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Part III Statement of Program Service Accomplishments

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 501(c)(4) organizations and section 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 \$ 7,268,542 including grants of \$ 0) (Revenue \$ 7,265,427)
	General Medicine Under the guidance of its community-based Board of Trustees and the support of the physicians on its open medical staff, St Luke's Quakertown Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay The Hospital has a well-earned reputation for providing quality general medical care with outstanding customer service to adults Coordinated care is provided for common medical illnesses and ongoing management for complex disease states As is typical of general community hospitals, St Luke's Quakertown's Hospital's most common medical diagnoses include appendectomy, respiratory, esophageal and duodenal procedures, major and large bowel procedures, anal and stomach procedures, hernia, and cholecystectomy








4b	(Code) (Expenses \$ 4,336,254 including grants of \$) (Revenue \$ 3,332,974)
	Behavioral Health Under the guidance of its community-based Board of Trustees and the support of the physicians on its open medical staff, St Luke's Quakertown Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay Adults who may need intense structure and care 24 hours-a-day on an inpatient unit will find a team of psychiatrists, nurses, social workers, occupational therapists and other mental health experts at St Luke's Quakertown Hospital The team assesses each individual and provides a treatment plan, assisting the patient and the family to gain the knowledge and resources necessary to return to the community Active discharge planning for services on an outpatient basis is also provided for all patients The most common diagnoses treated include acute adjustment reaction and psychosocial dysfunction, depressive neuroses, personality disorders and impulse control, mental retardation, psychoses, behavioral and developmental disorders and alcohol/drug abuse dependence

4c	(Code) (Expenses \$ 2,650,817 including grants of \$) (Revenue \$ 2,404,363)
	General Surgery Under the guidance of its community-based Board of Trustees and the support of the physicians on its open medical staff, St Luke's Quakertown Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay The Hospital offers a variety of surgical services, from general surgery to laparoscopic procedures In addition, highly specialized procedures not usually performed at a community hospital are offered at the Hospital through its membership in St Luke's Hospital & Health Network These include vascular surgery and leading-edge radio frequency ablation surgery for liver cancer Also available is sentinel node lymph node biopsy, a new surgical technique for determining the spread of melanoma, breast and colon cancer Additional frequent surgical diagnoses include kidney and urinary tract procedures, prostatectomy, transurethral procedures, major bladder procedures, thyroid procedures and procedures related to the Hospital's extensive wound care program

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 27,606,181 including grants of \$ 0) (Revenue \$ 42,879,421)
4e	Total program service expenses \$ 41,861,794

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	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>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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	1a	0	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	521	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	15	
b	Enter the number of voting members that are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

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

Form **990** (2009)

1b	Total	603,322	1,577,740	516,521
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization7

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0							
	b	Membership dues	1b	0							
	c	Fundraising events	1c	0							
	d	Related organizations	1d	0							
	e	Government grants (contributions)	1e	37,260							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	220,121							
	g	Noncash contributions included in lines 1a-1f \$ 10,032									
	h	Total. Add lines 1a-1f						257,381			
Program Service Revenue			Business Code								
	2a	Inpatient and Outpatient Program Service Revenue	622,000	55,704,339	55,699,934	4,405	0				
	b	Other program service revenue	622,000	1,234,939	0	0	1,234,939				
	c										
	d										
	e										
	f	All other program service revenue		0	0	0	0				
	g	Total. Add lines 2a-2f			56,939,278						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			206,959	0	0	206,959			
	4	Income from investment of tax-exempt bond proceeds . . .			0	0	0	0			
	5	Royalties			0	0	0	0			
	6a	Gross Rents	(i) Real	(ii) Personal							
			0	0							
			0	0							
			0	0							
	b	Less rental expenses	0	0							
	c	Rental income or (loss)	0	0							
	d	Net rental income or (loss)		0					0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
			1,258,414	28,007							
			1,349,486	46,682							
			-91,072	-18,675							
	b	Less cost or other basis and sales expenses									
	c	Gain or (loss)									
	d	Net gain or (loss)		-109,747					0	0	-109,747
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18									
			a								
			b	Less direct expenses							
	c	Net income or (loss) from fundraising events . . .									
	9a	Gross income from gaming activities See Part IV, line 19									
			a								
			b	Less direct expenses							
	c	Net income or (loss) from gaming activities . . .									
	10a	Gross sales of inventory, less returns and allowances									
a											
b			Less cost of goods sold								
c	Net income or (loss) from sales of inventory . . .										
Miscellaneous Revenue		Business Code									
11a	Activities substantially realted to exempt function	622,000	29,156	29,156	0	0					
b	Activities not regularly carried on	622,000	23,706	23,706	0	0					
c	Activities for patient/ employee convience	622,000	124,984	124,984	0	0					
d	All other revenue		0	0	0	0					
e	Total. Add lines 11a-11d			177,846							
12	Total revenue. See Instructions			57,471,717	55,877,780	4,405	1,332,151				

