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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)

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CARBON SCHUYLKILL COMMUNITY HOSPITAL INC
Doing Business As: ST LUKES MINERS MEMORIAL MEDICAL CENTER
Number and street (or P O box if mail is not delivered to street address): 801 Ostrum Street
City or town, state or country, and ZIP + 4: Bethlehem, PA 180151000

D Employer identification number: 25-1550350
E Telephone number: (610) 954-4000
G Gross receipts \$ 47,959,403

F Name and address of Principal Officer: Thomas Lichtenwalner, 801 Ostrum Street, Bethlehem, PA 180151000

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group Exemption Number

I Tax-exempt status: 501(c) (3)

J Web site: www.slhnn.org

K Type of organization: Corporation
L Year of Formation: 1987
M State of legal domicile: PA

Part I Summary

Table with 3 columns: Category (Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances), Description, and Amount. Rows include mission statement, employee counts, revenue breakdown, expenses, and asset balances.

Part II Signature Block

Signature block containing declaration, officer signature (Thomas Lichtenwalner), preparer signature (Joseph Szemanek), and firm information (Joseph J Szemanek Esquire LLC).

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

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

**1** Briefly describe the organization's mission  
 To provide compassionate, excellent quality and cost-effective health care to the residents of the communities we serve regardless of their ability to pay

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 40,849,716 including grants of \$ 0 ) (Revenue \$ 47,049,691 )  
 Please refer to Schedule O

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

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

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses \$ 40,849,716 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
<b>12</b> 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		No
<b>b</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.? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Part II.</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Part III.</i>		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		No
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i> <input checked="" type="checkbox"/>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>		No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>		No

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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> . . . . .		No
<b>33</b>	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 "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 484		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
	<b>11b</b>		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		

**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**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 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
- 20** 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 VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	0			
		<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	0			
		<b>1c</b>				
	<b>d</b>	Related organizations . . . . . <b>1d</b>	0			
	<b>e</b>	Government grants (contributions) <b>1e</b>	430,985			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	395,183			
<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____ <b>0</b>					
<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . .		826,168			
<b>Program Service Revenue</b>	<b>2a</b>	Inpatient and Outpatient Program Service Revenue	622,000	46,999,342	46,999,342	0
		<b>Business Code</b>				
	<b>b</b>	Physician and other program service revenue	622,000	50,349	50,349	0
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue		0	0	0
<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . .					
			\$ 47,049,691			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .		2,772	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0
	<b>5</b>	Royalties . . . . .		0	0	0
			(i) Real	(ii) Personal		
	<b>6a</b>	Gross Rents	23,152	0		
	<b>b</b>	Less rental expenses	0	0		
	<b>c</b>	Rental income or (loss)	23,152	0		
	<b>d</b>	Net rental income or (loss) . . . . .		23,152	0	0
			(i) Securities	(ii) Other		
	<b>7a</b>	Gross amount from sales of assets other than inventory				
	<b>b</b>	Less cost or other basis and sales expenses				
	<b>c</b>	Gain or (loss)	0	0		
	<b>d</b>	Net gain or (loss) . . . . .				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>		0			
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .					
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	<b>Business Code</b>				
<b>11a</b>	Activities substantially related to exempt function	622,000	56,389	56,389	0	
<b>b</b>	Activities for patient/employee convenience	622,000	1,230	0	0	
<b>c</b>						
<b>d</b>	All other revenue _____		1	0	0	
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . .					
			\$ 57,620			
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		47,959,403	47,106,080	0	27,155

