARE-ASSOCIATED INFECTIONS 5. PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN 6. PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE <p>APPENDIX A: NYS PREVENTION AGENDA DASHBOARD</p> <p>ONEIDA COUNTY SUMMARIZES SOME OF THE DATA REVIEWED TO ASSESS THE COUNTY'S HEALTH STATUS AND PROGRESS IN ACHIEVING THE NYS PREVENTION AGENDA PRIORITY AREA'S OBJECTIVES FOR 2018. THE PLANNING TEAM COLLABORATIVELY ASSESSED WHETHER TO CHANGE OR ADD PRIORITIES BASED ON PROGRESS TO DATE AND OTHER COMMUNITY NEEDS. WHILE THERE WERE MULTIPLE AREAS WORTHY OF SELECTION FOR IMPROVEMENT, THE DATA ANALYSIS BELOW INDICATES THAT THE FOCUS AREAS IDENTIFIED IN THE EXISTING 2013-2017 CHIP MERITED CONTINUED AND SUSTAINED IMPROVEMENT EFFORTS TO ADDRESS BREASTFEEDING AND TOBACCO CESSATION. ADDITIONALLY, THE SELECTED PRIORITIES AND GOALS WERE INITIATIVES THAT BOTH HOSPITALS AND PUBLIC HEALTH COULD LEAD AND IMPACT. THE PLANNING TEAM ALSO REGULARLY CONSULTED WITH THE CHIP WORK GROUPS TO ASSESS PROGRESS AND GATHER FEEDBACK ON THE DATA AND GOALS. THE FOLLOWING IS A SUMMARY AND ANALYSIS OF THE FINDINGS RELATED TO THE FOCUS AREAS AND GOALS IN THE CHIP TOBACCO CESSATION. ALTHOUGH THE PERCENTAGE OF ADULTS SMOKING CIGARETTES DECREASED FROM 24% TO 22% SINCE THE 2013 CHIP/CHA, THE PERCENTAGE REMAINS HIGH IN COMPARISON TO NYS (17.3%) AND THE NYS PREVENTION AGENDA OBJECTIVE (12.3%), NOTWITHSTANDING THE FACT THAT SMOKING IS ALSO LINKED TO MULTIPLE CHRONIC DISEASE CONDITIONS INCLUDING DIABETES, HEART DISEASE, STROKE AND ASTHMA. BREASTFEEDING: THE PERCENTAGE OF INFANTS EXCLUSIVELY BREASTFED IN THE HOSPITAL IS 51.7% AND NEAR THE PA OBJECTIVE OF 48.1%. HOWEVER, THERE IS SIGNIFICANT DIFFERENCE BETWEEN THE RATIO FOR AT-RISK POPULATIONS INCLUDING BLACKS (0.39) AND MEDICAID BIRTHS (0.49) AND THE NYS PA OBJECTIVES OF 0.57 AND 0.667, RESPECTIVELY. ALSO, WIC DATA SHOWS IMPROVEMENTS ARE STILL NEEDED FOR INFANTS BREASTFEEDING AT SIX MONTHS (18.5% - PEDNSS 2014). THE INITIATIVES IN THE EXISTING 2013-2017 CHIP ALSO TARGET INDIVIDUALS WITH LOW SOCIOECONOMIC STATUS AND INDIRECTLY IMPACT OTHER INDIVIDUALS WITH DISPARITIES (MINORITIES AND INDIVIDUALS WITH LOW-ENGLISH PROFICIENCY) IDENTIFIED IN THE DEMOGRAPHIC ANALYSIS ABOVE. ADDITIONALLY, FINDINGS IN THE CNY CARE COLLABORATIVE COMMUNITY HEALTH ASSESSMENT, RELATED TO ONEIDA COUNTY, SUPPORT THE NEED FOR INTERVENTIONS TARGETED AT CHRONIC DISEASE PREVENTION (TOBACCO CESSATION) AND PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN (BREASTFEEDING). THESE INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. TOTAL PREVENTION QUALITY INDICATORS (PQIs) - PQIs ARE DEFINED AS CONDITIONS FOR WHICH ACCESS TO AND PROVISION OF APPROPRIATE OUTPATIENT CARE CAN PREVENT COMPLICATIONS OF CHRONIC DISEASE AND POTENTIALLY PREVENT THE NEED FOR HOSPITALIZATION. THE LIST OF AREAS THAT REQUIRE CLOSER EXAMINATION RELATED TO INCREASED NEED FOR IMPROVED ACCESS TO OUTPATIENT CARE IN ONEIDA COUNTY INCLUDED UTICA, ROME AND WATERVILLE. THESE AREAS HAVE TOTAL PQI RATES THAT ARE TWO (2) TO FIVE (5) TIMES GREATER THAN THE AVERAGE RATES FOR CENTRAL AND UPSTATE NEW YORK. 2. DIABETES PQI AND INPATIENT HOSPITALIZATION RATES - THE FOLLOWING AREAS HAD ONE OR MORE DIABETES INDICATOR RATES THAT WERE SUBSTANTIALLY HIGHER THAN THE CENTRAL AND UPSTATE NEW YORK BENCHMARK RATES. WOODGATE HAD THE GREATEST NEED. IT HAD THE HIGHEST RATES FOR PQI 1 (SHORT-TERM COMPLICATIONS OF DIABETES) AND PQI 16 (LOWER EXTREMITY AMPUTATION) IN THE EIGHT-COUNTY REGION. IT ALSO HAD THE SECOND HIGHEST RATES FOR PQI 3 (LONG-TERM COMPLICATIONS OF DIABETES). CAMDEN, UTICA AND, TO A LESSER EXTENT ROME AND A FEW OUTLYING AREAS, ALSO SHOWED UP ON A NUMBER OF DIABETES INDICATORS. 3. RESPIRATORY PQI AND INPATIENT HOSPITALIZATION RATES - THE FOLLOWING AREAS HAD ONE OR MORE RESPIRATORY INDICATOR RATES THAT WERE SUBSTANTIALLY HIGHER THAN THE CENTRAL AND UPSTATE NEW YORK BENCHMARK RATES - THE CITIES OF UTICA AND ROME SHOWED UP CONSISTENTLY ON THE INDICATORS. THERE WERE A FEW AREAS WITH MUCH SMALLER POPULATIONS IN THE COUNTY THAT ALSO APPEARED. 4. CIRCULATORY PQI AND CARDIAC-RELATED INPATIENT HOSPITALIZATION RATES IN THE CITIES OF ROME AND UTICA, AS WELL AS LEE CENTER, THE RATES OF CORONARY VASCULAR DISEASE DISCHARGES SPECIFICALLY SHOWED A VERY DISTINCT PATTERN. NEARLY ALL OF ONEIDA COUNTY SHOWED HIGH LEVELS OF NEED. <p>GENERAL CONCLUSION: GIVEN THE DISTINCT PATTERN OF CORONARY VASCULAR DISEASE MORBIDITY, IT SEEMS AS THOUGH A BROAD-BASED PROGRAM FOCUSING ON HEALTHY BEHAVIORS SUCH AS PROPER NUTRITION AND EXERCISE WOULD BE VERY BENEFICIAL, NOT ONLY FOR CARDIOVASCULAR-RELATED MORBIDITY, BUT FOR DIABETES, AS WELL (SOURCE: CNYCC NEEDS ASSESSMENT). FSLH AND SEMC OFFER NUMEROUS FREE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	, EDUCATIONAL EVENTS EACH YEAR TO THE PUBLIC MAMMOGRAM AND PAP SCREENINGS FOR UNINSURED WOMEN A WOMEN'S HEALTH OPEN HOUSE FOR ALL WOMEN GENERAL HEALTH INFORMATION FOR HEART HEALTH AT THE ANNUAL HEART RUN AND WALK EXPO IN 2017, 390 PEOPLE COMPLETED THE HEALTH ASSESSMENT WHICH INCLUDED A CHOLESTEROL SCREENING, DIABETIC RISK SCORE, AND BLOOD PRESSURE AND PULMONARY FUNCTION TESTS ST ELIZABETH MEDICAL CENTER PAID FOR THE HEALTH ASSESSMENT UTICA COLLEGE YOUNG SCHOLARS PROGRAM