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).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	603,322	472,401	130,921	
7	Other salaries and wages	17,604,519	13,784,338	3,765,557	54,624
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,290,323	1,010,323	276,129	3,871
9	Other employee benefits	2,784,364	2,180,157	595,854	8,353
10	Payroll taxes	1,317,169	1,031,343	281,874	3,952
11	Fees for services (non-employees)				
a	Management	1,315,684	0	1,315,684	0
b	Legal	17,903	0	17,903	0
c	Accounting	133,990	0	133,990	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	6,204,771	5,049,175	1,142,322	13,274
12	Advertising and promotion	346,028	270,940	74,050	1,038
13	Office expenses	6,889,160	5,394,213	1,474,280	20,667
14	Information technology	98,175	76,871	21,009	295
15	Royalties				
16	Occupancy	2,288,065	1,791,555	489,646	6,864
17	Travel	10,938	8,564	2,341	33
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,897	39,852	10,892	153
20	Interest	286,339	0	286,339	0
21	Payments to affiliates	1,135,948	889,447	243,093	3,408
22	Depreciation, depletion, and amortization	3,779,626	2,959,447	808,840	11,339
23	Insurance	726,588	710,568	15,799	221
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad debt expense	5,066,315	5,066,315	0	0
b	Physician practice support	1,016,640	1,016,640	0	0
c	Dues, memberships, licenses and fees	102,109	79,952	21,851	306
d	Miscellaneous expenses	37,923	29,693	8,116	114
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	53,106,796	41,861,794	11,116,490	128,512
26	Joint costs. Check here <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
Assets	1	Cash—non-interest-bearing				0	1	
	2	Savings and temporary cash investments				25,496	2	57,000
	3	Pledges and grants receivable, net				0	3	
	4	Accounts receivable, net				8,851,314	4	11,559,686
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				0	6	
	7	Notes and loans receivable, net				0	7	
	8	Inventories for sale or use				762,020	8	707,361
	9	Prepaid expenses and deferred charges				412,199	9	384,684
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	64,216,378	20,774,889	10c	19,342,294	
	b	Less accumulated depreciation	10b	44,874,084				
	11	Investments—publicly traded securities				2,556,759	11	2,822,539
	12	Investments—other securities See Part IV, line 11				0	12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				367,869	15	95,667
	16	Total assets. Add lines 1 through 15 (must equal line 34)				33,750,546	16	34,969,231
Liabilities	17	Accounts payable and accrued expenses				7,240,411	17	8,962,786
	18	Grants payable				0	18	
	19	Deferred revenue				26,182	19	7,059
	20	Tax-exempt bond liabilities				0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				0	21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				0	22	
	23	Secured mortgages and notes payable to unrelated third parties				0	23	
	24	Unsecured notes and loans payable to unrelated third parties				0	24	
	25	Other liabilities Complete Part X of Schedule D				15,186,017	25	11,421,694
	26	Total liabilities. Add lines 17 through 25				22,452,610	26	20,391,539
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
27		Unrestricted net assets				9,540,522	27	12,774,037
28		Temporarily restricted net assets				256,965	28	230,559
29		Permanently restricted net assets				1,500,449	29	1,573,096
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.								
30		Capital stock or trust principal, or current funds					30	
31		Paid-in or capital surplus, or land, building or equipment fund					31	
32		Retained earnings, endowment, accumulated income, or other funds					32	
33		Total net assets or fund balances				11,297,936	33	14,577,692
34		Total liabilities and net assets/fund balances				33,750,546	34	34,969,231

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization ST LUKES QUAKERTOWN HOSPITAL	Employer identification number 23-1352203
--	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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?

(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 supported organization(s)

(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	
Total									

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years 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 stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES QUAKERTOWN HOSPITAL

Employer identification number
23-1352203

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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
1a Beginning of year balance	2,562,344	2,728,098			
b Contributions	365,719	47,528			
c Investment earnings or losses	187,833	-213,282			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	113,974	0			
f Administrative expenses	0	0			
g End of year balance	3,001,922	2,562,344			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 39.92 %

b

Permanent endowment ▶ 52.4 %

c

Term endowment ▶ 7.68 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

b

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

3b

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) Accumulated depreciation	(d) Book value
1a Land	0	113,478		113,478
b Buildings	0	21,915,930	12,229,212	9,686,718
c Leasehold improvements	0	1,294,658	147,847	1,146,811
d Equipment	0	40,384,699	32,497,025	7,887,674
e Other	0	507,613	0	507,613
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				19,342,294

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	57,471,717
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,106,796
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,364,921
4	Net unrealized gains (losses) on investments	4	201,204
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,332,585
9	Total adjustments (net) Add lines 4 - 8	9	-1,131,381
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,233,540

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	57,452,686
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	57,452,686
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	19,031
c	Add lines 4a and 4b	4c	19,031
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	57,471,717

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	53,106,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	53,106,796
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	53,106,796

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Use of Endowment Funds Board designated general purpose funds are used to support hospital operations, staff development and capital investment Temporarily restricted assets are used for a variety of reasons and in accordance with the donors intended purposes - examples include capital investment, community health and education, support of hospital operations, and staff development The available funds from permanently restricted assets are used for medical research, capital investment, community health and education, support of hospital operations, staff development and to pay for indigent care the organization applies a strict spending policy to preserve the principal amount of the original donation
SchD_P10_S00_L00	Schedule D, Part X	Not applicable
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Pension adjustment (-1,329,125), Transfer from affiliated organization (22,946), and Adjustment to temporarily restricted funds (-26406)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Unrestricted investment income from assets limited as to use (32,555), Realized gain/(loss) on unrestricted investment (-91,072), Unrestricted gifts, grants and contributions (16,702), Unrestricted investment income from restricted net assets (80,509), Unrestricted investment (loss)/ income (-35), Gain/(loss) on disposal of property and equipment (-18,675), and Net assets released from restrictions used for operations (-953)

