See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

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

C Name of organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
801 Ostrum Street

City or town, state or country, and ZIP + 4
Bethlehem, PA 18015

D Employer identification number
23-1352213

E Telephone number
(610) 954-4000

G Gross receipts $ 710,790,674

F Name and address of principal officer
Thomas Lichtenwalner
801 Ostrum Street
Bethlehem, PA 180151000

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www slhhn org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1872 | **M** State of legal domicile PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	5,510
6	Total number of volunteers (estimate if necessary)	**6**	1,124
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,037,053
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	8,337

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,872,480	6,076,887
9	Program service revenue (Part VIII, line 2g)	637,557,426	659,298,505
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,451,910	1,535,799
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,918,485	3,356,520
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	654,800,301	670,267,711
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	148,585	111,309
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	294,462,565	299,407,724
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,197,342		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	332,084,014	347,694,890
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	626,695,164	647,213,923
19	Revenue less expenses Subtract line 18 from line 12	28,105,137	23,053,788

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	986,873,911	1,080,678,571
21	Total liabilities (Part X, line 26)	703,625,985	752,370,380
22	Net assets or fund balances Subtract line 21 from line 20	283,247,926	328,308,191

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-06-17

▶ Thomas Lichtenwalner Senior Vice President Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Joseph Szemanek	Date 2011-06-17	Check if self-empolyed ▶ ☑	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Joseph J Szemanek Esquire LLC 5 Granite Circle Doylestown, PA 18901			EIN ▶ Phone no ▶ (215) 489-1614

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

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 $ 38,046,004 including grants of $) (Revenue $ 64,946,465)

Cardio Vascular 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 Hospital (Allentown/Bethlehem), a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay St Luke's Heart and Vascular Center offers a full spectrum of advanced heart and vascular services generally available only at major metropolitan teaching hospitals The Hospital's heart care program has earned Chest Pain Center accreditation and Joint Commission certification for heart failure The National Committee for Quality Assurance (NCQA) has awarded the Hospital's clinics for the underserved special recognition in the area of heart and stroke care

4b (Code) (Expenses $ 34,132,694 including grants of $) (Revenue $ 71,309,196)

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 Hospital (Allentown/Bethlehem), a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay Coordinated care is provided for patients in both an outpatient and inpatient setting, in which care is managed by hospitalists Emphasis is also placed on health promotion and disease prevention Routine care of common medical illnesses and ongoing management and coordination of care for complex disease states is provided

4c (Code) (Expenses $ 30,165,636 including grants of $) (Revenue $ 57,214,121)

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 Hospital (Allentown/Bethlehem), a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay Hospital surgeons, combined with available leading-edge surgical technologies, provide patients with some of the most advanced surgical care available today St Luke's has one of the nation's oldest and most experienced minimally invasive robotic surgery programs and was the first in the U S to offer a "guarantee" for robotic prostatectomy Other innovative advanced surgical techniques are offered for a wide range of conditions, such as surgery resulting from trauma injuries, bariatric surgery, and advanced, infectious and parasitic diseases

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 351,921,811 including grants of $ 0) (Revenue $ 467,550,468)

4e **Total program service expenses** ▶ $ 454,266,145

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	Yes	
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, line10? *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
b	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	278		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,510		
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)			2b	Yes	
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 ▶ _____ 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	17		
b	Enter the number of voting members that are independent	1b	15		
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	Yes	
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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

St Lukes Hospital of Bethlehem
801 Ostrum Street
Bethlehem, PA 18015
(610) 954-4000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			
See add'l data										

1b Total . . . . . ▶	6,345,383	407,601	1,439,802

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 223

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
Progressive Physician Associates Inc 3735 Nazareth Rd Suite 206 Easton, PA 18045	Physician Radiologic Services	12,373,440
Anesthesia Specialists of Bethlehem PC PO Box 5520 Bethlehem, PA 18017	Anesthesiology Services	4,394,783
North Star Construction 7562 Pen Drive Suite 100 Allentown, PA 18106	Construction	5,913,501
JG Petrucci Construction 171 State Rt 173 Asbury, NJ 08802	Construction	4,991,765
Laboratory Corporation of America PO Box 12140 Burlington, NC 27216	Laboratory services	2,420,481
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 42		