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ST ELIZABETH MEDICAL CENTER (SEMC) AND FAXTON ST LUKE'S HEALTHCARE (FSLH) AFFILIATED UNDER THE MOHAWK VALLEY HEALTH SYSTEM (MVHS) ON MARCH 6, 2014 MVHS MAIN CAMPUSES ST ELIZABETH CAMPUS 2209 GENESEE STREET, UTICA, NY ST LUKE'S CAMPUS 1656 CHAMPLIN AVENUE, NEW HART FORD, NY FAXTON CAMPUS 1676 SUNSET AVENUE, UTICA, NY THE MVHS MEDICAL GROUP OFFERS 17 PRIMARY CARE OFFICES LOCATED THROUGHOUT ONEIDA AND HERKIMER COUNTIES, A CHILDREN'S HEALTH CENTER, WOMEN'S HEALTH CENTER AND MULTI-SPECIALTY PROVIDERS INCLUDING GENERAL, ORTHOPEDIC, VASCULAR AND CARDIAC AND THORACIC SURGERY, GASTROENTEROLOGY AND ADVANCED ENDOSCOPY, AND NEURO SCIENCES THE SISTER ROSE VINCENT FAMILY MEDICINE CENTER PROVIDES PATIENT CARE SERVICES AND IS ALSO A TEACHING FACILITY FOR NEW PHYSICIANS FAXTON ST LUKE'S HEALTHCARE A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, FSLH INCLUDES ST LUKE'S HOME, SENIOR NETWORK HEALTH, MOHAWK VALLEY HOME CARE AND THE VISITING NURSE ASSOCIATION OF UTICA AND ONEIDA COUNTY ST LUKE'S CAMPUS BARIATRIC SURGERY PROGRAM MATERNAL CHILD SERVICES MOHAWK VALLEY VASCULAR CENTER STROKE CENTER SURGICAL AND AMBULATORY SERVICES TOTAL JOINT ORTHOPEDIC PROGRAM FAXTON CAMPUS AMBULATORY SURGICAL CENTER (CLOSED APRIL 2018) CANCER CENTER DIALYSIS CENTER OUTPATIENT REHABILITATION SERVICES WELLNESS CENTER CENTER FOR REHABILITATION AND CONTINUING CARE SERVICES ACUTE INPATIENT REHABILITATION UNIT ADULT DAY HEALTH CARE SERVICE OUTPATIENT DIALYSIS CENTER ST LUKE'S HOME SENIOR NETWORK HEALTH VISITING NURSE ASSOCIATION OF UTICA AND ONEIDA COUNTY ST ELIZABETH MEDICAL CENTER A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION, SEMC ALSO INCLUDES ST ELIZABETH HOME CARE, WHICH SERVES PATIENTS IN THEIR HOMES AND ST ELIZABETH HEALTH SUPPORT SERVICES OFFERING RESPIRATORY SERVICES AND DURABLE MEDICAL EQUIPMENT TO PATIENTS IN THEIR HOMES SEMC HAS 202 ACUTE CARE BEDS SEMC MAIN CAMPUS CARDIAC SERVICES MOHAWK VALLEY SLEEP DISORDERS CENTER ORTHOPEDIC SERVICES ST ELIZABETH COLLEGE OF NURSING ST ELIZABETH FAMILY MEDICINE RESIDENCY PROGRAM SURGICAL AND AMBULATORY SERVICES TRAUMA CENTER FELLOWSHIP IN HOSPITAL MEDICINE FELLOWSHIP IN GYNECOLOGIC ENDOSCOPY MEDICAL ARTS CAMPUS ADVANCED WOUND CARE CENTER IMAGING MVHS NEW HARTFORD MEDICAL OFFICE OUTPATIENT LABORATORY DRAW SITE OUTPATIENT REHABILITATION SERVICES BOTH HOSPITALS ACCEPT ALL MAJOR INSURANCES AND HAVE DESIGNATED CHARITY CARE PROGRAMS TO HELP PROVIDE FOR INDIVIDUALS WITHOUT INSURANCE OUR AFFILIATION ENHANCES SERVICES FOR THE RESIDENTS OF THE MOHAWK VALLEY THROUGH GREATER COLLABORATION AND IMPROVED CLINICAL QUALITY FOR PATIENT AND RESIDENT CARE AS A LARGE SYSTEM, MVHS HAS MUCH TO OFFER WHEN RECRUITING NEW PHYSICIANS SEMC IS A CATHOLIC HOSPITAL, SPONSORED BY THE SISTERS OF ST FRANCIS OF THE NEUMANN COMMUNITIES SPECIALTIES THE BARIATRIC SURGERY PROGRAM IS AN AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY BARIATRIC SURGERY CENTER OF EXCELLENCE AS AN ACCREDITED PROGRAM, MVHS DEMONSTRATES THAT OUR CENTER MEETS THE NEEDS OF BARIATRIC SURGERY PATIENTS BY PROVIDING MULTIDISCIPLINARY, HIGH-QUALITY, PATIENT-CENTERED CARE THE CANCER CENTER PROVIDES CARE TO PATIENTS IN OUR COMMUNITY FROM THE TIME OF DIAGNOSIS THROUGH TREATMENT AND RECOVERY SERVICES INCLUDE OUTPATIENT INFUSION, RADIATION ONCOLOGY, CLINICAL TRIALS, INPATIENT ONCOLOGY, INTEGRATIVE MEDICINE, A BREAST CARE CENTER, A NURSE NAVIGATOR PROGRAM, CANCER EDUCATION AND SUPPORT SERVICES THE CENTRAL YORK DIABETES EDUCATION PROGRAM (CNY DIABETES) IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION CNY DIABETES OFFERS THE NATIONAL DIABETES PREVENTION PROGRAM WHICH IS ENDORSED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION THE DIALYSIS CENTER IS THE SOLE PROVIDER OF DIALYSIS TREATMENT WITHIN A 25 MILE SERVICE AREA EACH YEAR, MORE THAN 400 PATIENTS RECEIVE MORE THAN 69,000 DIALYSIS TREATMENTS AT ONE OF SIX FACILITIES LOCATED THROUGHOUT THE MOHAWK VALLEY DIALYSIS CENTERS ARE LOCATED IN UTICA, ROME, HAMILTON AND HERKIMER FSLH IS THE ONLY DESIGNATED PRIMARY STROKE CENTER IN THE MOHAWK VALLEY AND ONE OF 115 DESIGNATED STROKE CENTERS IN NEW YORK STATE THE ORGANIZATION IS A RECIPIENT OF THE AMERICAN HEART ASSOCIATION /AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD THE AWARD RECOGNIZES FSLH'S COMMITMENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE FOR STROKE PATIENTS, ACCORDING TO EVIDENCE-BASED GUIDELINES MVHS'S ACUTE INPATIENT REHABILITATION PROGRAM IS ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES THE REHABILITATION CENTER PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES WITH LOCATIONS AT THE FAXTON CAMPUS, ST LUKE'S CAMPUS, ST LUKE'S HOME, ST ELIZABETH CAMPUS AND ST ELIZABETH MEDICAL ARTS ST LUKE'S HOME IS A 202-BED LONG TERM CARE FACILITY WITH A 40-BED SUBACUTE REHABILITATION UNIT ST LUKE'S HOME OPENED IN 1996 ON THE ST LUKE'S CAMPUS AND RECENTLY UNDERWENT A \$31.3 MILLION RENOVATION AND EXPANSION THE VISITING NURSE ASSOCIATION (VNA) OF UTICA AND ONEIDA COUNTY IS ACCREDITED BY THE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	COMMUNITY HEALTH ACCREDITATION PROGRAM, INC THE VNA OF UTICA AND ONEIDA COUNTY CELEBRATE D ITS 100TH ANNIVERSARY IN 2015 AND SERVES NEARLY 2,200 PATIENTS ANNUALLY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Additional Data