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES QUAKERTOWN HOSPITAL

Employer identification number
23-1352203

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other <u>3.00 %</u></div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>5.00 %</u></div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	No
6b	If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,108,319	0	1,108,319	2 31 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,290,900	2,633,868	1,657,032	3 45 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Charity Care and Means-Tested Government Programs	0	0	5,399,219	2,633,868	2,765,351	5 76 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			119,880	1,565	118,315	0 25 %
f Health professions education (from Worksheet 5)			421,161	0	421,161	0 88 %
g Subsidized health services (from Worksheet 6)			2,877,906	2,387,884	490,022	1 02 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			351,933	42,633	309,300	0 64 %
j Total Other Benefits	0	0	3,770,880	2,432,082	1,338,798	2 79 %
k Total. Add lines 7d and 7j	0	0	9,170,099	5,065,950	4,104,149	8 55 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing			0	0	0	0 %
2Economic development			33,345	144	33,201	0 07 %
3Community support			0	0	0	0 %
4Environmental improvements			0	0	0	0 %
5Leadership development and training for community members			0	0	0	0 %
6Coalition building			45,278	0	45,279	0 %
7Community health improvement advocacy			10,550	0	10,550	0 %
8Workforce development			0	0	0	0 %
9Other			0	0	0	0 %
10Total	0	0	89,173	144	89,030	0 07 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No	
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	869,009	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide 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, and rationale for including other bad debt amounts in community benefit.				
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5	11,542,164	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	10,449,599	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	1,092,565	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.				
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				
Section C. Collection Practices				
9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	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.	9b	Yes	

Part IVManagement Companies and Joint Ventures

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

Other
(Describe)

ST LUKES QUAKERTOWN HOSPITAL
1021 Park Avenue
Quakertown, PA 18951

X

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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

See additional data

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

PA

Additional Data

Software ID:

Software Version:

EIN: 23-1352203

Name: ST LUKES QUAKERTOWN HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The McKesson, Horizon Performance Management Costing application was the tool utilized to determine the cost of unreimbursed Medicaid, Medicaid HMO, and Subsidized Health Services. The entire Hospital activity was costed through the McKesson HPM application, to include inpatient, outpatient, emergency room, and all payers. Costing consisted of allocating cost from the departmental level down to the service item level. Once costs were determined at the service item level, we then aggregated encounters into the defined targeted groups. For determination of the unreimbursed costs for Medicaid, Medicaid HMO, and Subsidized Services reported on Part I, line 7, we excluded charity care, bad debt, and all over lapping cases reported elsewhere. We utilized the Ratio of Patient Care cost to charges to determine the charity care and bad debt costs. The development of the ratio conforms to the Tax Form 990 Instructions. The Medicare shortfall/surplus was determined using the Medicare Complex Cost Reporting Form utilizing allowable Medicare Costs.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Subsidized health care services include costs of hospital based clinics, but no costs of physician clinics are included

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The bad debt expense subtracted for purposes of calculating the percentage in this column is \$ 5,066,315

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization's audited financial statements do not provide a footnote with regard to bad debt expense

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The costs associated with Medicare patients are based on the submitted cost report, which uses a cost to charge methodology for determining cost. Necessary adjustments were made to this number to exclude costs already recognized in other section of Schedule H, such as costs related to subsidized health services and graduate medical education. St. Luke's is of the opinion that the full Medicare shortfall should be counted as a community benefit. As reimbursement does not fully cover the cost incurred in the treatment of Medicare patients, there is a financial benefit and thus relief of government burden.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Any patient who expresses an inability to pay for services, even if previously qualified for partial financial assistance, would be further evaluated by hospital personnel to determine eligibility for additional service assistance. The hospital's collection policy is applied uniformly to all out-of-pocket patient obligations unless the patient qualifies for additional financial assistance or discounting, as described above.

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

St Luke's Hospital & Health Network's Department of Community Health oversees assessment of the health care needs of the communities served by St Luke's Quakertown Hospital. The Department is led by Dr. Bonnie Coyle, board-certified in preventive medicine, with 15 years experience in public and preventive health. St Luke's Quakertown Hospital is an active member of The Bucks County Health Improvement Partnership (BCHIP), a collaborative of Bucks County's six acute care hospitals, the Bucks County Department of Health and the Bucks County Medical Society. BCHIP is a 501 (c) 3 non-profit corporation whose numerous task forces and projects address the needs and opportunities identified through health assessment activities and through ongoing analysis of the community. Participants in BCHIP programs work non-competitively to address gaps in service and to improve the general health of Bucks County residents. Assessment of health care needs by the Network's Department of Community Health includes analysis of information from the following sources: Vital Statistics, Pennsylvania Department of Health data, hospital discharge data, the Robert Wood Johnson County Health Profiles and other county data available from various other state agencies. Most recently, the Network has contracted with the Lehigh Valley Research Consortium to conduct a formal health needs assessment for the Greater Lehigh Valley and upper Bucks area, served by St Luke's Hospital (Allentown/Bethlehem) and St Luke's Quakertown Hospital. The process will be completed by the end of Summer 2011.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