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
<b>4</b>	Benefits paid to or for members	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	968,623	603,822	364,801	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages	17,413,756	15,542,288	0	65,360
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	184,818	162,327	21,826	665
<b>9</b>	Other employee benefits . . . . .	3,447,383	3,027,837	407,135	12,411
<b>10</b>	Payroll taxes . . . . .	1,287,464	1,167,336	117,289	2,839
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	105,254	0	105,254	0
<b>b</b>	Legal . . . . .	105,573	0	105,573	0
<b>c</b>	Accounting . . . . .	16,888	0	16,888	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	0	0	0	0
<b>g</b>	Other . . . . .	5,914,786	4,563,131	1,344,150	7,505
<b>12</b>	Advertising and promotion . . . . .	157,809	387	156,697	725
<b>13</b>	Office expenses . . . . .	7,523,202	7,121,903	398,215	3,084
<b>14</b>	Information technology . . . . .	215,841	41,277	174,564	0
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	1,358,666	1,297,066	61,600	0
<b>17</b>	Travel . . . . .	117,217	109,121	6,809	1,287
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions and meetings . . . . .	54,678	47,619	5,375	1,684
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,592,851	2,294,968	297,883	0
<b>23</b>	Insurance . . . . .	577,652	523,339	54,313	
<b>24</b>	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 )				
<b>a</b>	Bad debt expense	3,747,879	3,747,879	0	0
<b>b</b>	Temporary help	407,507	408,163	-656	
<b>c</b>	Hospital subsidy	185,460	185,460	0	0
<b>d</b>	Miscellaneous expenses	79,899	5,793	34,086	40,020
<b>f</b>	All other expenses	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	46,463,206	40,849,716	5,477,910	135,580
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	176,172	<b>1</b>	1,350,630
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,204,377	<b>4</b>	6,205,168
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	807,743	<b>8</b>	831,412
	<b>9</b> Prepaid expenses and deferred charges . . . . .	391,948	<b>9</b>	473,945
	<b>10a</b> Land, buildings, and equipment cost basis			
		<b>10a</b> 36,626,866		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		<b>10b</b> 19,574,166	17,402,541	<b>10c</b> 17,052,700
	<b>11</b> Investments—publicly traded securities . . . . .	726,481	<b>11</b>	1,442,620
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
<b>14</b> Intangible assets . . . . .		<b>14</b>		
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	89,115	<b>15</b>	75,851	
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	25,798,377	<b>16</b>	27,432,326	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,241,941	<b>17</b>	3,846,817
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	27,672	<b>19</b>	28,488
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	0	<b>21</b>	0
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	41,633	<b>23</b>	37,454
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	13,755,429	<b>25</b>	12,559,398
	<b>26 Total liabilities. Add lines 17 through 25</b>	16,066,675	<b>26</b>	16,472,157
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	9,005,222	<b>27</b>	9,517,549
	<b>28</b> Temporarily restricted net assets . . . . .	725,447	<b>28</b>	1,441,561
	<b>29</b> Permanently restricted net assets . . . . .	1,033	<b>29</b>	1,059
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	9,731,702	<b>33</b>	10,960,169	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	25,798,377	<b>34</b>	27,432,326	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	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? . . . . .	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

**Name of the organization**  
CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

**Employer identification number**  
25-1550350

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each 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)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	
<b>19a 33 1/3% Tests - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% Tests - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

**Part IV** **Supplemental Information.** 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)

<b>Facts and Circumstances Test</b>

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-1550350

**Name:** CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stanley Costello Jr , Chairman	1	X						0	0	0
Craig Zurn , 1st Vice Chairman	1	X						0	0	0
Robert Ames , Treasurer	1	X						0	0	0
Nancy Lesisko , Secretary	1	X						0	0	0
James D Bohri MD , VP of Medical Staff	1	X						0	0	0
Kalman Feinberg MD , Director	1	X						0	0	0
John Kovatch III , Director	1	X						0	0	0
Joseph Mussoline DO , Chief of Medical Staff	1	X						0	0	0
Joseph D Perilli Esq , Director	1	X						0	0	0
John Tracy , Director	1	X						0	0	0
Mr Thomas Lichtenwalner , Ex Officio SLHN Liason and SLHN SVP Finance	1 00	X						0	404,770	25,804
William Crossin , President	1 00	X		X				0	230,699	58,558
Ralph D Richards , Director - Rehabilitation	40				X			188,823	0	25,633
Karen J Smith , VP Patient Services	40				X			175,978	0	21,815
Bernard R Klemchak , Dir-Hospital Support	40					X		142,551	0	19,442
Shirley A French , Pharmacist	40					X		121,950	0	18,055
Melissa A Hartman , Pharmacy Manager	40					X		117,911	0	18,426
Thomas D Grett , Pharmacist	40					X		115,508	0	17,672
David M Kozich , PT Clinic Coordinator	40					X		105,902	0	17,249