Software ID:

Software Version:

EIN: 16-1576637

Name: FAXTON ST LUKE'S HEALTHCARE

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	FAXTON ST LUKES HEALTHCARE INC PO BOX 479 UTICA, NY 13503 FAXTONSTLUKES.COM 17-30-91	X	X					X		DENTAL CLINIC, DIAGNOSTICS, MEDICAL IMAGING, DIALYSIS, L&D, URGENT CARE	

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
FAXTON ST LUKES HEALTHCARE, INC	<p>PART V, SECTION B, LINE 5 IN 2013, THE ONEIDA COUNTY HEALTH DEPARTMENT (OCHD), HOSPITALS, AND REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS CONVENED TO DEVELOP THE 2013-2017 COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN THE PLANNING GROUP MET REGULARLY TO DISCUSS THE DATA, COMMUNITY INPUT, AND HEALTH PRIORITIES INPUT WAS COLLECTED FROM A LARGE COMMUNITY FORUM WITH STAKEHOLDER FEEDBACK ON COMMUNITY STRENGTHS, WEAKNESSES, AND PRIORITY AREAS FOR IMPROVEMENT A CHA/CHIP PLANNING TEAM COMPRISED OF OCHD, FSL, SEMC AND RMH STAFF MET REGULARLY STARTING IN EARLY 2016 THE PLANNING TEAM MET TO REVIEW AND DISCUSS THE 2016-2018 CHA/CHIP UPDATE PROCESS, CLARIFY EXPECTATIONS, AND DEVELOP A DETAILED WORK PLAN WITH TEAM RESPONSIBILITIES, ASSIGNED TASKS, AND DEADLINES TO DEVELOP AND FINALIZE THE PLAN UPDATE THE PLANNING TEAM CAME TO CONSENSUS ON THE APPROACH TO UPDATE THE CHA AND REASSESS PRIORITIES ESTABLISHED IN THE CHIP DATA FROM THE ONEIDA COUNTY PREVENTION AGENDA DASHBOARD, NEW YORK STATE QUITLINE PARTNERS REPORTS, ONEIDA COUNTY TEEN ASSESSMENT PROJECT (TAP), PEDIATRIC NUTRITION SURVEILLANCE SYSTEM (PEDNSS) REPORTS,COUNTY HEALTH RANKINGS, BRIDGES COMMUNITY SURVEY, AND THE CNY CARE COLLABORATIVE CNYCC) COMMUNITY HEALTH ASSESSMENT WERE REVIEWED TO ASSESS AREAS FOR IMPROVEMENT AND STATUS IN ACHIEVING THE GOALS AND OBJECTIVES OUTLINED IN THE PREVIOUS CHIP THE CNYCC COMMUNITY HEALTH ASSESSMENT AND WORK TO SUPPORT THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), AN INITIATIVE TO TRANSFORM THE HEALTH SYSTEM OF NEW YORK STATE, WERE ALSO FACTORED INTO THE ASSESSMENT PROCESS IN MARCH 2016, THE PLANNING TEAM PRESENTED TO THE ONEIDA COUNTY HEALTH COALITION GENERAL MEMBERSHIP (APPROXIMATELY 60 PEOPLE IN ATTENDANCE) INFORMATION ON THE CHA AND CHIP ACTIVITIES THE OCHC IS COMPRISED OF BROAD REPRESENTATION OF SECTORS AND ORGANIZATIONS THAT CONVEENE UNDER THE DIRECTION OF THE OCHD TO DISCUSS AND ANALYZE DATA ON VARIOUS HEALTH ISSUES AND TRENDS PARTNERS WERE PROVIDED WITH A SUMMARY OF THE PREVENTION AGENDA DATA AND THE SELECTED CHIP FOCUS AREAS AND WORK GROUP ACTIVITIES MEMBERS WERE APPRISED OF AND INVITED TO PARTICIPATE IN THE WORK GROUPS AND COMMUNITY HEALTH ASSESSMENT ACTIVITIES AS A FOLLOW UP TO COLLECT MORE IN-DEPTH PARTNER FEEDBACK, IN MAY 2016, THE PLANNING TEAM CONVENED MEMBERS OF THE ONEIDA COUNTY HEALTH COALITION STEERING COMMITTEE, A GROUP OF APPROXIMATELY 20 COMMUNITY AGENCIES AND ORGANIZATIONS THAT OVERSEE AND GUIDE THE LARGER COMMUNITY HEALTH PARTNERSHIP PARTNERS WERE PRESENTED WITH AN OVERVIEW OF THE COMMUNITY HEALTH ASSESSMENT UPDATE AND COMMUNITY HEALTH IMPROVEMENT PLAN REQUIREMENTS, CHIP WORK GROUP PROJECTS, TIMELINES, AND STATUS IN ACHIEVING THE DEFINED GOALS AND OBJECTIVES THE PREVENTION AGENDA INDICATOR DATA AND GOALS WERE REVIEWED ALONG WITH AN OVERVIEW OF HOW EACH OF THE FOCUS AREAS ALIGN WITH HOSPITAL DSRIP INITIATIVES, SPECIFICALLY THE INITIATIVES OF THE TOBACCO CESSATION WORK GROUP ALIGNED WITH DSRIP FOCUS</p>

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

Form and Line Reference	Explanation
FAXTON ST LUKES HEALTHCARE, INC	<p>AREAS TO DSRIP 4 D I -REDUCE PRETERM BIRTHS AND DSRIP 3 B I - CARDIOVASCULAR DISEASE MANAGEMENT AND THE INITIATIVES OF THE BREASTFEEDING WORK GROUP INDIRECTLY ALIGN WITH DSRIP GOALS (E G , HEALTHY START FOR BABIES AND HEALTH BENEFITS TO MOTHER) TO REDUCE UNNECESSARY UTILIZATION THROUGH PRIMARY PREVENTION THE PLANNING TEAM OUTLINED ITS SUCCESSES AND CHALLENGES AND OBTAINED INPUT FROM THE STEERING COMMITTEE ON AREAS FOR IMPROVEMENT AND IDENTIFIED OTHER POTENTIAL PARTNERS OR RESOURCES THAT COULD SUPPORT CHIP WORK GROUP ACTIVITIES AS A RESULT OF THE DIALOGUE, THE OCHC STEERING COMMITTEE REAFFIRMED THAT THE PLANNING TEAM AND WORK GROUPS SHOULD CONTINUE THEIR EFFORTS TO ADDRESS THE CHIP FOCUS AREAS AND GOALS OUTLINED IN THE 2013- 2017 CHIP THE PLANNING TEAM ALSO ESTABLISHED MECHANISMS TO COLLECT COMMUNITY PERSPECTIVE ON THE CHIP FOCUS AREAS HEALTH DEPARTMENT STAFF PRESENTED A SHORT COMMENT CARD TO COMMUNITY MEMBERS AT ALL SEVEN (7) PUBLIC HEALTH EVENTS ON NEEDS AND PERCEPTIONS RELATED TO TOBACCO CESSATION AND BREASTFEEDING THE RESULTS OF THIS FEEDBACK ARE IN APPENDIX B ADDITIONALLY, THE PLANNING TEAM REVIEWED THE FINDINGS FROM THE CNYCC NEEDS ASSESSMENT WHICH INCLUDED A PRIMARY CARE ASSESSMENT, CNY CONSUMER ACCESS SURVEY, CNY SAFETY NET ASSESSMENT (MEDICAID AND SELF-PAY POPULATIONS) AND KEY INFORMANT INTERVIEWS</p>