As a non-profit entity, St Luke's Quakertown Hospital's first consideration in the admission and placement or treatment of any patient is the patient's medical needs. Some patients hesitate to obtain necessary care because of their financial concerns. In order to encourage such patients to obtain appropriate care, in December 2008, the Network's Board of Trustees approved the redesign of the Network's Charity Care Program for patient access to discounted hospital services. This policy is updated annually. The Network also established a community benefit tracking system to comply with new IRS Form 990 Guidelines (effective 2009) to report community benefit activities/expenditures. The Charity Care Program is widely communicated in both English and Spanish. A bilingual notice of the Program is posted in all outpatient and inpatient registration areas. All patient statements include a number for patients to call if they are having difficulty paying their bills. St Luke's website has extensive information regarding the Financial Assistance Program, including eligibility guidelines and contact information. Additionally, St Luke's financial counselors assess each patient for eligibility for coverage through Medical Assistance, CHIP, Adult Basic and other programs. Bilingual counselors are available.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

St Luke's Quakertown Hospital's primary service area consists of a suburban population in Upper Bucks County in Southeastern Pennsylvania with a total population of 111,515. The average household income is \$93,832 and 5 percent of the population has income below the poverty level. Four hospitals serve the primary service area and 10 percent of hospital discharges are Medicaid patients and 2 percent are uninsured. The median age of the population is 36.2 years and 94 percent are Caucasian. Growth in population ages 65 years and older in Upper Bucks and Montgomery County is projected to increase by 19 percent by 2014. Quakertown is considered a fast-growing bedroom community and regional shopping and service center for Bucks County and Philadelphia.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5
Form 990 Schedule H, Part VI - Supplemental Information, Line 5

St Luke's Quakertown Hospital has direct involvement in numerous community building activities that promote and improve the health status and general betterment of the communities served by the hospital as reported in Part II. Additional costs related to specific building activities may be found elsewhere in Form 990, Section H. Economic Development. With 390 employees, St Luke's Quakertown Hospital is a major economic anchor in the region. According to the federal Bureau of Economic Analysis, the employment multiplier for Pennsylvania hospitals is 2.19, suggesting that for every hospital job, 1.2 additional jobs are supported within the state. In a report issued in February 2010, The Hospital and Healthsystem Association of Pennsylvania calculated St Luke's Quakertown Hospital's total spending benefit (hospital only and ripple benefit) to the region's economy at \$85,320,432, and total salary benefit (hospital only and ripple effect) at \$28,252,278. Additionally, Hospital managers are actively engaged in the following community organizations that focus on economic development: Upper Perkiomen Valley Chamber of Commerce, Upper Bucks Chamber of Commerce and Quakertown Alive Economic Development. Environmental Improvements. St Luke's Hospital & Health Network has an extensive commitment to continually seek methodologies to enhance its participation in meaningful participation in environmentally friendly practices. As part of that Network, St Luke's Quakertown Hospital recycled more than 68 tons of materials in FY '10. These materials included cardboard, plastics, aluminum cans, paper, shredded confidential papers, batteries, newspapers and metals. Additionally, the Hospital completed the \$8 million Upper Perkiomen Outpatient Center in which energy efficient techniques were utilized, including geothermal heat and air conditioning systems. Leadership Development/Training for Community Member. St Luke's Quakertown Hospital conducts periodic CPR and First Aid classes for the community. In FY'10, 53 such classes were provided. Coalition Building. St Luke's Hospital & Health Network has a proven record of forming effective partnerships built on a spirit of mutual respect and shared missions of community service. As an integral part of the Network, St Luke's Quakertown Hospital engaged in the following coalition efforts in FY '10: participation in Saucon Rotary Club, participation on the Board of Directors and annual fund-raising campaign of the United Way Of Bucks County, participation in Upper Bucks YMCA activities including its annual Healthy Kids Day, participation in The Open Line, a multi-service agency offering programs, resources and services designed to meet the basic needs of individuals and families in the Upper Perkiomen Valley, and participation in the Upper Bucks Parenting Center. St Luke's Quakertown Hospital received the 2010 Distinguished Community Service Award from the Boy Scouts Bucks County Council. This award is given for leadership, commitment and contributions to the community, and in recognition of the Hospital's significant achievements as a role model for the 13,000 young men and women served through Scouting and Learning for Life programs in Bucks County, PA. Hospital employees collected 102 pairs of glasses and 42 glass cases to donate to the Lions Eye Bank. Employees also volunteered to provide delivery service for Meals on Wheels. In support of the greater community, hospital personnel collected used canes, crutches and walkers for the victims on the earthquake in Haiti. More than 100 items were collected. A variety of community organizations utilize meeting space in St Luke's Quakertown Hospital at no expense. Community Health Improvement Advocacy. Hospital personnel are actively involved in the Bucks County Health Improvement Partnership Board of Directors. They coordinate provision of dental care to adults and children with limited or no access to care and participate on the Finance Committee. Hospital nurses serve on the Bucks County Health Improvement Partnership Domestic Violence and Wellness task forces. Additionally, the Hospital made a \$10,000 donation to help meet the Partnership's annual program needs. The Hospital also donated \$23,000 in support of the Partnership's Volunteer Doctors Care Upper Bucks Clinic. During Quakertown Diabetes Day, hospital staff provided education on proper foot care to help diabetic patients manage their disease. The Hospital participates in St Luke's Hospital & Health Network's language access initiative (medical interpretation, an advocacy program to help ensure equal access to quality health care for Limited English-Proficient community members). Throughout the year, the Hospital utilizes numerous media outlets to educate the community about health issues that may impact them. Disbursement of the St Luke's Quakertown Health Line Calendar is an integral strategy in this process. The calendar features a listing of free community programs.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

and classes related to specific health care topics. The date, time and a brief description of the public programs are mailed to residents of 47,000 homes on a biannual basis. A total of 100 free community talks were held in FY '10. Additionally, the Hospital invested \$ 13,617.14 in paid advertising in area publications to ensure the collective paid circulation of 365,248 residences received notification of the free health classes.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