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	726,485				
<b>b</b> Contributions . . . . .	798,612				
<b>c</b> Investment earnings or losses . . . . .	0				
<b>d</b> Grants or scholarships . . . . .	0				
<b>e</b> Other expenditures for facilities and programs . . . . .	82,477				
<b>f</b> Administrative expenses . . . . .	0				
<b>g</b> End of year balance . . . . .	1,442,620				

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 99.92 %
- c** Term endowment ▶ 0.08 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	Yes

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	298,580		298,580
<b>b</b> Buildings . . . . .	0	16,051,294	5,542,751	10,508,543
<b>c</b> Leasehold improvements . . . . .	0	273,949	267,577	6,372
<b>d</b> Equipment . . . . .	0	19,332,493	13,735,458	5,597,035
<b>e</b> Other . . . . .	0	670,550	28,380	642,170
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				17,052,700



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	47,959,403
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	46,463,206
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	1,496,197
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	0
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-983,872
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-983,872
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	512,325

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	47,313,368
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	0
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	47,313,368
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	646,035
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	646,035
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	47,959,403

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	46,463,206
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	46,463,206
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	46,463,206

**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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Schedule D, Part V, Line 4 Use of Endowment Funds 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 preserve 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	Sch D, Prt XI, L 8 Other changes in net assets of fund balances include Net assets released from restrictions used for operations 1,865, Change in additional pension liability (465,720), Net assets released from restrictions for purchase of property and equipment 126,020, Corresponding change to temporary and permanently restricted accounts (646,035), and mathematical rounding (2)
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 644,035

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

- 1a Does the organization have a charity care policy?
1b 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...
3 Answer the following based on the charity care eligibility criteria...
3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility...
3b Does the organization use FPG to determine eligibility for providing discounted care...
4 Does the organization's policy provide free or discounted care to the "medically indigent"?
5a Does the organization budget amounts for free or discounted care...
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations...
6a Does the organization prepare an annual community benefit report?
6b If "Yes," does the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: Program Category, (a) Number of activities or programs, (b) Persons served, (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Programs and Other Benefits.

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		
<b>2</b>	Enter the amount of the organization's bad debt expense (at cost) . . . . .		
<b>3</b>	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit		

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	
<b>7</b>	Enter line 5 less line 6—surplus or (shortfall) . . . . .	<b>7</b>	
<b>8</b>	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b>	Does the organization have a written debt collection policy? . . . . .	<b>9a</b>	
<b>9b</b>	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b>	

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				



**Part VI Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

Multiple horizontal lines for providing the 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 Assessment.** Describe how the organization assesses the health care needs of the communities it serves

Multiple horizontal lines for describing how the organization assesses the health care needs of the communities it serves.

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

Multiple horizontal lines for describing how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance.

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

Multiple horizontal lines for describing the community the organization serves, taking into account the geographic area and demographic constituents it serves.

**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Multiple horizontal lines for describing how the organization's community building activities promote the health of the communities the organization serves.

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

Multiple horizontal lines for providing any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose.

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

Multiple horizontal lines for describing the respective roles of the organization and its affiliates in promoting the health of the communities served.

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Multiple horizontal lines for identifying all states with which the organization, or a related organization, files a community benefit report.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

**Employer identification number**  
25-1550350

**Part I Questions Regarding Compensation**

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |  |
|---|--|
| <input type="checkbox"/> First class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the 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 A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>	Yes	
<b>7</b>		No
<b>8</b>		No

**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 of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
William Crossin	(i)	0	0	0	0	0	0	0
	(ii)	196,237	29,590	4,872	11,291	12,804	254,794	0
Ralph D Richards	(i)	188,580	0	243	9,429	16,204	214,456	0
	(ii)	0	0	0	0	0	0	0
Karen J Smith	(i)	175,586	0	392	8,779	13,036	197,793	0
	(ii)	0	0	0	0	0	0	0
Bernard R Klemchak	(i)	142,316	0	235	7,116	12,327	161,994	0
	(ii)	0	0	0	0	0	0	0
Mr Thomas Lichtenwalner	(i)	0	0	0	0	0	0	0
	(ii)	303,171	95,265	6,334	11,500	13,584	429,854	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . \$

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ 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.**