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
FAXTON ST LUKES HEALTHCARE, INC	PART V, SECTION B, LINE 6A OTHER REPRESENTATIVES INCLUDED FSLH, SEMC, ROME MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
FAXTON ST LUKES HEALTHCARE, INC	PART V, SECTION B, LINE 6B PARTNERS INCLUDE THE ONEIDA COUNTY HEALTH COALITION STEERING COMMITTEE AND THE TWO PREVENTION AGENDA PRIORITY AREA WORK GROUPS THAT FOCUS ON TOBACCO USE CESSATION AND BREASTFEEDING THE COALITION CONSISTS OF COMMUNITY PARTNERS INCLUDING HOSPITALS, OCHD AND COMMUNITY ORGANIZATIONS THE STEERING COMMITTEE ASSISTED BY REAFFIRMING OUR PRIORITY AREAS AND WILL SERVE AS AN ONGOING RESOURCE FOR IMPLEMENTATION EFFORTS OUR PRIORITY AREA WORK GROUPS INCLUDE MEMBERS FROM ONEIDA COUNTY HOSPITALS, OCHD AND COMMUNITY ORGANIZATION STAFF MEMBERS WHO HAVE A FOCUS ON THE PRIORITY AREA IN ADDITION TO ONEIDA COUNTY HEALTH DEPARTMENT, CENTRAL NEW YORK HOME HEALTH CARE, HERKIMER-ONEIDA COMPREHENSIVE PLANNING PROGRAM, UTICA COMMUNITY HEALTH CENTER, MOHAWK VALLEY PERINATAL NETWORK, ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES, THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, CORNELL COOPERATIVE EXTENSION, THE PARKWAY CENTER, AMERICAN CANCER SOCIETY, UPSTATE CEREBRAL PALSY, UNITED WAY, ONEIDA COUNTY DEPARTMENT OF MENTAL HEALTH, CENTER FOR FAMILY LIFE & RECOVERY, AND THE HOUSE OF THE GOOD SHEPHERD

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
FAXTON ST LUKES HEALTHCARE, INC	PART V, SECTION B, LINE 11 SINCE 2014, THE TOBACCO CESSATION AND BREASTFEEDING WORK GROUPS HAVE BEEN MEETING QUARTERLY TO REVIEW WORK PLANS AND MONITOR DATA IN CONSULTATION WITH THE PLANNING TEAM, WORK GROUPS REVIEWED THE PREVENTION AGENDA INDICATORS SPECIFIC TO THEIR GOALS, ASSESSED CURRENT STATUS, REAFFIRMED INITIATIVES AND COMMUNITY PARTNERS AND ADJUSTED WORK PLANS FOR 2017-2018 EACH OF THE WORK GROUPS' MAJOR ACCOMPLISHMENTS AND CHALLENGES TO DATE WERE OUTLINED AS FOLLOWS A TOBACCO CESSATION WORK GROUP1 SUCCESSFULLY IMPLEMENTED FAX-TO-QUIT/OPT-TO-QUIT POLICIES WITHIN THREE HOSPITALS IN THE COUNTY AND APPLICABLE OCHD PROGRAM, CONTRIBUTING TO THE INCREASE IN CESSATION REFERRALS 2 SUCCESSFULLY ESTABLISHED RELATIONSHIPS WITH AREA SCHOOLS TO OFFER TOBACCO PREVENTION EDUCATION SESSIONS 3 SUCCESSFULLY DEVELOPED PARTNERSHIPS TO OFFER CESSATION CLASSES 4 SAW AN INCREASE IN NUMBER OF CALLS TO THE QUITLINE 980 (2016) TO 1,424 (2017 YTD)5 ONEIDA COUNTY HEALTH DEPARTMENT CLINIC STAFF TRAINED IN AND USING 5 A'S WITH PATIENTS B BREASTFEEDING WORK GROUP1 SUCCESSFULLY SUPPORTED COMMUNITY PEER-TO-PEER SUPPORTS FOR BREASTFEEDING WOMEN 2 SUCCESSFULLY IMPLEMENTED DIRECT REFERRAL SYSTEMS FOR TWO OB CLINICS TO REFER WOMEN TO WIC 3 SUCCESSFULLY STARTED PARTNERSHIP WITH EDUCATION FOR CHILD CARE PROVIDERS 4 SUCCESSFULLY IMPLEMENTED THE BREASTFEEDING FRIENDLY PLACES IN THE COMMUNITY THROUGH THE BREASTFEED YOUR BABY HERE (BYBH) INITIATIVE 5 MEDIA PROMOTION TO SUPPORT OPENING OF ADDITIONAL BREASTFEEDING CAF LOCATION TARGETING UNDERSERVED POPULATIONS 6 FSLH PARTICIPATED IN GREAT BEGINNINGS LEARNING COLLABORATIVE 7 COMMUNITY EDUCATION AND WEIGH STATIONS PROVIDED ONGOING BREASTFEEDING SUPPORT (RMH AND OCHD) 8 CHALLENGE IN EFFECTIVENESS OF FEEDING COUNSELING SESSIONS AT OB CLINICS ALTHOUGH A SUBSTANTIAL AMOUNT OF WOMEN WERE EDUCATED, SIGNIFICANT CHANGES IN BREASTFEEDING OUTCOMES AT DELIVERY WERE NOT SEEN AND IT WAS NOT A SUSTAINABLE MODEL 9 CHALLENGE IN CONNECTING DELIVERY PATIENTS WITH WIC PEER COUNSELORS UPON DELIVERY IDENTIFIED INDIRECT WAYS TO MAKE THIS TIMELY CONNECTION, MAINLY THROUGH USING SOCIAL MEDIA