St Luke's Quakertown Hospital (SLQH) furthers its exempt purpose by promoting the health of the community through various substantive programs and services. SLQH is an advocate for improving the health status of those who live and work in the region served by the Hospital. The St Luke's Quakertown Health Line Calendar is distributed biannually to 47,000 residents of homes in the region. The Calendar includes a listing of free community programs and classes related to various health care topics. In FY '10, SLQH held 100 community educational events including How to Protect Yourself from the Flu, Varicose Veins, New Frontiers in Breast Imaging, Battling the Economic Crisis as a Family, Learn How to Help a Friend Experiencing Domestic Violence, Information Your Doctor Needs to Know and What Parents Need to Know About Bullying. Numerous not-for-profit organizations hold meetings, perform testing and deliver support services at SLQH, where space is provided at no cost. The following groups conduct meetings at the Hospital: Alcoholics Anonymous, Diabetes Support Group, Living Well with Diabetes, Grief/Bereavement Support Group, orthopaedic educational classes, The St Augustine Fellowship, TOPS (Take Off Pounds Sensibly), NA/Narcotics Anonymous, Compassionate Friends, Women's Abuse Support Group, Breast Cancer Support Group and Alateen Support Group. Throughout the year, the Hospital offers various free health screenings and immunization programs. These include flu and pneumonia vaccinations, blood pressure screenings. SLQH employees take an active role in the community, serving on various boards and volunteering their time and expertise to various organizations. In August 2009, SLQH employees delivered more than 300 pounds of food to the Quakertown Food Pantry. The food was used to support the Quakertown Summer Lunch Program for children who receive free or price-reduced lunches during the school year in the Quakertown Community School District. The Lunch Program ensures these children have nutritious meals and snacks throughout the summer. The Hospital's affiliation with St Luke's Hospital & Health Network provides additional resources to enable St Luke's Quakertown Hospital to fulfill its mission to the community. St Luke's Hospital & Health Network offers a toll-free health information telephone number for members of the community. In FY '10, 34,267 callers were assisted with a range of services including registration for free community health programs, screenings and other health services, referrals to physicians meeting the expressed needs of the callers, information on St Luke's Charity Care Program. Additionally, St Luke's produces a weekly television program on which St Luke's physicians and other health care providers provide information on healthy living, health screenings, advances in health care treatment and technology and related topics. St Luke's Quakertown Hospital supports a medical staff comprised of private practice physicians and physicians employed by St Luke's Physician Group, a member of St Luke's Hospital & Health Network. The Board of Trustees of St Luke's Hospital & Health Network is comprised of community leaders representing a wide range of backgrounds and professional expertise who volunteer their time and talents. This Board has fiduciary and governance oversight for all Network entities, including St Luke's Quakertown Hospital. Additionally, community volunteers serve on St Luke's Quakertown Hospital Board of Trustees whose members serve as advisors to Hospital. This volunteer board provides valuable insight and feedback reflecting community needs.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

St Luke's Quakertown Hospital is a member of St Luke's Hospital & Health Network, a regional, integrated network of non-profit hospitals, physicians, outpatient facilities and other related health care services providing care at 150+ locations primarily in Lehigh, Northampton, Carbon, Schuylkill, Bucks, Montgomery, Berks and Monroe counties in Pennsylvania and Warren County in New Jersey. The Network invests in projects, technology, medical expertise and programs that contribute to the enhancement of the region's health care status. Individual hospitals within the Network develop, implement and fund programs specific to the needs of the community. The Board of Trustees of St Luke's Hospital & Health Network supports and has oversight for a dynamic Community Health Policy. The Board views improving the health of the community as fundamental to the mission and values of St Luke's Hospital & Health Network. It is the policy and practice of the Network all its entities, including St Luke's Quakertown Hospital, to incorporate and engage in initiatives which will create a healthier community. The Board demonstrates its commitment to improving the health of the community by dedicating resources to achieve the following:

- * To work with other members of the community to develop an environment which provides opportunities for healthy choices and provides norms and support for healthy actions and behaviors. Multidimensional initiatives, which include and impact on various community characteristics such as safety, education, transportation, social supports and economic opportunities, are considered and developed.
- * To include specific actions and commitments in the Network's and St Luke's Quakertown Hospital's operations and business plans related to community health efforts.
- * To develop and sustain partnerships with other members of the community to share the responsibility, work and successes of creating a healthier community.
- * To provide leadership and commitment in developing sustainable infrastructures for a healthier community by providing technical assistance, expertise, information and support where they are relevant to the community's efforts.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ST LUKES QUAKERTOWN HOSPITAL	Employer identification number 23-1352203
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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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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 <div><div>a The organization?</div><div>b Any related organization?</div></div> 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 <div><div>a The organization?</div><div>b Any related organization?</div></div> 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		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) Retirement and other 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 reportable compensation				
Peter Cianfrani MD	(i)	0	0	0	0	0	0	0
	(ii)	203,648	6,202	1,156	35,830	12,631	259,467	
Joseph O'Neill DO	(i)	0	0	0	0	0	0	0
	(ii)	127,465	59,242	201	19,210	12,154	218,272	
Edward Nawrocki	(i)	0	0	0	0	0	0	0
	(ii)	245,005	0	68,907	21,136	16,237	351,285	38,970
Mr Thomas Lichtenwalner	(i)	0	0	0	0	0	0	0
	(ii)	335,109	0	107,106	156,277	13,448	611,940	
Thomas Filipowicz	(i)	273,561	0	1,099	34,765	13,007	322,432	0
	(ii)	0	0	0	0	0	0	0
Linda Young	(i)	147,776	0	1,262	8,692	12,522	170,252	
	(ii)	0	0	0	0	0	0	0
Patricia A Williams	(i)	129,412	0	87	42,287	11,946	183,732	
	(ii)	0	0	0	0	0	0	0
Robert T Coleman	(i)	120,685	0	570	28,551	13,311	163,117	
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Compensation Review. Executive compensation for the health network consists of fixed salary, at-risk compensation and other deferred compensation arrangements. Total compensation for network executives is approved annually by the network's Board of Trustees. The recommended compensation is established through a multi-faceted approach including use of an independent consultant engaged on an ongoing basis by the Board of Trustees and who works directly with the Executive Compensation Committee of the board. Also, included is the review of 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. Other Reportable Compensation. Other benefits including deferred compensation benefits that had accumulated over years of service and was reported and distributed in accordance with vesting requirements and Internal Revenue Service rules and regulations. Deferred Compensation. Deferred compensation represents retirement benefits earned during the reporting period, yet not recognized as compensation on the employee's 2009 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.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Thomas Lichtenwalner voluntarily participated in and made self-contributions to a 457 Supplemental Nonqualified Retirement Plan (\$16,500).
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	The executive compensation package for the health network consists of both a fixed salary and additional at-risk compensation that is based on several qualitative and quantitative components. The components of the at-risk compensation plan includes JCAHO, Department of Health and Trauma Center accreditations, evidence based hospital process of care measures, outcome measures such as patient satisfaction, mortality rate, and length of stay, efficiency measures as demonstrated by cost per adjusted discharge and finally net income.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES QUAKERTOWN HOSPITAL

Employer identification number
23-1352203

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(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?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Scott McElree	Quakertown Borough - Bourough Manager	687,489	Contracted services		No

Additional Data

Software ID:
Software Version:
EIN: 23-1352203
Name: ST LUKES QUAKERTOWN HOSPITAL

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493168002131
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization ST LUKES QUAKERTOWN HOSPITAL			Employer identification number 23-1352203

Identifier	Return Reference	Explanation
F990_P00_S00_L0B	Form 990, Header, Line B	Adjustments were required to correct information on Schedule J and Schedule O

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

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

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	St Lukes Quakertow n Hospital is a not-for-profit organization w ith members w ho, in accordance w ith 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_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 "Return of Organization Exempt From Income Tax" w as presented to and discussed w ith the Finance Comm ittee of the Board of St Luke's Health Netw ork during the April meeting The Form 990 w as subsequently review ed by the full Board of Directors of St Luke's Quakertow n Hospital 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 Section2 Duty to Disclose Financial and Conflicting Interests Every Person Covered by this Policy shall submt in w riting to the President/CEO at least each calendar year a Conflict of Interest Disclosure Statement listing all Financial and Conflicting Interests w hich shall be shared w ith the Chairman of the Board Each statement must be resubmitted w ith any necessary changes each year or as any additional Conflicting of Financial Interests arise The Chairman of the Board shall become familiar w ith 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 w ith the Disclosure Statement filed by the Chairman of the Board The Chairman of the Board shall share w ith each Chairperson of a Board Committee the Statements submitted by members of such Board Committee Section 3 Procedures to be follow ed at Meetings Whenever the Board of a Board Committee is considering a transaction or arrangement w ith any organization w ith any organization, entity or individual in w hich a Person Covered by this Policy has a Financial of Conflicting Interest, the follow ing 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 answ er any question on the matter before leaving (c) The Interested Person w ill 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 w hether 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, w ithout 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	Compensation Review Executive compensation for the health netw ork consists of fixed salary , at-risk compensation and other deferred compensation arrangements Total compensation for netw ork executives is approved annually by the netw ork's Board of Trustees The recommended compensation is established though a multi-faceted approach including use of an independent consultant engaged on an ongoing basis by the Board of Trustees and w ho w orks directly w ith 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 Other Reportable Compensation Other benefits including deferred compensation benefits that had accumulated over years of service and w as reported and distributed in accordance w ith vesting requirements and Internal Revenue Service rules and regulations Deferred Compensation Deferred compensation represents retirement benefits earned during the reporting period, yet not recognized as compensation on the employee's 2009 W-2 Nontaxable Benefits Health and w elfare 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 w as reported and distributed in accordance w ith vesting requirements and Internal Revenue Service rules and regulations The amount w as 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, St Lukes Hospital Quakertow n, upon request, makes the follow ing 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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES QUAKERTOWN HOSPITAL

