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Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 Name of organization ST LUKES QUAKERTOWN HOSPITAL D Employer identification number B Check if applicable Please use IRS label or Address change Doing Business As E Telephone number Name change print or . type. See (610) 954-4000 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 59,619,989 Termination tions. City or town, state or country, and ZIP + 4 Bethlehem, PA 180151000 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for Thomas Lichtenwalner affiliates? 801 Ostrum Street Bethlehem, PA 180154000 H(b) Are all affiliates included? (If "No." attach a list See instructions ) Group Exemption Number Web site: ► www slhhn org **K** Type of organization 
✓ Corporation 

trust 
association L Year of Formation 1926 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities To provide compassionate, excellent quality and cost-effective health care to the residents of the communities we serve Activities & Governance regardless of their ability to pay Check this box 🗍 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 16 Number of independent voting members of the governing body (Part VI, line 1b) . 13 529 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) . 138 2,704 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a Net unrelated business taxable income from Form 990-T, line 34 -670 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 1,234,616 932,692 Program service revenue (Part VIII, line 2g) . 53,754,657 57,757,850 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 71,520 -233,585 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 865.454 892.973 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 55,926,247 59,349,930 12) 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-21,729,751 23,482,328 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\underline{0}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 28,272,624 29,576,995 53,059,323 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 50,002,375 Revenue less expenses Subtract line 18 from line 12 19 5,923,872 6,290,607 Assets or d Balances **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 32,660,023 33,750,546 21 Total liabilities (Part X, line 26) 27,072,716 22,452,610 Net. 22 Net assets or fund balances Subtract line 21 from line 20 5,587,307 11,297,936 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 Please 2010-05-17 Sign Signature of officer Here Thomas Lichtenwalner SR VP Finance Type or print name and title Check if Preparer's PTIN (See Gen Inst ) 2010-05-14 Joseph Szemanek signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Joseph J Szemanek Esquire LLC FIN F ıf self-employed), **Use Only** address, and ZIP + 4 5 Granite Circle Phone no (215) 489-1614 Doylestown, PA 18901

May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

### Part III Statement of Program Service Accomplishments (See the instructions.)

	Statement of	Frogram Serv	ice Accomp	mannenta (See u	ile ilisti detions.)	
1	Briefly describe the organization	n's mission				
	To provide compassionate, ex	cellent quality and cost	effective health c	are to the residents of the	communities we serve regardless	of their ability to pay
2	Did the organization und	dertake any signific	ant program se	ervices during the yea	ar which were not listed on	
	the prior Form 990 or 9					┌ Yes ┌ No
	If "Yes," describe these					
3	Did the organization ceaservices?	ase conducting or r	nake significan	t changes in how it co	onducts any program	「Yes ▼ No
	If "Yes," describe these	changes on Sched	ule O			, , , , , , , , , , , , , , , , , , , ,
4	Describe the exempt pu	rpose achievemen	ts for each of th	ne organization's three	e largest program services	by expenses
	Section 501(c)(3) and (	4) organizations ai	nd 4947(a)(1)	trusts are required to	report the amount of grants	
	others, the total expens	es, and revenue, if	any, for each p	rogram service repor	ted	
4a	(Code	) (Expenses \$	45,797,467	ıncludıng grants of \$	0 ) (Revenue \$	57,755,146 )
	Please refer to Schedule O					
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
1-1	Other profession	c /Docoribe in C-1	adula C \			
4d	Other program service (Expenses \$		redure O ) :luding grants (	of \$	O ) (Revenue \$	0 )
4e	Total program service		45,797,46	·	X, Line 25, column (B).	<u> </u>
	i otai piogiaili seivice	CYACHOCO A	73,131,40	, musicequal rail 1/	y and 20, column (D).	

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? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as 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 U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <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 section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		Information Returns. Enter -0- if not applicable					
			1a	0			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		e organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	-	ig (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this					
	return		2a	529			
ь	If at le	ı east one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	s retui	rn.	2b	Yes	
3а		e organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_	v	
_			• •		3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		int)?		, or other interior	4a		Νo
b	If "Vo	s," enter the name of the foreign country					
		ne instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.		_			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Ye	s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entil	ty Regarding Prohibited			
Ī		nelter Transaction?	•	· · ·	5с		
6a	Dıd th	e organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes	s," did the organization include with every solicitation an express statement th	at su	ch contributions or gifts			
	were r	not tax deductible?			6b		
7	Organi	zations that may receive deductible contributions under section 170(c).					
а		le organization provide goods or services in exchange for any quid pro quo conf ·	trıbut	ion of \$75 or	7a	Yes	
ь		s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b	Yes	
		ie organization sell, exchange, or otherwise dispose of tangible personal propei					
_		rm 8282?		-	7c		Νo
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d				
е		ie organization, during the year, receive any funds, directly or indirectly, to pay it contract?			7e		Νο
f		re organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No.
a		l contributions of qualified intellectual property, did the organization file Form 8			71 7g		No.
_				·	<i>7</i> 9		110
		ontributions of cars, boats, airplanes, and other vehicles, did the organization fired?			7h		Νo
8	Section	n 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
		orting organizations. Did the supporting organization, or a fund maintained by a s	pons	oring organization, have			
		s business holdings at any time during the			8		
9		n $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a		ne organization make any taxable distributions under section 4966?			9a		
ь		ne organization make a distribution to a donor, donor advisor, or related person			9b		
10		n 501(c)(7) organizations. Enter	-	·			
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	faciliti		100				
11	Casti	on FO1(c)(12) organizations. Enter					
		on 501(c)(12) organizations Enter		I			
а	Gross	Income from members or shareholders	11a				
ь	Gross	Income from other sources (Do not net amounts due or paid to other sources					
_		st amounts due or received from them )	11b				
17~	Section	- n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	- بیمیا	of Form 10412	12a		
		The state of the s	ineu (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	124		
D	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				

### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	Management	

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	16				
Ь	Enter the number of voting members that are independent	1b	13				
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?						
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?.						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?						
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the				
а	the governing body?		8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?		8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	•		9a		Νο	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νο	

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

St Lukes Hospital of Bethlehem 801 Ostrum Street

Bethlehem, PA 180151000 (610) 954-4000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							_				

Part VII Continued

				<b>(</b> ition that a			all			(E)		F)
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trust <del>on</del> or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amoun compe fro organiz re	mated t of other ensation n the ation and ated izations
1b										<u> </u>	_	
	lotal								624,76	2 1,416,88	3	251,945
2	Total number of individuals (including compensation from the organization	ng those in 1							·		3	251,945
	Total number of individuals (includin	ng those in 1							·		3 Yes	
	Total number of individuals (includin	ng those in 1 ▶9 officer, direc	a) who	recei	ved	mor	e thar	n \$1	00,000 in reportab	le		
2	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	ng those in 1 9 officer, directive J for such in the sum of	a) who tor or t individu	ruste	ved e, k	ey e	employ	n \$1 /ee,	or highest compension	sated employee	Yes	No No
3	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is	officer, directle J for such sthe sum of the	a) who tor or t individu reporta nan \$15	ruste ual ble c 0,00	e, k	ey e	employ ation (es," co	ee,	or highest compendent of the compensation lete Schedule J for second	sated employee  n from the	Yes	No No
3 4	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens	employ ation (es," co	yee, and omp	or highest compensor other compensation	sated employee  n from the  uch  for services	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens	employ ation (es," co	yee, and omp	or highest compensor other compensation	sated employee  n from the  uch  for services	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and comp unr	or highest compensor or highest compensor other compensation of the schedule J for site.	sated employee  n from the  uch  for services	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and comp unr	or highest compensor or highest compensor other compensation lete Schedule J for site.	sated employee  n from the  uch  for services	3 4 Yes 5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and comp unr	or highest compensor or highest compensor other compensation lete Schedule J for site.	sated employee  n from the  uch  for services  re than	3 4 Yes 5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and comp unr	or highest compensor or highest compensor other compensation lete Schedule J for site.	sated employee  n from the  uch  for services  re than	3 4 Yes 5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and comp unr	or highest compensor or highest compensor other compensation lete Schedule J for site.	sated employee  n from the  uch  for services  re than	3 4 Yes 5	No No

Statement of Revenue

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	0				, , , , , , , , ,
Contributions, gifts, grants and other similar amounts	ь	Membership dues	0				
gra	С	<b>1b</b> Fundraising events	0				
r સું		1c					
<u>2</u>	d	Related organizations 1d  Government grants (contributions) 1e					
ons sin	e f	All other contributions, gifts, grants, and	152,837				
bet.	<b>'</b>	similar amounts not included above					
다 다 다	g	Noncash contributions included in					
Ş.₩		lines 1a-1f \$0		022.602			
	h	Total (Add lines 1a-1f)	<b>•</b>	932,692			
Q.	2-	Tourshand and Outrobant Duraness Comme	Business Code	57.757.050			
eun	2a	Inpatient and Outpatient Program Service Revenue	622,000	57,757,850	57,755,146	2,704	0
Æ	b						
92 <u>1</u>	С						
Serv	d						
Ē	e				-		_
Program Serwce Revenue	f	All other program service revenue		0	0	0	0
<u>ራ</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, ınterest				
		other similar amounts)		-230,208	0	0	-230,208
	4	Income from investment of tax-exempt be	ond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents 617,877 Less rental 0	0				
	b	expenses	0				
	С	Rental income 617,877 or (loss)	0				
	d	Net rental income or (loss)		617,877	0	0	617,877
	7a	(1) Securities Gross amount 266,182	(II) O ther 500				
		from sales of assets other					
	ь	than inventory Less cost or 270,059	0				
		other basis and sales expenses					
	С	Gain or (loss) -3,877	500				
	d	Net gain or (loss)		-3,377	0	0	-3,377
	8a	Gross income from fundraising					
		events (not including					
۸.		\$ of contributions reported on line					
ň		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
÷ •		\$15,000 a	0				
Ţ.	b	Less direct expensesb					
Other Revenue	С	Net income or (loss) from fundrais	ing events ▶-				
Ò	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000 a					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming a	activities				
	10a	Gross sales of inventory, less					
		returns and allowances . a					
	ь	Less cost of goods sold <b>b</b>					
	с	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	Activities substantially related to exempt function	622,000	94,262	94,262	0	0
	ь	Activities not regularly carried on	622,000	10,202	0	0	10,202
	c	A ctivities for patient/employee	622,000	52,821	0	0	52,821
		convienence		117,811	0	0	117,811
	d	All other revenue		117,011	o o	0	117,011
	е	Total. Add lines 11a-11d	 \$ 275,096				
	12	Total Revenue. Add lines 1h, 2g, 3		59,349,930	57,849,408	2,704	565,126
		8c, 9c,10c,and 11e	. ▶				
			•				Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				) <b>.</b>
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	624,762	400,005	224,757	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	17,126,588	15,032,015	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	937,608	815,063	122,545	0
9	Other employee benefits	3,517,278	3,057,570	459,708	0
10	Payroll taxes	1,276,092	1,117,965	158,127	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	40,327	0	40,327	0
c	Accounting	21,128	0	21,128	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	7,269,970	5,285,954	1,984,016	0
12	Advertising and promotion	197,453	8,830	188,623	0
13	Office expenses	5,922,675	5,338,178	584,497	0
14	Information technology	233,994	11,460	222,534	0
15	Royalties	0	0	0	0
16	Occupancy	1,430,867	1,425,572	5,295	0
17	Travel	11,354	8,207	3,147	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	87,148	59,484	27,664	0
20	Interest	685,282	0	685,282	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,741,306	3,415,942	325,364	0
23	Insurance	889,795	802,963	86,832	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Bad debt expense	6,986,213	6,986,213	0	0
ь	Hospital subsidy	1,089,761	1,089,761	0	0
c	Temporary Help	843,630	839,519	4,111	0
d	Dues, memberships, licenses and fees	60,430	37,604	22,826	
e	Miscellaneous expenses	65,662	65,162	500	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	53,059,323	45,797,467	7,261,856	0
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2009)