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

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

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

Name and address	Type of Facility (describe)
1 1 - MVHS ORTHOPEDIC GROUP 1903 SUNSET AVE UTICA, NY 13502	PHYSICIAN OFFICE
1 2 - MVHS SURGICAL GROUP 1656 CHAMPLIN AVE PROF OFFICE BLDNG UTICA, NY 13502	PHYSICIAN OFFICE
2 3 - WOMEN'S MEDICAL IMAGING CENTER 106 BUSINESS PARK DRIVE UTICA, NY 13502	RADIOLOGY SERVICES
3 4 - MVHS MOHAWK VALLEY MEDICAL GROUP 201 EAST STATE STREET HERKIMER, NY 13350	PHYSICIAN OFFICE
4 5 - HERKIMER DIALYSIS CENTER 201 EAST STATE STREET HERKIMER, NY 13350	DIALYSIS SITE
5 6 - ONEIDA DIALYSIS CENTER 221 BROAD STREET ONEIDA, NY 13421	DIALYSIS SITE
6 7 - DENTAL HEALTH CENTER 1714 BURRSTONE ROAD NEW HARTFORD, NY 13413	DENTAL CLINIC
7 8 - MVHS NEW HARTFORD MEDICAL GROUP 8411 SENECA TURNPIKE NEW HARTFORD, NY 13413	PHYSICIAN OFFICE
8 9 - MVHS WASHINGTON MILLS MEDICAL GROUP 3946 ONEIDA STREET NEW HARTFORD, NY 13413	PHYSICIAN OFFICE
9 10 - MASONIC CARE COMMUNITY DIALYSIS 2150 BLEEKER STREET UTICA, NY 13501	DIALYSIS SITE
10 11 - ROME DIALYSIS CENTER 91 PERIMETER ROAD SUITE 140 ROME, NY 13440	DIALYSIS SITE
11 12 - MVHS BARNEVELD MEDICAL GROUP 7980 STATE RT 12 BARNEVELD, NY 13304	PHYSICIAN OFFICE
12 13 - MVHS WHITESBORO MEDICAL GROUP 37 MAIN STREET WHITESBORO, NY 13492	PHYSICIAN OFFICE
13 14 - MVHS BOONVILLE MEDICAL GROUP 13460 STATE ROUTE 12 BOONVILLE, NY 13304	PHYSICIAN OFFICE
14 15 - MVHS NORTH UTICA MEDICAL GROUP 35 RIVERSIDE DRIVE UTICA, NY 13502	PHYSICIAN OFFICE

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

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

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

Name and address	Type of Facility (describe)
16 16 - HAMILTON DIALYSIS CENTER 10 EATON STREET HAMILTON, NY 13346	DIALYSIS SITE
1 17 - MVHS WATERVILLE MEDICAL GROUP MADISON ST BUS PARK 358 MADISON AVE WATERVILLE, NY 13480	PHYSICIAN OFFICE
2 18 - MVHS NEUROSURGERY GROUP 1656 CHAMPLIN AVE PROF OFFICE BLDNG UTICA, NY 13502	PHYSICIAN OFFICE
3 19 - CENTER FOR REHABCONTINUING CARE SRVCS 1650 CHAMPLIN AVE UTICA, NY 13502	INTENSIVE REHAB UNIT/CONTINUING CARE SERVC CTR
4 20 - MVHS CLINTON MEDICAL GROUP 101 COLLEGE STREET CLINTON, NY 13323	PHYSICIAN OFFICE
5 21 - MVHS SAUQUOIT MEDICAL GROUP 2888 ONEIDA STREET SAUQUOIT, NY 13456	PHYSICIAN OFFICE
6 22 - MVHS GI OFFICE 1656 CHAMPLIN AVE PROF OFFICE BLDNG UTICA, NY 13502	PHYSICIAN OFFICE
7 23 - MVHS VASCULAR SURGERY GROUP 1675 BENNETT STREET UTICA, NY 13502	PHYSICIAN OFFICE
8 24 - NEUROPSYCHOLOGYNEURO SCIENCE GROUP 8411 SENECA TURNPIKE NEW HARTFORD, NY 13413	PHYSICIAN OFFICE
9 25 - WATERVILLE COMMUNITY MEDICINE 117 W MAIN STREET WATERVILLE, NY 13480	PHYSICIAN OFFICE
10 26 - MVHS PULMONARY MEDICINECRITICAL CARE 35 RIVERSIDE DRIVE UTICA, NY 13502	PHYSICIAN OFFICE
11 27 - MVHS UROLOGY GROUP 1676 SUNSET AVENUE UTICA, NY 13502	PHYSICIAN OFFICE
12 28 - ONEIDA MEDICAL GROUP 131 MAIN STREET ONEIDA, NY 13421	PHYSICIAN OFFICE
13 29 - ROME MEDICAL GROUP 1617 NORTH JAMES STREET ROME, NY 13440	PHYSICIAN OFFICE

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization FAXTON ST LUKE'S HEALTHCARE	Employer identification number 16-1576637
--	---	--

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

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.

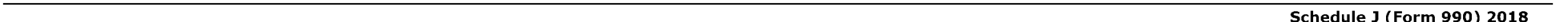
See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 6	AN INCENTIVE COMPENSATION PLAN EXISTS FOR THE EXECUTIVE STAFF OF FSLH. COMPENSATION IS BASED ON PERFORMANCE RELATIVE, IN PART, TO THE ORGANIZATION NET EARNINGS TARGETS, AS WELL AS, VARIOUS OTHER QUALITY RELATED PERFORMANCE TARGETS. THE INCENTIVES ARE ONLY PAID OUT UPON ACHIEVEMENT OF THESE SET TARGETS. DURING 2018, \$155,450 OF INCENTIVE COMPENSATION WAS PAID OUT UNDER THIS PLAN RELATING TO THE 2017 FISCAL YEAR. \$228,000 WAS ACCRUED FOR THE 2018 FISCAL YEAR INCENTIVE COMPENSATION, THE ACTUAL 2019 PAYMENTS WERE \$178,167.