**Name of the organization**  
CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

**Employer identification number**

25-1550350

Identifier	Return Reference	Explanation
F990_P03_S00_L04a	Form 990, Part III, Line 4a	<p>St Luke's Miners Memorial Hospital Summary Clinical and Community Outreach Services St Luke's Miners Memorial Hospital (SLMMH) is a fully accredited, not-for-profit, 45-bed acute care hospital located in Coaldale, Pennsylvania in Schuylkill County near the Carbon County border Services also include a home health agency and a 48-bed skilled nursing facility The hospital serves more than 2,300 annual total patients (admissions and observations), as well as 70,231 outpatient visits, primarily residents of Schuylkill, Carbon and Lower Luzerne counties in Pennsylvania SLMMH considers its most valuable assets to be the 170 medical staff members, 400+ employees and 30 volunteers who serve the Hospital Founded in 1910, the Hospital became a member of the nationally recognized St Luke's Hospital &amp; Health Network in 2000 A regional, integrated network of hospitals, physicians, outpatient facilities and other related health care services, St Luke's Network provides care at 150+ locations primarily in Lehigh, Northampton, Carbon, Schuylkill, Bucks, Montgomery, Berks and Monroe counties in Pennsylvania and Warren County in New Jersey Since joining the Network, the SLMMH has undergone significant technical and facility improvements and added a new multi-million dollar state-of-the-art Emergency Department in 2002 This addition was followed by a new MRI, a new Sleep Disorder Center, a Cardiovascular Conditioning Center and a new access road from Rt 209 directly to the hospital The Hospital opened the area's first Urgent Care Center in 2004 and expanded its Home Care services, opening a new office in Tamaqua Capital investments in FY '09 supported a rural health clinic, CT scan split unit, fluoroscopy room and a significant number of aesthetic upgrades throughout the Hospital campus The Hospital mirrors the Network's vision to "perform in the top decile for each diagnosis in national pay-for-performance programs " The Network participates in the Premier/CMS Hospital Quality Improvement Demonstration (250 hospitals nationally) and in the QUEST pay-for-performance initiative (150 hospitals nationally) SLMMH is a top performer in QUEST measures for - mortality and evidenced-based care The Network's vision also includes a commitment to "make it easy for patients, physicians and staff to use the Hospital's services " For example, to improve patient access, SLMMH introduced "tele-health" in Spring 2009 Patients no longer have to travel 60 miles to see an endocrinologist Using "tele-health" technology available through St Luke's Network, patients at SLMMH are connected through a video screen for their consultations to Dr Bankim Bhatt of St Luke's Center for Diabetes and Endocrinology in Center Valley, PA, A nurse practitioner at the Hospital acts as Dr Bhatt's eyes and hands with the patient, while Dr Bhatt is in his office some 60 miles away The program provides seamless, specialized care for patients Clinical Services St Luke's Miners Memorial Hospital provides 24 medical specialties on site and patients also have access to the 82 medical specialties available through the St Luke's Network Emergency Services More than 13,500 patients are treated annually in the Emergency Department (ED) The ED staff are certified and specially trained to care for adults and children suffering from medical emergencies and traumatic injuries The ED, newly constructed in 2002, features five treatment rooms, as well as a hazardous material/contamination area There are separate walk-in and ambulance entrances St Luke's Emergency &amp; Transport Services (ETS) has an ambulance crew stationed at the Hospital to provide non-emergency or emergency inter-facility transports If needed, emergency patients can be transported by ambulance or medical helicopter to the St Luke's Adult Level 1 Regional Trauma Center in Bethlehem, PA The Trauma Center is designed to treat the most seriously injured patients A specially trained and qualified team of doctors, nurses and technicians are on-call and prepared to respond at a moment's notice St Luke's Hospital is one of only 32 trauma centers in Pennsylvania approved and accredited by the Pennsylvania Trauma Systems Foundation (PTSF) PennSTAR is the network's regional aero-medical transport helicopter and can fly patients needing trauma care from SLMMH in Coaldale to St Luke's Adult Level I Regional Trauma Center in Bethlehem in 10 to 12 minutes St Luke's Urgent Care Center - Jim Thorpe For easy access, no appointment is necessary at St Luke's Urgent Care Center in Jim Thorpe, Carbon County The Center provides care when the patient's physician is not available or when a minor injury or illness does not require the life-saving services of a full-service hospital emergency department The Center is equipped to treat a wide range of minor conditions including respiratory infections (common cold, flu, sinus infection), sore throat, earache, headache, pneumonia, bronchitis, urinary tract infection, skin rashes and poison ivy, and gastroenteritis, as well as injuries such as fractures and dislocations, sprains and strains, cuts and lacerations, minor burns and minor eye injuries Laboratory and radiology services are also available at the Center for patient convenience The Center also provides care for work-related injuries, including worker's compensation injuries, work restrictions and return-to-work and follow-up care Oncology Services The family-centered Cancer Center at SLMMH provides a wide range of services in a comfortable, home-like setting where family and friends are welcome to join patients The large, open treatment area includes reclining chemotherapy chairs and fosters an environment where patients may interact and gain insights and support from one another For those who prefer more privacy, semi-private and private treatment areas are available There are also private rooms for physical assessments and lab draws Sharon Oravec, manager of Oncology Services, was named the 2009 American Cancer Society volunteer of the year Rural Health Centers The St Luke's Miners Rural Health Centers, located in Nesquehoning in Carbon County and Hometown in Schuylkill County, offer expanded access to health care for more than 8,000 residents of Summit Hill, Nesquehoning, Lansford, Coaldale, Tamaqua, Hometown and surrounding communities The Centers are staffed by a physician, board-certified family nurse practitioners and physician assistants Services include wellness check ups, immunizations, sick visits, health screenings and lab work No patient is denied care at the Centers, which accept a wide range of medical insurances, including Medicaid Sleeps Disorders Center The Center evaluates, tests and treats problems with sleeping which can lead to serious health and quality of life issues The Center is staffed by board-certified sleep physicians and registered polysomnographers (sleep technicians) Wound Management Center The Wound Management Center offers special treatments for non-healing wounds and ulcers Patients heal faster, feel less pain and have fewer long-term conditions Sports and Rehabilitation Services St Luke's Sports &amp; Rehabilitation offers seven convenient locations for physical therapy, sports medicine and wellness in Carbon, Schuylkill and Monroe counties St Luke's Miners Memorial Home Care St Luke's Miners Memorial Home Care has been named to the 2008 Home Care Elite (announced in May 2009), a compilation of the most successful Medicare-certified home health care providers in the United States This annual review identifies the top 25 percent of agencies, ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance The Home Care staff helps patients recover from an injury or illness in the privacy and comfort of their own homes with the support of loved ones The Home Care staff have direct access to all of the resources of SLMMH, as well as those provided by St Luke's Hospital &amp; Health Network Staff include nurses, dietitians, physical, occupation and speech therapists, medical social workers and home health aides Staff works with the patient's physician to develop a plan of care that best meets the needs of individual patients Services are available 24-hours a day, seven-days a week, including weekends and holidays St Luke's Miners Memorial Home Care is Pennsylvania-licensed, Medicare and Medicaid certified and accredited by The Joint Commission</p>