Part X	Balance	Sheet
	Balance	SHEET

						(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing				Degining of year		O Cild Ol year	
	2	Savings and temporary cash investments	•	•		109,111		25,496	
	3		26,593		0				
	4		and grants receivable, net						
	5	,	· kov	· ·		8,138,780	4	8,851,314	
		Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		•		0	5	0	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				0	6	0	
	7	Notes and loans receivable, net			•	0	7	0	
	8	Inventories for sale or use	237,405	8	762,020				
\$	9	Prepaid expenses and deferred charges				679,478	9	412,199	
Assets	10a	Land, buildings, and equipment cost basis	10a		62,187,763				
	ь	Less accumulated depreciation Complete Part VI of			, , , , , , , , , , , , , , , , , , ,				
		Schedule D	10Ь		41,412,874	19,760,386	10c	20,774,889	
	11	Investments—publicly traded securities				3,041,311	11	2,556,759	
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII	of		0	12	0	
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	art VII	I			13		
	14	Intangible assets					14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				666,959		367,869	
		D				200,000	15	33.,333	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				32,660,023	16	33,750,546	
	17	Accounts payable and accrued expenses .				1,557,997	17	7,240,411	
	18	Grants payable				0	18	0	
	19	Deferred revenue				201,974	19	26,182	
	20	Tax-exempt bond liabilities				0	20	0	
eS	21	Escrow account liability Complete Part IV of Schedule D				0	21	0	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Ē		persons Complete Part II of Schedule L				0	22	0	
_	23	Secured mortgages and notes payable to unrelated third parties				520	23	0	
	24	Unsecured notes and loans payable				0	24	0	
	25	Other liabilities Complete Part X of Schedule D				25,312,225	25	15,186,017	
	26	Total liabilities. Add lines 17 through 25				27,072,716		22,452,610	
		Organizations that follow SFAS 117, check here ▶ ✓ and comp	lete li:	nes 🤈	7	,,	<u></u>		
ě		through 29, and lines 33 and 34.			•				
Balance	27	Unrestricted net assets				3,851,749	27	9,540,522	
전	28	Temporarily restricted net assets				302,224	28	256,965	
프	29	Permanently restricted net assets				1,433,334	29	1,500,449	
Fund		Organizations that do not follow SFAS 117, check here F and lines 30 through 34	d com	olet e					
ō.	30	lines 30 through 34.  Capital stock or trust principal, or current funds					30		
ets	31	Paid-in or capital surplus, or land, building or equipment fund.					31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu			•		32		
7	33	Total net assets or fund balances	iius			5,587,307	33	11,297,936	
Net	34	Total liabilities and net assets/fund balances				32,660,023		33,750,546	
	J4	rotar navinties and het assets/fully baldfices				32,000,023	J4	] 33,730,346	
Da	rt VI	Financial Statements and Reporting							

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493137038080

OMB No 1545-0047

Employer identification number

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ST LU	KES QU	AKERTOWN HO	SPITAL								
									-135220		
	rt I			harity Status (to be co					Instruct	ions)	_
	organı: —			ation because it is (Please							
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u> </u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3	고	•	•	e hospital service organizati			-				•
4	ı	A medical i	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the								
		hospital's name, city, and state									
5	Г	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		Section 170	0(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ibed in <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7	Γ	Anorganiza	ation that norm	ally receives a substantial p	art of its s	upport fro	om a govei	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ıty trust descrıt	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fıts supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	() from bu	sinesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	e instruct	tions )
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		_	it describes the ype I <b>b</b>	type of supporting organiza			nes lle t nally Integ		n <b>d</b>	Г туре	III - Other
e	г		• •	rtify that the organization is			-				
_	'	•	-	agers and other than one or			•			•	
		section 50		-	·		_				
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
-		check this		as the organization accepted	d any gift i	or contrib	ution from	any of the			ı
g		following pe		as the organization accepted	u any gnit	or contrib	ation nom	any or the	•		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	y member of a p	erson described in (i) above	?					11g(	ii)
		(iii) a 35%	controlled enti	ty of a person described in (	i) or (ii) al	ove?				11g(	iii)
h		Provide the	following infori	mation about the organizatio	ns the org	anızatıon	supports				<u> </u>
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9		ation in		nızatıon		ation in .	support?
	Organ	ıızatıon		above or IRC section (See Instructions))	col (i) l your go		in col (i	) of your	col (i) o	rganized US?	
				(See Histructions))	docur		Supp	,011.	iii tiie	03.	
					Yes	No	Yes	No	Yes	No	1
							1				