Employer identification number
23-1352203

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(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 HOSPITAL OF BETHLEHEM PENNSYLVANIA	Excluded				No			No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ST LUKES HEALTH NETWORK INSURANCE COMPANY 801 Ostrum Street Bethlehem, PA180151000 75-2993150	Risk retention group	VT	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			88 %
ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA AMBULATORY SURGERY CENTER LTD 801 Ostrum Street Bethlehem, PA180151000 23-3018850	Orthopedic services	PA	ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			1 00 %
CANCER IMMUNOTHERAPIES LLC 801 Ostrum Street Bethlehem, PA18901 20-8783508	Research projects	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			1 00 %
ST LUKES EIGHTH & EATON HOLDINGS INC 801 Ostrum Street Bethlehem, PA180151000 23-7192801	Real estate management	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			1 00 %

Part V

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

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
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Software ID: 09000073

Software Version: v1.00

EIN: 23-1352203

Name: ST LUKES QUAKERTOWN HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST LUKE'S HEALTH NETWORK 801 Ostrum Street Bethlehem, PA 180151000 23-2384282	Parent Corporation	PA	501(c)(3)	11	N/A
ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA 801 Ostrum Street Bethlehem, PA 180151000 23-1352213	Acute care services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
CARBON SCHUYKILL COMMUNITY HOSPITAL INC 801 Ostrum Street Bethlehem, PA 180151000 25-1550350	Acute care services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
ST LUKE'S PHYSICIAN GROUP INC 801 Ostrum Street Bethlehem, PA 180151000 23-2380812	Physician services	PA	501(c)(3)	11	ST LUKE'S HEALTH NETWORK
LIFESTAR 801 Ostrum Street Bethlehem, PA 180151000 23-2179542	Patient transport	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
QUAKERTOWN REHABILITATION CENTER 801 Ostrum Street Bethlehem, PA 180151000 23-2543924	Rehabilitation services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
VNA OF ST LUKES - 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 23-2418254	Medical equipment and infusion services	PA	501(c)(3)	9	ST LUKE'S HEALTH NETWORK
ST LUKE'S 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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST LUKE'S HEALTH NETWORK	h	-25,965,682
(2)	ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	7,434,822
(3)	CARBON SCHUYKILL COMMUNITY HOSPITAL INC	h	92,975
(4)	ST LUKE'S PHYSICIAN GROUP INC	h	-4,448,346
(5)	LIFESTAR	h	17,882,347
(6)	QUAKERTOWN REHABILITATION CENTER	h	-3,102,338
(7)	VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC	h	-6,809