Additional Data

Software ID:
Software Version:
EIN: 16-1576637
Name: FAXTON ST LUKE'S HEALTHCARE

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				
PAUL DAVIDSON MD BOARD MEMBER/SEMC MEDICAL	(i)	0	0	0	0	0	0	0
	(ii)	68,658	0	226,075	0	0	294,733	0
SCOTT PERRA FACHE PRESIDENT/CEO	(i)	700,000	70,000	142,630	20,469	11,438	944,537	0
	(ii)	0	0	0	0	0	0	0
LOUIS AIELLO SR VICE PRESIDENT/CFO	(i)	0	0	0	0	0	0	0
	(ii)	391,075	38,000	20,469	25,694	18,786	494,024	0
ROBERT SCHOLEFIELD RN MS SR VICE PRESIDENT/COO	(i)	0	0	0	0	0	0	0
	(ii)	388,846	36,000	18,466	28,397	13,727	485,436	0
MICHAEL F TREVISANI MD SR VICE PRESIDENT/CMO	(i)	383,000	8,750	25,429	11,458	14,638	443,275	0
	(ii)	0	0	0	0	0	0	0
LINDA MCCORMACK-MILLER SR VICE PRESIDENT/CNO	(i)	268,000	8,750	3,362	14,387	8,504	303,003	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER MAX MD PHYSICIAN	(i)	362,500	569,472	6,584	11,570	13,551	963,677	0
	(ii)	0	0	0	0	0	0	0
ANDREW PELLECCHIA MD PHYSICIAN	(i)	551,690	0	52,540	12,008	15,256	631,494	0
	(ii)	0	0	0	0	0	0	0
SUSHMA KAUL MD PHYSICIAN	(i)	350,013	177,086	76,836	11,692	14,636	630,263	0
	(ii)	0	0	0	0	0	0	0
GHASSAN KOUSSA MD PHYSICIAN	(i)	356,513	229,196	15,838	0	14,636	616,183	0
	(ii)	0	0	0	0	0	0	0
ELAINE MAU MD PHYSICIAN	(i)	539,000	20,000	446	10,264	9,113	578,823	0
	(ii)	0	0	0	0	0	0	0
MARIA GESUALDO MD FORMER BOARD MEMBER	(i)	0	0	180,877	0	0	180,877	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAXTON ST LUKE'S HEALTHCARE

Employer identification number
16-1576637

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ONEIDA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	16-6158201	682465AB5	06-26-2006	7,705,000	WINDOW WALL REPLACEMENT, ED PROJECT, AC WING REHAB		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	7,705,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	319,348							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	7,385,652							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF AMERICA							
c Term of hedge	2480 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
------------------	-------------

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAXTON ST LUKE'S HEALTHCARE

Employer identification number
16-1576637

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SLOCUM DICKSON MEDICAL GROUP	MARIA GESUALDO, DO - FORMER DIRECTOR (PARTNER AT SLOCUM DICKSON)	180,877	RENTAL INCOME IT SYSTEMS		No
(2)					No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

FAXTON ST LUKE'S HEALTHCARE

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

16-1576637

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	OUTPATIENT SURGICAL SERVICES WERE CLOSED AT OUR FAXTON CAMPUS LOCATED AT 1676 SUNSET AVENUE IN UTICA, NY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MOHAWK VALLEY HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MOHAWK VALLEY HEALTH SYSTEM, INC APPOINTS THE DIRECTORS AND GOVERNING BODY OF THE ORGANIZA TION THE BOARD OF DIRECTORS ARE LISTED IN SECTION VII