Identifier	Return Reference	Explanation
F990_P03_S00_L04b	Form 990, Part III, Line 4b	Statement of Program Service Accomplishments (Line 4a-cont ) St Luke's Miners Memorial Geriatric Center St Luke's Miners Memorial Geriatric Center, a fully accredited, 48-bed, hospital-based skilled nursing facility, offers patients a home away from home Located on the fifth floor of the Hospital, the Center provides patients with individualized short-term rehabilitation and long-term care services Families are encouraged to play an active part in the resident's life To reinforce the home-like atmosphere, guests are always welcome The Centers offers a wide variety of goal-directed therapeutic activities including music, meditation and relaxation programs for stress management, a bowling program for the development and maintenance of fine and gross motor skills of the hand and arm muscles, weekly arts and crafts sessions to reinforce motor skills and challenge creativity The Center also provides outside trips for residents, including such destinations as the local farmers market, dinner theaters and scenic tours Residents may select from a daily restaurant-style menu and are provided access to a beauty/barber salon for personal care needs and a chapel for spiritual worship, communion and fellowship Community Outreach Services St Luke's Miners Memorial Hospital faces typical challenges of rural hospitals in the United States Coaldale and other nearby communities are small with declining and aging populations Despite the smaller population base from which to draw patients, SLMMH and similar rural hospitals still have to maintain a broad range of services to meet the health care needs of their communities The Hospital's affiliation with St Luke's Hospital & Health Network provides resources to help overcome some of these difficult economic challenges and enables the Hospital to continue to fulfill its mission In FY '09, SLMMH provided care \$580,000 in charity care The Hospital also invests significant resources in educational and outreach programs to improve the health status of the communities it serves The annual Breast Cancer Tea, designed to raise women's awareness of the critical need for mammograms, attracted 55 women in FY '09 The Hospital provides free breast health services to uninsured and underinsured women of the region Funding received through the Susan G Komen NEPA Mammography Screening Program provides the Hospital with the ability to offer free screening and diagnostic mammograms An annual fun-filled children's Halloween safety event serves more than 150 children and provides safety education on a variety of child-related topics, as well activities designed to help children make wise choices to maintain their good health Hospital personnel participated in a number of community education presentations designed for small groups of 30 and focusing on topics such as diabetes, heart disease, bicycle safety, cancer and wellness Diabetes is a significant health issue in the area served by SLMMH The Hospital hosts the region's Diabetes Support Group, which meets monthly Seasonal and H1N1 flu vaccinations were provided, including vaccinations to 500 students enrolled in the Tamaqua Area School District and to 350 community members who attended public immunization clinics held at St Luke's Urgent Care - Jim Thorpe and at the two St Luke's Rural Health Centers Blood pressure screenings were also provided In addition to blood pressure, free health screenings at community events also include body mass index, fall-risk assessment and respiratory assessments Employees of SLMMH are actively involved in various community outreach activities Annually, they "adopt" 10 families identified through local organizations Employees then sponsor a Holiday Clothing Drive to benefit the families and also provide the families with holiday gifts Food drives are conducted by employees to support two local food pantries - the Salvation Army in Tamaqua and the Lansford Food Pantry SLMMH employees participated in the all-volunteer, non-profit Operation Touch of Home, which collects items to send to local troops serving overseas Employees collected essentials such as batteries, fly swatters, socks, sunscreen lip balm, magazines and tissues - enough to fill a truck and a car They also raised \$1,150 to cover the shipping costs Every Friday, in a gesture of solidarity and support, employees wear red as a reminder of the sacrifices our troops make on our behalf Although small, the Hospital has an energetic cadre of volunteers from the community including pharmacy volunteer Emerson Musser who received the President's Call to Service Award for reaching more than 4,000 hours of volunteer service over his lifetime