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 649,020				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,427,867				
	g	Noncash contributions included in lines 1a-1f $ 39,387					
	h	**Total.** Add lines 1a-1f		6,076,887			
Program Service Revenue			Business Code				
	2a	Inpatient and outpatient program services	622,000	650,057,061	647,088,536	2,968,525	0
	b	School of Nursing	622,000	2,653,325	2,653,325	0	0
	c	General practice revenue	622,000	1,957,911	1,957,911	0	0
	d	Clinical trials	622,000	1,515,204	1,515,204	0	0
	e	Vascular services revenue	622,000	409,355	409,355	0	0
	f	All other program service revenue		2,705,649	1,070,874	0	1,634,775
	g	**Total.** Add lines 2a–2f		659,298,505			
	3	Investment income (including dividends, interest and other similar amounts)		4,996,966	0	0	4,996,966
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	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
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	36,861,837 / 199,959				
	b	Less cost or other basis and sales expenses	40,431,758 / 91,205				
	c	Gain or (loss)	-3,569,921 / 108,754				
	d	Net gain or (loss)		-3,461,167	0	0	-3,461,167
Other Revenue	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	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Activities for patient and employee convenience	622,000	1,703,402	1,703,402	0	0
	b	Activities not regularly carried on	622,000	1,095,856	1,095,856	0	0
	c	Activities related to exempt function	622,000	462,953	462,953	0	0
	d	All other revenue		94,309	25,781	68,528	0
	e	**Total.** Add lines 11a–11d		3,356,520			
	12	**Total revenue.** See Instructions		670,267,711	657,983,197	3,037,053	3,170,574

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	111,309	111,309		
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	6,345,383	4,270,443	2,061,615	13,325
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	229,329,483	154,338,742	74,509,149	481,592
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,720,952	13,272,201	6,407,337	41,414
9 Other employee benefits	27,107,978	18,243,669	8,807,382	56,927
10 Payroll taxes	16,903,928	11,376,344	5,492,086	35,498
11 Fees for services (non-employees)				
a Management	621,762		621,762	
b Legal	3,506,553		3,506,553	
c Accounting	429,909		429,909	
d Lobbying	110,169		110,169	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	43,311,779	29,222,971	13,997,622	91,186
12 Advertising and promotion	2,012,885	1,354,672	653,986	4,227
13 Office expenses	149,764,767	100,791,688	48,658,573	314,506
14 Information technology	5,464,568	3,677,654	1,775,438	11,476
15 Royalties				
16 Occupancy	14,339,160	9,650,255	4,658,793	30,112
17 Travel	376,316	253,261	122,265	790
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	871,820	586,735	283,254	1,831
20 Interest	14,066,184	9,466,542	4,570,103	29,539
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	38,522,635	25,925,733	12,516,004	80,898
23 Insurance	5,967,119	4,028,402	1,938,717	
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	39,318,208	39,318,208	0	0
b Helicopter expense	2,543,445	2,543,445	0	0
c Dues, memberships, licenses and fees	1,520,047	1,022,992	493,863	3,192
d Physician practice support	23,987,960	23,987,960	0	0
e Miscellaneous expenses	959,604	822,919	135,856	829
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	647,213,923	454,266,145	191,750,436	1,197,342
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		110,889,261	2	139,278,306
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		119,190,355	4	112,652,930
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,851,549	8	11,607,075
	9	Prepaid expenses and deferred charges		8,429,703	9	9,175,513
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 784,013,062			
	b	Less accumulated depreciation	10b 404,619,343	357,226,296	10c	379,393,719
	11	Investments—publicly traded securities		282,518,370	11	277,077,051
	12	Investments—other securities See Part IV, line 11		37,697,036	12	49,550,946
	13	Investments—program-related See Part IV, line 11		5,211,450	13	20,977,273
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		52,859,891	15	80,965,758
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		986,873,911	16	1,080,678,571
Liabilities	17	Accounts payable and accrued expenses		59,985,625	17	70,812,852
	18	Grants payable			18	
	19	Deferred revenue		3,775,800	19	4,112,877
	20	Tax-exempt bond liabilities		413,521,675	20	415,341,755
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		226,342,885	25	262,102,896
	26	**Total liabilities.** Add lines 17 through 25		703,625,985	26	752,370,380
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		254,611,025	27	294,989,515
	28	Temporarily restricted net assets		10,331,775	28	13,363,045
	29	Permanently restricted net assets		18,305,126	29	19,955,631
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		283,247,926	33	328,308,191
	34	Total liabilities and net assets/fund balances		986,873,911	34	1,080,678,571

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	Yes	
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	3b	Yes	