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND FORM 990T ARE REVIEWED AT A MEETING WITH THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS, PRIOR TO SUBMITTING THE REPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY THE PURPOSE OF THE POLICIES AND DIRECTIVES SET OUT IN THIS POLICY STATEMENT IS TO ASSURE THAT THE BUSINESS CONDUCTED BY THE ORGANIZATION IS CONDUCTED FREE FROM THE POSSIBLE INFLUENCE OF CONFLICTS OF INTEREST OF INTERESTED PERSONS THIS POLICY EXISTS TO PROTECT THE ORGANIZATIONS INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN INTERESTED PERSON IN THE ORGANIZATION INTERESTED PERSONS MAY NOT ENTER INTO ANY EMPLOYMENT TRANSACTION OR OTHER ARRANGEMENT THAT MAY CAUSE OR BE PERCEIVED TO CAUSE A CONFLICT OF INTEREST INTERESTED PERSONS MUST REVIEW THIS POLICY ANNUALLY AND COMPLETE THE ACKNOWLEDGEMENT AND DISCLOSURE FORM ANNUALLY THE COMPLIANCE OFFICER AND/OR THE COMPLIANCE COMMITTEE WILL REVIEW ALL ANNUAL ACKNOWLEDGEMENT AND DISCLOSURE FORMS AND ANY CONFLICTS OR POTENTIAL CONFLICTS IDENTIFIED WHEN A POTENTIAL CONFLICT IS IDENTIFIED, THE COMPLIANCE OFFICER WILL ENSURE APPROPRIATE ACTIONS ARE TAKEN TO RESOLVE THE CONFLICT THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE FEDERAL AND STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE CORPORATIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARDS EXECUTIVE COMPENSATION COMMITTEE, HAS ADOPTED AND FOLLOWS A PROCESS FOR REVIEWING AND DETERMINING THE COMPENSATION OF THE CEO AND THE EXECUTIVE MANAGEMENT TEAM. THE EXECUTIVE MANAGEMENT TEAM CONSISTS OF THE FOLLOWING POSITIONS: SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT/CHIEF MEDICAL OFFICER, SENIOR VICE PRESIDENT/CHIEF NURSING OFFICER. THE COMMITTEE HAS ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE INFORMATION AND ADVICE TO COMMITTEE, INCLUDING BUT NOT LIMITED TO, PROVIDING INDEPENDENT COMPENSATION COMPARABILITY DATA FOR FUNCTIONALLY COMPARABLE POSITIONS IN SIMILARLY SITUATED HOSPITALS. THE DATA IS PROVIDED ON AN ANNUAL BASIS AND IS REVIEWED BY THE COMMITTEE, ALONG WITH OTHER INFORMATION, PRIOR TO APPROVING ANY CHANGES TO COMPENSATION. THE INDEPENDENCE OF THE COMMITTEES MEMBERS IS REVIEWED AND VERIFIED PRIOR TO THE START OF THE ANNUAL COMPENSATION REVIEW PROCESS. SHOULD A CONFLICT PRESENT, THOSE INDIVIDUALS WITH ACTUAL OR PERCEIVED CONFLICTS ABSTAIN FROM VOTING UNTIL SUCH TIME AS THE CONFLICT CAN BE RESOLVED OR A REPLACEMENT MEMBER IS APPOINTED TO THE COMMITTEE. THE COMMITTEES DELIBERATIONS AND DECISIONS ARE GUIDED BY A WRITTEN COMPENSATION PHILOSOPHY AND DOCUMENTED THROUGH WRITTEN MINUTES TAKEN DURING EACH MEETING. THE MINUTES INCLUDE, AMONG OTHER THINGS, THE WRITTEN MATERIALS DISTRIBUTED OR PRESENTED DURING THE MEETING AND THE SPECIFIC DECISIONS TAKEN AT THE MEETING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	<p>POLICY IT IS THE POLICY OF THIS HOSPITAL TO MAKE AVAILABLE TO ANYONE WHO ASKS, A COPY OF ITS ANNUAL REPORT TO THE INTERNAL REVENUE SERVICE (IRS) ON FORM 990, AND ITS EXEMPT STATUS FORM IN ACCORDANCE WITH THE LAW, FORM 990 FOR A GIVEN YEAR, WILL BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A THREE-YEAR PERIOD PURPOSE THE PURPOSE OF THIS POLICY IS TO COMPLY WITH IRS LAW, WHICH APPLIES FOR TAX YEARS BEGINNING AFTER JUNE 8, 1999 SPECIAL INSTRUCTIONS A A COPY OF THE ABOVE NAMED DOCUMENTS, WILL BE MADE AVAILABLE FOR INSPECTION BY A REQUESTER, IN A DESIGNATED ROOM, IN THE FINANCE