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

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Carbon Schuylkill Community Hospital Inc 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 members of the organization's governing body, whether periodically or as vacancies arise

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Carbon Schuylkill Community Hospital Inc 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

Identifier	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 Miners Memorial Medical Center during the April meeting

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	BOARD OF TRUSTEES POLICY MANUAL, CONFLICT OF INTEREST POLICY Section 2 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 The Chairman of the Board shall share with each Chairperson of a Board Committee the Statements submitted by members of such Board Committee Section 3 Procedures to be Followed at Meetings Whenever the 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 or 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 If the Interested Person 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 (b) If the Interest Person is present, the Chairman of the Board or the Chairperson of the Board Committee may ask the Interested Person to excuse himself from the meeting during discussion of the matter that gives rise to the potential conflict If asked, the Interested Person shall excuse himself from the meeting, although he or she may make a statement or answer any question on the matter before leaving (c) The Interested Person will not vote on the matter that gives rise to the potential conflict (d) The Board or the Board Committee must approve the matter referenced in Section 3(c) by a majority vote of the persons present at the meeting that has a quorum The Interested Person's attendance shall count for the purposes of determining whether a quorum exists In addition, if an Interested Person is a member of the Board and has a Financial Interest in a transaction or arrangement, the follow should be observed in addition to the provisions described above (e) If appropriate, the Chairman of the Board may appoint a person other than an Interested Person or a committee to investigate alternatives to the proposed transaction or arrangement (f) In order to approve the proposed arrangement, the Board of Trustees must first find, by a majority vote of the Trustees present at the meeting, without the vote of the Interested Person, that the proposed arrangement is in SLHN's best interest and is of benefit, that the proposed arrangement is fair and reasonable to SLHN, and that, after reasonable investigation, SLHN cannot obtain a more advantageous arrangement through reasonable efforts under the circumstances

Identifier	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 through 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 that had accumulated over a 10-15 year period and resulted in taxable compensation Deferred Compensation Deferred compensation represents retirement benefits earned during the reporting period, yet not recognized as compensation on the employee's 2008 W-2 Nontaxable Benefits Health and welfare benefits Compensation Reported on prior 990 Total compensation reported on prior 990's represented 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 The amount was reported in Schedule J, column 3-other compensation