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

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

Part IV **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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
ST LUKES HOSPITAL OF BETHLEHEM PA	23-1352213

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Filing Organization's Totals	**(b)** Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		110,169
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			110,169
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	St Luke's Hospital of Bethlehem Pennsylvania retained the consulting firm of Buchanan Ingersoll (301 Grant Street, 20th Floor, Pittsburgh, PA 15219)($110,169) in order to inform and educate legislators regarding Medicare and Medical Assistance Reimbursement as well as other health care issues

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ $ _____

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	149,088,988	163,734,348			
b Contributions	11,604,793	21,980,648			
c Investment earnings or losses	18,713,647	-37,362,540			
d Grants or scholarships	-695,684	-1,245,740			
e Other expenditures for facilities and programs	2,465,741	509,198			
f Administrative expenses	0	0			
g End of year balance	177,637,371	149,088,998			

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

- a Board designated or quasi-endowment ▶ **82.11 %**
- b Permanent endowment ▶ **10.61 %**
- c Term endowment ▶ **7.28 %**

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

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

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	70,699,517		70,699,517
b Buildings	0	334,975,670	168,819,584	166,156,086
c Leasehold improvements	0	10,666,532	229,691,385	-219,024,853
d Equipment	0	304,514,203	6,108,374	298,405,829
e Other	0	63,157,140	0	63,157,140
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				379,393,719

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	49,550,946	F
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	49,550,946	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Corporate and partnership investments	20,977,273	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	20,977,273	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due from affiliates	48,758,360
Other assets	14,918,668
Other accounts receivable	5,988,247
Deferred financing costs	5,806,557
Annuity contracts	5,274,414
Amortizable goodwill (net)	219,512
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	80,965,758

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	262,102,896

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	670,267,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	647,213,923
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,053,788
4	Net unrealized gains (losses) on investments	4	0
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	13,105,244
9	Total adjustments (net) Add lines 4 - 8	9	13,105,244
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	36,159,032

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	668,092,135
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	668,092,135
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	2,175,576		
c	Add lines **4a** and **4b**			4c	2,175,576
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	670,267,711

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

1	Total expenses and losses per audited financial statements			1	645,334,617
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	645,334,617
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	1,879,306		
c	Add lines **4a** and **4b**			4c	1,879,306
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	647,213,923

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	Board designated general purpose funds are used to support hospital operations, staff development and capital investment Temporarily restricted assets are used for a variety of reasons and in accordance with the donors intended purposes - examples include capital investment, community health and education, support of hospital operations, and staff development The available funds from permanently restricted assets are used for medical research, capital investment, community health and education, support of hospital operations, staff development and to pay for indigent care the organization applies a strict spending policy to perserve the principal amount of the original donation
SchD_P10_S00_L00	Schedule D, Part X	Not applicable
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Net assets released from restrictions used for operations (3,316,938), net assets released from restrictions used for purchase of property and equipment (3,075,887), transfer from affiliated organizations (1,277,054), Pension adjustment (-20,756,754), change in fair market value of 2007 SWAP contracts (-10,979,650), net unrealized gains on investment (16,629,747), gains on debt refinancing (20,601,430), and unrealized gain (loss) of derivative (1,940,602)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Reclassification of contra accounts (1,095,856), reclassification of rent from affiliates (783,450), unrestricted investment income from assets limited as to use (5,325,516), realized gain (loss) from unrestricted investments (3,569,921), unrestricted gifts, grants and contributions (77,399), unrestricted investment income from restricted net assets (586,920), unrestricted investment (loss) income (-2,232,408), and gain (loss) on disposal of property and equipment (108,754)
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Reclassification of contra accounts (1,095,856) and reclassification of rent from affiliates (783,450)

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKES HOSPITAL OF BETHLEHEM PA

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

1 (a) Description of Liability	(b) Amount
Self insurance reserves	46,034,488
Advance from third-party payors	2,099,500
Patient credit balances	9,358,830
Due to affiliates	12,905,762
Pension costs	4,926,265
Accrued interest on long-term debt	4,309,861
Estimated third-party payor settlements	20,855,369
Asset retirement obligation	3,236,749
Accrued compensation payable	108,274,568
Other noncurrent liabilities	551,100
Swap contracts	49,550,404