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)				
	ction A. Public Support		_	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
2	include any "unusual grants ") Gross receipts from admissions,								
2	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 1-5								
7a	A mounts included on lines 1, 2, and 3								
	received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of 1% of								
	the total of lines 9, 10c, 11, and 12 for								
	the year or \$5,000								
С	Total of lines 7a and 7b								
8	Public Support (Substract line 7c from								
_	line 6)								
То	tal Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	A mounts 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 30 June, 1975		+						
С	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 IV )								
13	Total Support (Add lines 9, 10c, 11 and								
	12)								
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,		
	check this box and <b>stop here</b>						<b>▶</b> □		
	manufaction of Dublic Compact Days								
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T			
			•	.orumin (1))		15			
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16			
		D							
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17			
				-	"	17			
ΤQ	Investment Income Percentage from 2007		18						

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization ST LUKES QUAKERTOWN HOSPITAL 23-1352203 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

# Part III Organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

**-** \$

(ii) Assets included in Form 990, Part X

**-** \$

**►** \$

- 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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**▶** \$

**b** Assets included in Form 990, Part X

Par	•••• Organizations Maintaining Collecti	ons of Art, I	<u> Histor</u>	<u>rical T</u>	reası	ures, or Othe	<u>r Similar Ass</u>	ets (co	<u> ntınued)</u>
3	Using the organization's accession and other recoritems (check all that apply)	ds, check any o	f the fo	llowing	that a	re a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	•	d [	Loan	orexc	hange programs			
b	Scholarly research		е Г	- O the	r				
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5	During the year, did the organization solicit or rece assets to be sold to raise funds rather than to be m							Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arran					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount	•							
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?		ary for	contrib	utions	or other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the	following table					<del>_</del>		
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form 99	0, Part X, line 2	17				Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the	organization a		red "Ye or Year			t IV, line 10. Three Years Back (	o\Eour V	oars Back
1a	Beginning of year balance	2,728,098	(D)PIIC	птеат	(c)	wo reals back   (u)	Tillee feats back (	e)roui ii	ears back
b	Contributions	47,528							
c	Investment earnings or losses	-213,282							
d	Grants or scholarships	0							
e	Other expenditures for facilities	0							
	and programs								
f	Administrative expenses	0							
g	End of year balance	2,562,344							
2	Provide the estimated percentage of the year end b	alance held as							
а	Board designated or quasi-endowment 🕨 414	4 %							
Ь	Permanent endowment <b>&gt;</b> 58 56 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the possession of	fthe organizati	on that	are he	ld and a	admınıstered for	the		
	organization by  (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii)		No
ь	If "Yes" to 3a(II), are the related organizations liste						Зь	1	
4	Describe in Part XIV the intended uses of the orga	nızatıon's endov	wment	funds					
Par	t VI Investments—Land, Buildings, and	l Equipment	. See	Form 9	990, P	art X, line 10.			
	Description of investment			a) Cost on		(b)Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	Land				0	113,478			113,478
b	Buildings				0	21,015,268	11,129,825		9,885,44
С	Leasehold improvements				0	1,482,064	54,971		1,427,093
d	Equipment				0	36,776,008	30,219,334		6,556,674
e	Other				0	2,800,945	8,744		2,792,201

20,774,889

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b</b> )Book value		d of valuation ·year market value
Financial derivatives and other financial products	0		your market value
Closely-held equity interests	0		
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	0		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
A mortizable goodwill (net)			294,787
Other accounts receivable			39,846
Other assets			33,236
Table (Calument (b) about descript Source 000, Book V, and (B) line	15.)		267.060
<b>Part X</b> Other Liabilities. See Form 990, Part X, col.(B) line			367,869
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Due to affiliated organizations	12,071,238		
Estimated third-party payor settlements	2,286,005		
Patient credit balances	682,018		
Asset retirement obligation	64,584		
Other noncurrent liabilities	43,772		
Advance from third-party payors	38,400		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	15,186,017	1	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	59,349,930
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,059,323
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,290,607
4	Net unrealized gains (losses) on investments	4	-276,718
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-325,116
9	Total adjustments (net) Add lines 4 - 8	9	-601,834
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,688,773
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	58,479,988
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
C -	Recoveries of prior year grants		
d		3-	0
е 3	Add lines <b>2a</b> through <b>2d</b>	2e 3	58,479,988
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u> </u>	30,473,300
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 869,942		
c	Add lines <b>4a</b> and <b>4b</b>	4c	869,942
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	59,349,930
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	53,059,323
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 0		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c 0		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,059,323
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	]	
b	Other (Describe in Part XIV)	]	
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	53,059,323

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Schedule D, Part V Use of Endowment Funds Board designated general purpose funds are used to support hospital operations, staff development and capital investment. Temporarily restricted assets are used for a variety of reasons and in accordance with the donors intended purposes - examples include capital investment, community health and education, support of hospital operations, and staff development. The available funds from permanently restricted assets are used for medical research, capital investment, community health and education, support of hospital operations, staff development, and to pay for indigent care, the organization applies a strict spending policy to perserve the principal amount of the original donation.
SchD_P10_S00_L00	Schedule D, Part X	Schedule D, Part X Not applicable
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Form 990, Schedule D, Part XI, Line 9 Other Transfer from affiliated organization 2,000,000, change in additional pension liability (2,262,402), net assets released from restrictions used for purchase of property and equipment 807,228, and corresponding adjustment to temporary and permanently restricted account (869,942)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Form 990, Schedule D, Part XI, Line 9 Other Corresponding adjustments to temporary and permanently restricted accounts 869,942