DEPARTMENT OF THE HOSPITAL B THE DOCUMENTS WILL BE MADE AVAILABLE, IMMEDIATELY, TO ANYONE WHO APPEARS IN PERSON DURING USUAL BUSINESS HOURS FOR WRITTEN REQUESTS FOR COPIES OF DOCUMENTS, RESPONSE WILL BE PROVIDED WITHIN THIRTY (30) DAYS OF RECEIPT OF PAYMENT OF REASONABLE COPYING FEES* C EITHER THE HOSPITAL SENIOR VICE PRESIDENT/CFO, THE CONTROLLER, OR THEIR DESIGNATED REPRESENTATIVE WILL BE PRESENT DURING AN INSPECTION BY A REQUESTER D ONLY THE HOSPITAL SENIOR VICE PRESIDENT/CFO, THE CONTROLLER, OR THEIR DESIGNATED REPRESENTATIVE WILL BE PERMITTED TO ANSWER QUESTIONS THAT A REQUESTER MAY HAVE *SHOULD A REQUESTER ASK THE HOSPITAL FOR A PHOTOCOPY OF ANY OR ALL PARTS OF DOCUMENTS, THE HOSPITAL WILL CHARGE \$1 00 FOR THE FIRST PAGE, PLUS \$ 15 FOR EACH ADDITIONAL PAGE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 29,590,932 MANAGEMENT AND GENERAL EXPENSES 5,874,714 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 35,465,646

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FV OF INTEREST RATE SWAPS 643,411 CHANGE IN INTEREST IN NET ASSETS OF FOUNDATIO N -3,977,601 NET ASSETS RELEASED& CONTRIBUTIONS FOR CAPITAL ACQUISITIONS 354,953 CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS OF FOUNDATION -20,358

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII LINE 2C	NO CHANGE FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317022909			
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships				OMB No 1545-0047	
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				2018	
						Open to Public Inspection	
Name of the organization FAXTON ST LUKE'S HEALTHCARE					Employer identification number 16-1576637		

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)MOHAWK VALLEY HEALTH SYSTEM INC PO BOX 4308 UTICA, NY 13504 22-3124162	PROMOTE HEALTH CARE	NY	501(C)(3)	LINE 3	N/A		No
(2)ST LUKE'S HOME RESIDENTIAL HEALTHCARE FACILITY PO BOX 6305 UTICA, NY 13504 16-1476372	202 BED RHCf	NY	501(C)(3)	LINE 10	FAXTON ST LUKE'S HEALTHCARE INC		No
(3)VISITING NURSE'S ASSOCIATION OF UTICA & ONEIDA COUNTIES 2608 GENESEE STREE UTICA, NY 13502 15-0532259	HOME HEALTH NURSING	NY	501(C)(3)	LINE 10	MOHAWK VALLEY NETWORK INC		No
(4)FAXTON ST LUKE'S HEALTHCARE FOUNDATION PO BOX 479 UTICA, NY 13503 22-3078768	FUND RAISING	NY	501(C)(3)	LINE 12B, II	MOHAWK VALLEY NETWORK INC		No
(5)ST ELIZABETH'S MEDICAL CENTER INC 2209 GENESEE STREET UTICA, NY 13501 15-0532245	HEALTH CARE	NY	501(C)(3)	LINE 3	PARTNERS IN FRANCISCAN MINISTRIES INC		No
(6)ST ELIZABETH MEDICAL CENTER FOUNDATION 2209 GENESEE STREET UTICA, NY 13501 22-2562170	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ST ELIZABETH MEDICAL CENTER	Yes	
(7)MOHAWK VALLEY HEALTH SYSTEM FOUNDATION PO BOX 4309 UTICA, NY 13503 22-3078768	FUND RAISING	NY	501(C)(3)	LINE 12B, II	MOHAWK VALLEY NETWORK INC		No

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

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

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

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

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

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

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

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

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

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

Schedule R (Form 990) 2018

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