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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 ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
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 *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **3.00 %**	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **5.00 %**	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 eligibile 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)			13,006,223		13,006,223	2 14 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			82,733,673	50,138,721	32,594,952	5 36 %
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	95,739,896	50,138,721	45,601,175	7 50 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			5,983,218	3,404,817	2,578,401	0 42 %
f Health professions education (from Worksheet 5)			37,856,811	13,295,449	24,561,362	4 04 %
g Subsidized health services (from Worksheet 6)			9,027,750	6,030,470	2,997,280	0 49 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			926,027	5,125	920,902	0 15 %
j **Total** Other Benefits	0	0	53,793,806	22,735,861	31,057,945	5 10 %
k **Total.** Add lines 7d and 7j	0	0	149,533,702	72,874,582	76,659,120	12 60 %

Part II Community 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
1	Physical improvements and housing			169,200	0	169,200	0 03 %
2	Economic development			3,331	0	3,331	0 %
3	Community support			947	0	947	0 %
4	Environmental improvements			0	0	0	0 %
5	Leadership development and training for community members			0	0	0	0 %
6	Coalition building			1,205	0	1,205	0 %
7	Community health improvement advocacy			0	0	0	0 %
8	Workforce development			0	0	0	0 %
9	Other			0	0	0	0 %
10	**Total**	0	0	174,683	0	174,683	0 03 %

Part III Bad 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	7,465,275		
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	1,366,145		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	174,364,849
6	Enter Medicare allowable costs of care relating to payments on line 5	6	151,669,642
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	22,695,207
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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 IV Management 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					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST LUKES HOSPITAL OF BETHLEHEM 801 Ostrum Street Bethlehem, PA 180151000	X								
ST LUKES HOSPITAL OF BETHLEHEM ALLENTOWN 1736 Hamilton Street Allentown, PA 18104	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 communites served

See additional data

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

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKES HOSPITAL OF BETHLEHEM PA

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 $39,318,208

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 1

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

Schedule H, Part VI, Line 5 (cont) - Environmental Improvements St Luke's Hospital & Heal th Network has an extensive commitment to continually seek methodologies to enhance its pa rticipation in meaningful participation in environmentally friendly practices As part of that Network, St Luke's Hospital (Allentown/Bethlehem) recycled more than 775 tons of mat erials in FY '10 These materials included cardboard, plastics, aluminum cans, paper, shr edded confidential papers, batteries, newspapers and metals The Operating Room alone recy cled 38 84 tons of plastic Recycling containers are readily available throughout all Hosp ital facilities to capture as much recycling material as possible Additionally, the Hospi tal has purchased the first of two hybrid automobiles St Luke's has partnered with Ascen t, a company that reprocesses and remanufactures medical devices Through this partnership , St Luke's was able to divert 15,951 pounds of medical waste from landfills in FY '10 T he Hospital's Engineering Department at each Hospital campus has a robust system of replac ing outdated equipment with energy-efficient models Over the past five years, three main boilers, the main chiller and three cooling towers have been replaced at the Bethlehem Cam pus In addition, variable speed drivers have been installed at numerous locations and a n ew building automation system, which controls all the HVAC equipment, has been installed Lighting retrofit projects throughout the facility have either been completed or are in pr ogress The Hospital recycles all lamps, batteries and electronic equipment At the Allent own Campus, three new energy-efficient boilers and two new cooling towers have been instal led Cooling Tower water is used for air conditioning needs during winter months Variable speed drivers have been installed at numerous locations The entire Campus has been retro fitted with T-8 or T-5 fluorescent bulbs, replacing old T-12 models Dimmer switches have been added to control lighting in unoccupied spaces Incandescent light bulbs have been re placed with CFL energy bulbs All nightlights and exit lights in patient rooms have been r etrofitted with LED bulbs Leadership Development/Training for Community Members St Luke' s Hospital & Health Network conducts a nationally recognized Leadership Development Progra m Three times each year, renowned speakers are invited to lead day-long leadership develo pment forums In additional to the Network's management team, managers from community orga nizations are invited to attend at no charge In FY'10, forum guests represented the follo wing organizations Good Shepherd Rehabilitation Hospital, Lehigh University, University o f Pennsylvania, The Workforce Investment Board of the Lehigh Valley, Moravian College and St Joseph's University The Hospital conducts extensive educational and training programs for the region's volunteer and paid pre-hospital service personnel For example, in Janua ry 2010, the 48-hour National Registry Paramedic Refresher course was provided to 39 area paramedics at no cost to them, a $10,000 value Additional educational and training offeri ngs included responding to chemical assisted suicide incidents, diving emergencies, numer ous trauma-related continuing education programs and a full-scale emergency preparedness d rill at the Hospital's Bethlehem Campus Coalition Building St Luke's Hospital & Health N etwork has a proven record of forming effective partnerships built on a spirit of mutual r espect and shared missions of community service As an integral part of the Network, St L uke's Hospital, through its Community Health Department, provides the administrative leade rship, staff and financial support for the Bethlehem Partnership for a Healthy Community Established in 1996 by the Board of Trustees of St Luke's Hospital & Health Network, the Partnership is a national model for collaborative efforts to improve access to health care services Currently more than 165 participating/funding agencies, representing local busi ness, government, educational and community organizations, are actively involved in Partne rship programs Through community ownership and shared responsibility, the Partnership str ives to enhance the physical, mental, emotional and spiritual wellness of individuals and communities, thereby improving the quality of life for all Additionally, a variety of com munity organizations utilize meeting space in St Luke's Hospital (Allentown/Bethlehem) at no expense Community Health Improvement Advocacy The Hospital is an enthusiastic advocat e of community health improvements as evidenced by its participation in the following * S t Luke's Family Practice at Donegan Fowler Family Center, advocating improving access to care for residents in the economically-distressed Southside of Bethlehem * Leadership rol e in the planning and collaboration with the Allentown School District that, when fully im plemented, will improve the health status of all c