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**SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization ST LUKES QUAKERTOWN HOSPITAL

**Employer identification number** 

Рa	rt I Charity Care and	l Certain O	ther Com	munity Benefits a		-1352203 r 2008)				
				y = enterior u	(optional for			Yes	No	
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a	a		1a			
Ь	<b>b</b> If "Yes," is it a written policy?									
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals									
	Applied uniformly to all hospitals  Generally tailored to individual hospitals									
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the				
а	a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care									
	Γ <sub>100%</sub> Γ <sub>150%</sub>	Γ2	00%	<b>Г</b> О ther	%					
b	Does the organization use FP "Yes," indicate which of the fo						3ь			
	T 200%			350%			36			
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.										
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	illy indigent"?		4			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?										
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b			
c	If "Yes" to line 5b, as a resul care to a patient who was elig	-		. •	•		5c			
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a			
6b	If "Yes," does the organization	on make it ava	allable to the	public?			6b			
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Schedule F	l instructions Do not s	submit these				
7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost						
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Perc total ex		
а	Charity care at cost (from worksheets 1 and 2)									
b	Unreimbursed Medicaid (from worksheet 3, column a)									
c	Unrembursed costs—other means-tested government programs (from worksheet 3, column b)									
d	<b>Total</b> Charity Care and Means-Tested Programs .									
e	Other Benefits									
	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
	Cash and in-kind contributions to community groups (from worksheet 8)									
-	Total Other Benefits									
<u>k</u> '	Total (line 7d and 7j)									

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<del>-</del>	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST LUKES QUAKERTOWN HOSPITAL 1021 Park Avenue Quakertown, PA 18951	х								

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

2008

Name of the organization ST LUKES QUAKERTOWN HOSPITAL **Employer identification number** 

23-1352203

Pa	<b>TEL</b> Questions Regarding Compensati	ion				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If			1b		
2	Did the organization require substantiation prior t officers, directors, trustees, and the CEO/Executi			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all		·			
	Compensation committee	<u> </u>	Written employment contract			
	☑ Independent compensation consultant	<u> </u>	, ,			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	0, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of contro	ol payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplen	nental non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III			8		N o

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Peter Cıanfranı MD	(I) 0 (II) 245,989	0 0	0 1,156	0 11,500	0 13,267	0 271,912	0	
Edward Nawrockı	(I) 0 (II) 248,628	0 86,774	0 19,013	0 50,470	0 14,792	0 419,677	0 17,973	
Joseph O'Neill DO	(I) 0 (II) 185,665	0	0 131	0 9,283	0 12,706	0 207,785	0	
Mr Thomas Lichtenwalner	(I) 0 (II) 303,171	0 95,265	0 6,334	0 11,500	0 13,584	0 429,854	0	
Lında Young	(I) 0 (II) 162,555	0	0 62,202	0 8,128	0 12,672	0 245,557	0 60,526	
Patricia A Williams	(ı) 139,597 (ıı) 0	0	79 0	6,980 0	12,052 0	158,708 0	0 0	
Robert T Coleman	(I) 136,203 (II) 0	0	359 0	6,810 0	11,910 0	155,282 0	0	
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii)							

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Schedule J, Part I, Line 3 See Form 990, Part VI, Section B, Line 15(b)
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Schedule J, Part I, Line 4 Supplemental Nonqualified Retirement Plan Peter Cianfrani, MD and Thomas Lichtenwalner participated in a 457 Supplemental Nonqualified Retirement Plan and accured benefits of \$6,011 and \$15,500, respectively
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	Schedule J, Part I, Line 6 The executive compensation package for the health network consists of both a fixed salary and additional at-risk compensation that is based on several qualitative and quantitative components. The components of the at-risk compensation plan includes JCAHO, Department of Health and Trauma Center accreditations, evidence based hospital process of care measures, outcome measures such as patient satisfaction, mortality rate, and length of stay, efficiency measures as demonstrated by cost per adjusted discharge and finally net income. The at-risk compensation reported on the 2008 Form 990, Schedule J is related to fiscal year 2008 (July 2007-June 2008) performance and reported on the 2008 W-2. There was no at-risk compensation paid or accrued for fiscal year 2009 (July 2008-June 2009) performance.

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As Filed Data -

DLN: 93493137038080

OMB No 1545-0047

2008

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization ST LUKES QUAKERTOWN HOSPITAL

Employer identification number

art I Excess Benefit Transac	tions /	eaction E01/	C)(3)	and section E01	L (c)		3-135					
To be completed by organization										, Part	V , lıne	40b
1 (a) Name of disqualifie	d person	1		<b>(b)</b> Des	crıptı	on of transa	ction			F	c) Corr	
					•					+	Yes	No
2 Enter the amount of tax imposed on section 4958				or disqualified pers	ons	during the y	ear ui	nder <b>F</b>	\$	•		
3 Enter the amount of tax, If any, on III								•	\$			
art II Loans to and/or From												
To be completed by organiza	tions the	at answered "Y	Yes" (	on Form 990, Part	IV, lı	ne 26, or Fo	rm 9	90-E			38a	
(a) Name of interested person and purpose	fron	an to or n the zatıon?	(c)	Original principal amount	( <b>d)</b> B	alance due	(e) defa		Approby boa	oved ard or	(g)W agree	ritten ment?
	То	From						No	Yes	No	Yes	No
	-											
	+											
otal				<u> </u>								
art III Grants or Assistance E To be completed by organ					90.	Part IV. lın	e 27					
(a) Name of interested person		<b>b)</b> Relationship	p betv	veen interested pe					nt or ty	ne of a	esista	nce
(a) Name of interested person		and	the o	organization		(C)AIII		y, grai				
Part IV Business Transactions	Involv	ina Intere	sted	l Persons								
To be completed by organ					90,	Part IV, lın	e 28	a, 28	b, or 2	28c.		
	-	Relationship									<b>e)</b> Sha	_
(a) Name of interested person		ween interesto erson and the		<b>(c)</b> A mount of transaction		( <b>d)</b> Descr	iption	of tra	ansactı	on C	rganıza reven	
		organization		transaction.							Yes	No
ott McElree	SLQF	l Director		771,		Payment for						Νo
						Quakertowr McElree is t and Chief of	the Bo	rougl		ger		
	1									- 1		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