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Pursuant to IRS regulations, Carbon Schuylkill Community Hospital Inc, 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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

**Employer identification number**

25-1550350

**Part I Identification of Disregarded Entities**

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
See Additional Data Table					

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
EIGHTH & EATON PROFESSIONAL BUILDING LP  801 Ostrum Street Bethlehem, PA180151000 26-3017143	Real estate management	PA	ST LUKES HEALTH NETWORK INC	Investment				No			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ST LUKES HEALTH NETWORK INSURANCE COMPANY 801 Ostrum Street Bethlehem, PA180151000 75-2993150	Risk retention group	VT	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			
CANCER IMMUNOTHERAPIES LLC 801 Ostrum Street Bethlehem, PA180151000 20-8783508	Research projects	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			
ST LUKES EIGHTH & EATON HOLDINGS INC 801 Ostrum Street Bethlehem, PA180151000 23-7192801	Real estate management	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			
ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA AMBULATORY SURGERY LTD 801 Ostrum Street Bethlehem, PA180151000 23-3018850	Orthopedic services	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			1 00 %

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>	Yes	
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
<b>(1)</b> ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	1,511,211
<b>(2)</b> ST LUKES QUAKERTOWN HOSPITAL	h	-18,212
<b>(3)</b> ST LUKES PHYSICIAN GROUP INC	h	128,045
<b>(4)</b> LIFESTAR	h	-1,625
<b>(5)</b> HOMESTAR MEDICAL EQUIPMENT AND INFUSION SERVICES	h	-3,474
<b>(6)</b> VNA OF EASTERN PENNSYLVANIA - HOSPICE AND HOME HEALTH INC	h	-55,398



**Software ID:** 08000095  
**Software Version:** v1.00  
**EIN:** 25-1550350  
**Name:** CARBON SCHUYLKILL COMMUNITY HOSPITAL INC

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
ST LUKES HEALTH NETWORK  801 Ostrum Street Bethlehem, PA 180151000 23-2384282	Parent Corporation	PA	501(c)(3)	11	N/A
ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA  801 Ostrum Street Bethlehem, PA 180151000 23-1352213	Acute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
ST LUKES QUAKERTOWN HOSPITAL  801 Ostrum Street Bethlehem, PA 180151000 23-1352203	Acute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
ST LUKES PHYSICIAN GROUP INC  801 Ostrum Street Bethlehem, PA 180151000 23-2380812	Physician services	PA	501(c)(3)	11	ST LUKES HEALTH NETWORK
LIFESTAR  801 Ostrum Street Bethlehem, PA 180151000 23-2179542	PATIENT TRANSPORT	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
QUAKERTOWN REHABILITATION CENTER  801 Ostrum Street Bethlehem, PA 180151000 23-2543924	Rehabilitation services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
VNA OF EASTERN PENNSYLVANIA - HOSPICE AND HOME HEALTH INC  801 Ostrum Street Bethlehem, PA 180151000 24-0795497	Home health services	PA	501(c)(3)	8	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA
HOMESTAR MEDICAL EQUIPMENT AND INFUSION SERVICES  801 Ostrum Street Bethlehem, PA 180151000 23-2318254	Medical equipment and infusion services	PA	501(c)(3)	9	ST LUKES HEALTH NETWORK INC
ST LUKES HOSPITAL AND HEALTH NETWORK AUXILIARY  801 Ostrum Street Bethlehem, PA 180151000 23-2134479	Fundraising	PA	501(c)(3)	3	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA

**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	<b>(A)</b> Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved (\$)
<b>(1)</b>	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	1,511,211
<b>(2)</b>	ST LUKES QUAKERTOWN HOSPITAL	h	-18,212
<b>(3)</b>	ST LUKES PHYSICIAN GROUP INC	h	128,045
<b>(4)</b>	LIFESTAR	h	-1,625
<b>(5)</b>	HOMESTAR MEDICAL EQUIPMENT AND INFUSION SERVICES	h	-3,474
<b>(6)</b>	VNA OF EASTERN PENNSYLVANIA - HOSPICE AND HOME HEALTH INC	h	-55,398