Additional Data

Software ID:
Software Version:
EIN: 23-1352203
Name: ST LUKES QUAKERTOWN HOSPITAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	27,606,181	including grants of \$) (Revenue \$	42,879,421)
<p>St Luke's Quakertown Hospital (SLQH) is a non-profit, 62-bed community hospital located in Quakertown, Bucks County, Pennsylvania. According to a report published in June 2009 by the Pennsylvania Health Care Cost Containment Council, SLQH is the fastest growing hospital in the seven-county region comprising Philadelphia, suburban Philadelphia and the Lehigh Valley. The Hospital annually provides care for more than 3,600 annual total patients (admissions and observations), as well as for 72,000 outpatient visits. Founded in 1926, SLQH considers its most valued assets to be the more than 275 members of its Medical Staff, as well as its 370 employees and 100 volunteers. The Hospital is a member of St. Luke's Hospital & Health Network, a regional, integrated network of hospitals, physicians, outpatient facilities and other related health care services, providing 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 the acquisition of SLQH in 1995, the Network has invested more than \$60 million in technology, facilities and other capital initiatives. 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). SLQH is a top performer in all QUEST measures - mortality, cost of care and evidenced-based care. The 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, SLQH's outpatient laboratory has expanded operational hours by opening earlier on weekdays and also opening on Sunday. Clinical Services St. Luke's Quakertown Hospital provides 40 medical specialties and patients have access to 82 medical specialists provided by the Network. The Hospital has been nationally recognized for its clinical excellence. In 2009, HealthGrades named SLQH's orthopaedic services "The Best in Bucks County." Inpatient and outpatient clinical services include Emergency Department. Emergency care is provided 24-hours-a-day, seven-days-a-week by the Hospital's board-certified emergency medicine physicians. More than 13,000 patients are treated annually in the Emergency Department. The experienced Emergency Department staff offers life-saving expertise for a range of emergency and potentially life-threatening conditions, including chest pain, abdominal pain, shortness of breath, lacerations, broken bones, motor vehicle accidents, seizures, eye injuries, poisonings and severe emotional distress. Patients completing anonymous satisfaction surveys express an exceptional 90 percent satisfaction rate. Emergency & Transport Service St. Luke's Emergency & Transport Services (ETS) provides state-certified, emergency transport and para-transport van services and treatment for the residents, employees and visitors of the northwest corner of Upper Bucks County, including the Borough of Quakertown, Milford Township, Richland Township, The Borough of Richlandtown, the Borough of Trumbauersville and portions of Haycock, Springfield, West Rockhill and East Rockhill townships. Service is also provided in Lehigh and Schuylkill counties. It is the largest ambulance provider in Bucks County and the second largest in Lehigh County. ETS operates eight advance life-support ambulances, two basic life-support ambulances and is licensed in both Pennsylvania and New Jersey. Surgical Services SLQH offers a variety of surgical services, from general surgery to laparoscopic procedures. In addition, highly specialized procedures not usually performed at a community hospital are offered at SLQH. These include vascular surgery and leading-edge radio frequency ablation surgery for liver cancer. Also available at SLQH, is sentinel node lymph node biopsy, a new surgical technique for determining the spread of melanoma, breast and colon cancer. Orthopaedic (Bone & Joint) Services The Hospital provides coordinated care of bone, joint and muscle disorders at the newly opened 22,000 sq. ft. St. Luke's Bone & Joint Institute in Quakertown. St. Luke's invested \$1.8 million to furnish and equip the \$5 million dollar leased facility. Care is provided for the following specialties: neurosurgery, Occupational medicine, orthopaedics, pain management, foot and ankle specialty care, radiology, physical therapy and rheumatology. A retail pharmacy is provided for the convenience of patients. The physicians and staff of the specialty practices that comprise St. Luke's Bone & Joint Institute work together to diagnose and treat both simple and complex conditions. Since every patient is unique and every condition is unique, a personalized and coordinated diagnosis and treatment plan is developed for each patient. Dialysis Services The Dialysis Clinic at St. Luke's Quakertown Hospital offers 12 private stations for outpatient dialysis. Each patient has his/her own television and reclining chair. Dialysis is also provided on the Med-Surg/ICU units. A nephrologist or nurse practitioner from Eastern PA Nephrology Associates sees patients at least weekly in the clinic. Patients' monthly and bi-monthly labs are drawn and closely monitored by the Clinic's nurses and nurse practitioner. The entire nursing staff is ACLS certified and each nurse has at least five to 10 years of dialysis experience in both acute and chronic settings. The Clinic's social worker has an extensive renal background and experience in dealing with the dialysis patient's needs. She is also instrumental in arranging patient transportation to and from dialysis. Medical nutrition therapy and dietary services are available. The Clinic routinely exceeds clinical performance goals established by Medicare for dialysis adequacy, anemia management and bone/mineral metabolism parameters and meets current End-Stage Renal Disease Network 4 and U.S. goals for vascular access. Vascular Center The Vascular Center's team of skilled specialists provides comprehensive and multidisciplinary care in the treatment of vascular disease. Vascular surgeons, interventional radiologists and wound care specialists from the Center diagnose and treat the wide range of diseases that affect the blood vessels throughout the body. The team detects and treats the full spectrum of vascular conditions. St. Luke's Wound Management Center St. Luke's Wound Management Center specializes in treatment for non-healing wounds and ulcers. The physicians and staff of the Center coordinate total patient care by maintaining communication with referring physicians and facilitating other clinical and non-clinical services. This "one-stop-shop" approach to healing ensures patients receive state-of-the-art diagnostics and treatment, faster recovery times, less pain and fewer long-term debilitating conditions, reduced burden and costs for patients and effective continuity of care and coordination of ancillary services. Family Health Resource Center The Family Health Resource Center is a free library devoted to health information for children and men and women of all ages. Located on the first floor of SLQH, the Resource Center provides a variety of sources for common health concerns, including internet access, videos, books, brochures, magazines and CD-Roms. While not a lending library, the Resource Center offers a comfortable and convenient atmosphere for researching health topics. Upper Perkiomen Outpatient Center St. Luke's new \$8.5 million Upper Perkiomen Outpatient Center in Pennsburg opened in September 2009. In addition to family medicine, the 22,000 sq. ft. facility provides physical therapy, a walk-in lab, general ultrasound, echocardiography, vascular ultrasound, digital mammography, a 64-slice CT scanner and DEXA scanning to measure risk for osteoporosis. Community Outreach Services The mission of St. Luke's Quakertown Hospital is to provide compassionate, excellent quality and cost-effective health care to residents of the communities we serve regardless of the patient's ability to pay. The Hospital's Charity Care Program for patient access to discounted hospital services provides a sliding scale of up to 400 percent of Federal Poverty Guidelines. In FY '09, SLQH provided \$550,000 million in free care (costs) and treated 7,100 patients who had no health care insurance. The Hospital also provides care for patients with Medical Assistance. These patients represent about 8 percent of the Hospital's patient population. The annual Medical Assistance shortfall, comparing cost to Medicaid reimbursement, is approximately \$1.5 million.</p>					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Bisko Chairman	1	X						0	0	0
Dave Woglom Vice Chairman	1	X						0	0	0
Peter Cianfrani MD Director	1	X						0	211,006	38,461
Susan Dale Director	1	X						0	0	0
John Detweiler Director	1	X						0	0	0
Cheri Freeh Director	1	X						0	0	0
Angela Floyd Director	1	X						0	0	0
Scott McElree Director	1	X						0	0	0
Joseph O'Neill DO Director	1	X						0	186,909	31,363
Kevin Reinhold MD Director	1	X						0	0	0
L James Roberts Jr Director	1	X						0	0	0
Luann Stauffer Director	1	X						0	0	0
Heather Vassa Director	1	X						0	0	0
Robert Walsh Director	1	X						0	0	0
Paul Weibel MD Director	1	X						0	0	0
Edward Nawrocki President	40	X		X				0	313,912	37,373
Mr Thomas Lichtenwalner Ex Officio SLHN Liason and SLHN SVP Finance	1	X						0	442,215	169,725
Thomas Filipowicz Vice President Medical Affairs	40 00				X			0	274,660	47,772
Linda Young VP Patient Services	40				X			0	149,038	21,213
Patricia A Williams Registered Nurse	40					X		129,499	0	54,233
Jason A Dos Santos Physician Assistant	40					X		124,007	0	14,737
Robert T Coleman Pharmacy Manager	40					X		121,256	0	41,862
James Worthington Pharmacist	40					X		116,076	0	26,013
Lauren Hillen Pharmacist	40					X		112,484	0	33,769