### **SCHEDULE 0**

Department of the Treasury

(Form 990)

Name of the organization
ST LUKES QUAKERTOWN HOSPITAL

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493137038080

2008

Open to Public Inspection

Employer identification number

		23-1352203
ldentifier	Return Reference	Explanation
F990_P03_S00_L04a	Form 990,	St. Luke's Quakertown Hospital Surmary Clinical and Community Outreach Services St. Luke's Quakertown Hospital (SLCH) is a non-profit 62-bed community hospital located in Quakertown, Bucks Country, Pennsysham According to a report published in June 2008 by the Pennsysham Health Care Cost Contamment Council SLCH) is the flastest growing hospital in the seven-county region comprising Philadephia, suburban Philadephia and the Leight (1949). The Hospital animality provides care for more than 3,450 annual total patients (admissions and observations), as well as for 72.000 outpatient valid provided in 1925. SLOH considers its most valued assets to be the more than 275 members of its Medical Staff, ther 370 employees and 100 volunteers. The Hospital is a member of St. Luke's Hospital is Health Network, a regional, integrated metwork of hospital, physicians, outpatient facilities and other related health care services, providing care at 150-1 locations, primarily in Leftingh, Northampton, Carbon, Schuylkil, Bucks, Mortgomery, Berks and Mohroe countees in Pennsylvania and Warren County in New Jersey Since the acquisition of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1955, the Network is an investigation of SLOH in 1956, the Network is an investigation of SLOH in 1956, the Network is an investigation of SLOH in 1956, the Network is an investigation of SLOH in 1956, the Network is an investigation of SLOH in 1956, the Network is an investigation of SLOH in 1956, the Network is an

ldentifier	Return Reference	Explanation
F990_P03_S00_L04b	Form 990, Part III, Line 4b	Statement of Program Service Accomplishments (Line 4a-cont) SLQH is an advocate for improving the health status of those who live and work in the region served by the Hospital. The St. Luke's Quakertown Health Line Calendar is distributed biannually to 47,000 residents of homes in the region. The Calendar includes a listing of free community programs and classes related to various health care topics. In FY '09, SLQH held 100 community educational events including. How to Protect Yourself from the Flu, Varicose Veins, New Frontiers in Breast Imaging, Battling the Economic Crisis as a Family, Learn How to Help a Friend Experiencing Domestic Violence, Information Your Doctor Needs to Know and What Parents Need to Know About Bullying. Numerous not-for-profit organizations hold meetings, perform testing and deliver support services at SLQH, where space is provided at no cost. The following groups conduct meetings at the Hospital. Alcoholics Anonymous, Diabetes Support Group, Living Well with Diabetes, Grief/Bereavement Support Group, orthopaedic educational classes, The St. Augustine Fellow ship, TOPS (Take Off Pounds Sensibly), NA/Narcotics Anonymous, Compassionate Friends, Women's Abuse Support Group, Breast Cancer Support Group and Alateen Support Group. Throughout the year, the Hospital offers various free health screenings and immunization programs. For example, in 2009, despite a national vaccine shortage, the Hospital dispensed 653 doses of seasonal vaccine to the community SLQH employees take an active role in the community, serving on various boards and volunteering their time and expertise to various organizations. In August 2009, SLQH employees delivered more than 300 pounds of food to the Quakertown Food Pantry. The food was used to support the Quakertown Summer Lunch Program for children who receive free or price-reduced lunches during the school year in the Quakertown Community School District. The Lunch Program ensures these children have nutritious means and snacks throughout the summer.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06		Form 990, Part VI, Section A, Line 6 St Lukes Quakertow n Hospital is a not-for-profit organization with members who, in accordance with the governing documents, elect and/or appoint the members of the governing body of the organization and have the right to participate in the significant decisions of the governing body

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Form 990, Part VI, Section A, Line 7a St Lukes Quakertown Hospital is a not-for-profit organization with members who, in accordance with the governing documents, have the right to elect and/or appoint one or more of the members of the organizations's governing body, whether periodically or as vacancies arise

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07b		Form 990, Part VI, Section A, Line 7b St Lukes Quakertown Hospital is a not-for-profit organization with members who, in accordance with the governing documents, have the right to participate in, or approve of, the significant decisions of the governing body

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Form 990, Part VI, Section A, Line 10 The Form 990 "Return of Organization Exempt From Income Tax" was presented to and discussed with the Finance Committee of the Board of St. Luke's Health Network during the April meeting. The Form 990 was subsequently reviewed by the full Board of Directors of St. Luke's Quakertown Hospital during the April meeting.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Form 990, Part VI, Section B, Line 12c BOARD OF TRUSTEES POLICY MANUAL, CONFLICT OF INTEREST POLICY Section2 Duty to Disclose Financial and Conflicting Interests. Every Person Covered by this Policy shall submit in writing to the President/CEO at least each calendar year a Conflict of Interest Disclosure Statement listing all Financial and Conflicting Interests which shall be shared with the Chairman of the Board. Each statement must be resubmitted with any necessary changes each year or as any additional Conflicting of Financial Interests arise. The Chairman of the Board shall become familiar with all such Disclosure Statements to guide his/her conduct should a conflict arise. The Vice Chairman of the Board and the President/CEO of SLHN shall also become familiar with the Disclosure Statement filed by the Chairman of the Board and the President/CEO of SLHN shall also become familiar with the Disclosure Statement filed by the Chairman of the Board The Chairman of the Board Committee with the Disclosure Statement filed by the Chairman of the Board of a Board Committee section 3. Procedures to be Folllowed at Meetings. Whenever th Board of a Board Committee is considering a transaction or arrangement with any organization with any organization, entity or individual in which a Person Covered by this Policy has a Financial of Conflicting Interest, the following shall occur. (a) If the Interested Person is present, the Interested Person must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee Preson is not present, the Chairman of the Board or the Chairperson of the affected Board Committee must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee must gives rise to the potential conflict of the Board Committee must gives rise to the potential conflict of the Board Committee must gives rise to the potential conflict of the Board Co

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Form 990, Part VI, Section B, Line 15, Compensation Review Executive compensation for the health network consists of fixed salary, at-risk compensation and other deferred compensation arrangements. Total compensation for network executives is approved annually by the network's Board of Trustees. The recommended compensation is established though a multi-faceted approach including use an independent consultant engaged on an ongoing basis by the Board of Trustees and who works directly with the Executive Compensation Committee of the board. Also, included is the review of 990s and compensation surveys of other comparable health care organizations. Bonus/Incentive The at-risk compensation is approved by the Executive Compensation Committee of the board and is based on several qualitative and quantitative components, including Joint Commission, Pennsylvania Department of Health and Pennsylvania Trauma Systems Foundation accreditations, evidence-based hospital process of care measures, outcome measures, such as patient satisfaction, mortality rate, and length of stay, efficiency measures as demonstrated by cost-per-adjusted discharge and net income. The at-risk compensation reported on the 2008 Form 990, Schedule J, is related to fiscal year 2008 (July 2007-June 2008) performance and reported on the 2008 W-2. There was no at-risk compensation paid or accrued for fiscal year 2009 (July 2008-June 2009) performance. Other Compensation Other compensation is primarily the recognition of deferred compensation benefits that had accumulated over years of service and was reported and distributed in accordance with vesting requirements and Internal Revenue Service rules and regulations. During the reporting period, IRS requirements changed and certain executives vested each of which triggered the distribution of deferred compensation beferred compensation networks are period and resulted in taxable compensation. Deferred Compensation Deferred compensation represents retirement benefits earned during the reporting period, yet

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Pursuant to IRS regulations, St Lukes Hospital Quakertown, upon request, makes the following documents available for public inspection original, and amended, if any, annual filing returns, Application for Tax Exemption including its governing instruments, supporting documents and all IRS correspondence pertaining thereto, and Audited Financial Statements

DLN: 93493137038080

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

### **SCHEDULE R** (Form 990)

Name of the organization

ST LUKES QUAKERTOWN HOSPITAL

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

23-1352203 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	(B) Primary a		(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	incoi	(E) edominant me(related, vestment, nrelated)	Share of	<b>(F)</b> total income	( <b>G</b> ) Share of end-of-year assets	Dispro	<b>1)</b> prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral or agıng
										Yes	No	-	Yes	No
EIGHTH & EATON PROFESSIONAL BUILDING LP 801 Ostrum Street Bethlehem, PA180151000 86-3017143	Real estate management	t	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	Investm	ent					No			
_														
Part IV Identification of Rela	ited Orga	nizatio	ons Taxab	ole as a Corpora	tion o	r Trust								
<b>(A)</b> Name, address, and EIN of related organ	nization		( <b>B)</b> y activity	(C) Legal domicile (state or foreign country)		( <b>D)</b> Direct contro entity	olling	( <b>E)</b> Type of er (C corp, S o	corp,	ncome	en	Share of Perc	<b>H)</b> entage ership	
ST LUKES HEALTH NETWORK INSURANCE COMP 301 Ostrum Street Bethlehem, PA180151000 75-2993150	ANY	Rısk rete	ntion group	VT		ST LUKES HOSF BETHLEHEM PENNSYLVANIA		С				88 %	)	
CANCER IMMUNOTHERAPIES LLC 801 Ostrum Street Bethlehem, PA180151000 20-8783508		Research	n projects	PA		ST LUKES HOSF BETHLEHEM PENNSYLVANIA		С				1 00	%	
ST LUKES EIGHTH & EATON HOLDINGS INC 801 Ostrum Street Bethlehem, PA180151000 23-7192801		Real esta manager		PA		ST LUKES HOSF BETHLEHEM PENNSYLVANIA		С						
ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVAN AMBULATORY SURGERY LTD 801 Ostrum Street Bethlehem, PA180151000 23-3018850	AIV	Orthoped	lic services	PA		ST LUKES HOSF BETHLEHEM PENNSYLVANIA		С				1 00	%	
		1		l										

(5)

(6)

Part V	Transactions	with	Related	Organizations	
--------	--------------	------	---------	---------------	--

Transactions with Related Organizations					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transact	ions with one or more related organizations listed in Parts II	-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled e	entity		1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1b		No
c Gift, grant, or capital contribution from other organization(s)					
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
			1f		NI.
f Sale of assets to other organization(s)		•	$\vdash$		No No
g Purchase of assets from other organization(s)		<b>\</b>	1g	V	NO
h Exchange of assets				Yes	NI -
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k Performance of services or membership or fundraising solicitations for other	organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other o			11		No
m Sharing of facilities, equipment, mailing lists, or other assets					
n Sharing of paid employees			1n		No
• Reimbursement paid to other organization for expenses			1o		No
p Reimbursement paid by other organization for expenses		ŀ	1p		No
P Kellibursellent paid by other organization for expenses					
<b>q</b> Other transfer of cash or property to other organization(s)			1q		No
r O ther transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information	n on who must complete this line, including sovered relations	hine and transaction througholds			
	(B)	1			
<b>(A)</b> Name of other organization(s)	Transaction	(C) Amount Involved			
(1)	type(a-r)				
See					
Additional					
Data Table					
(2)					
(3)					
X-7					
(4)					

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of Disproend allocated assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 23-1352203

Name: ST LUKES QUAKERTOWN HOSPITAL

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

Form 990, Schedule R, Part II - Identification of Relate	d Tax-Exempt Organi	zations		1	1
<b>(A)</b> Name, address, and EIN of related organization	( <b>B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
ST LUKES HEALTH NETWORK INC					
801 Ostrum Street Bethlehem, PA 1801 51 000 23-2384 282	System parent corporation	PA	501(c)(3)	11	N/A
ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA					
801 Ostrum Street Bethlehem, PA 180151000 _23-1352213	A cute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
ST LUKES PHYSICIAN GROUP INC					
801 Ostrum Street Bethlehem, PA 1801 51 00 0 23-2380 81 2	Physician Services	PA	501(c)(3)	11	ST LUKES HEALTH NETWORK INC
LIFESTAR					
801 Ostrum Street Bethlehem, PA 1801 51 00 0 23-21 79 54 2	Patient tranport	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
QUAKERTOWN REHABILITATION CENTER					
801 Ostrum Street Bethlehem, PA 1801 51 00 0 23-25 4 3 9 2 4	Rehabilitation services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK
VNA OF EASTERN PA - HOSPICE AND HOME HEALTH INC					ST LUKES HOSPITAL OF
801 Ostrum Street Bethlehem, PA 1801 51 000 _24-0795497	Home health services	PA	501(c)(3)	8	BETHLEHEM PENNSYLVANIA
HOMESTAR MEDICAL EQUIPMENT AND INFUSION					
SERVICES  801 Ostrum Street Bethlehem, PA 1801 51000 23-2318254	Medical equipment and infusion services	PA	501(c)(3)	9	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA
CARBON SCHUYKILL COMMUNITY HOSPITAL INC					
801 Ostrum Street Bethlehem, PA 180151000 _25-1550350	Acute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
ST LUKES HOSPITAL AND HEALTH NETWORK AUXILIARY					ST LUKES HOSPITAL OF
801 Ostrum Street Bethlehem, PA 1801 51 00 0 23-21 34 47 9	Fundraising	PA	501(c)(3)	3	BETHLEHEM PENNSYLVANIA

QUAKERTOWN REHABILITATION CENTER

(8)

	(A) Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> A mount Involved (\$)
(1)	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	11,084,124
(2)	ST LUKES PHYSICIAN GROUP INC	h	-908,325
(3)	LIFESTAR	h	2,133,692
(4)	QUAKERTOWN REHABILITATION CENTER	h	-578,649
(5)	HOMESTAR MEDICAL EQUIPMENT AND INFUSION SERVICES	h	-175
(6)	VNA OF EASTERN PA - HOSPICE AND HOME HEALTH INC	h	23,278
(7)	CARBON SCHUYKILL COMMUNITY HOSPITAL INC	h	18,212

2,000,000

# Software ID: Software Version:

**EIN:** 23-1352203

Name: ST LUKES QUAKERTOWN HOSPITAL

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(B) A verage hours per week	(C) Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas Bisko , Chairman	1	Х						0	0	0
Dave Woglom , Vice Chairman	1	Х						0	0	0
Peter Cıanfranı MD , Dırector	1	Х						0	247,145	24,767
Susan Dale	1	×						0	0	0
John Detweiler , Director	1	Х						0	0	0
Cherı Freeh , Dırector	1	Х						0	0	0
Angela Floyd , Dırector	1	Х						0	0	0
Scott McElree , Director	1	Х						0	0	0
Joseph O'Neill DO , Director	1 00	Х						0	185,796	21,989
Kevin Reinhold MD , Director	1	Х						0	0	0
L James Roberts Jr , Director	1	Х						0	0	0
Luann Stauffer , Director	1	Х						0	0	0
Heather Vassa , Director	1	Х						0	0	0
Robert Walsh , Director	1	Х						0	0	0
Paul Weibel MD , Director	1	Х						0	0	0
Edward Nawrockı , President	40	Х		Х				0	354,415	65,262
Mr Thomas Lichtenwalner , Ex Officio SLHN Liason and SLHN SVP Finance	1 00	×						0	404,770	25,804
Linda Young , VP Patient Services	40				Х			0	224,757	20,800
Patrıcıa A Wıllıams , Registered Nurse	40					Х		139,676	0	19,032
Robert T Coleman , Pharmacy Manager	40					Х		136,562	0	18,720
Kathleen M Pastino , CAT Scan Tech - Weekend	40					Х		115,986	0	17,632
James Worthington , Pharmacist	40					Х		117,370	0	19,063
Lauren Hillen , Pharmacist	40					Х		115,168	0	18,876