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

hildren/teens in areas such as vision, general access to a medical home and dental care * 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 Engli sh-Proficient community members) * The Hospital was a committed partner to start the firs t FQHC look-alike center in the Lehigh Valley, led by Neighborhood Health Centers of the L ehigh Valley, to improve access to care for the at-risk, underserved community * The Hosp ital is a major partner in the Child Advocacy Center efforts for Northampton County reside nts * Membership on the Board of New Directions Treatment Services, advocating for modifi cations in state regulations that prohibit drug treatment facilities from providing primar y care services to improve access to services * Membership on the United Way COMPASS Boar d to promote school health and wellness throughout the Lehigh Valley Throughout the year, the Hospital utilizes numerous media outlets to educate the community about health issues that may impact them The Hospital invested $75,561 55 in paid print advertising in area publications to ensure the collective paid circulation of 335,000 residences received noti fication of the free health classes/events and related information Additionally, the Hosp ital produces a live, call-in weekly television program that highlights various health car e topics and reaches more than 200,000 viewers each week Workforce Development The Hospit al is an active participant in the Adolescent Career Mentoring Program The goal is to cre ate a long-term impact both for low-income youth and the general minority community by inc reasing diversity of the workforce providing health care

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

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

Schedule H, Part VI, Line 6 (cont) - Twenty-five percent of the children seen had no denta l insurance During FY '10, the Dental Health Program provided more than $110,000 in subsi dized and free care Minority Health Initiatives * The Partnership strongly supports the N eighborhood Health Centers of the Lehigh Valley and their goal of establishing a Federally Qualified Health Center in the Lehigh Valley This goal is part of the broader initiative of reducing minority health disparities in our local area * Other initiatives focus on t he following access to culturally and linguistically responsive services, medical insuran ce/access to care Tobacco Cessation Program * Nearly 200 low-income individuals received services through the Tobacco Addiction Treatment Center, with 58 percent making at least o ne quit attempt and 30 percent remaining abstinent from smoking at completion of the progr am Through Reading Rocks!, St Luke's Hospital provides additional community outreach thr ough a partnership with Lehigh University formed in 2009 This partnership developed and i mplemented Reading Rocks!, a reading supplemental/mentoring program to promote literacy fo r at-risk students at Donegan Elementary School in South Bethlehem Program highlights in FY '10 include more than 150 students participated and more than 70 Lehigh University ath letes volunteered their time to mentor the students, collection and distribution of more t han 8,000 books, and opportunities for students and parents to celebrate reading achieveme nts Approximately 50 percent of Donegan students improved by at least one reading level d uring the year, 72 percent of first and second graders improved their reading levels Done gan students made the largest academic gains from 2007-10 in the Lehigh Valley according t o the Pennsylvania Value-Added Assessment System that measures individual student scores i n math and reading from year to year Students participating in Reading Rocks!, who achiev ed their goals, were acknowledged at assemblies at the end of each semester A celebration was held at a Lehigh University basketball game More than 300 students and family member s attended the celebratory event During the summer, a pilot project was implemented to ta ke Reading Rocks! Outdoors and into the community through a partnership with the Southside Branch of the Bethlehem Public Library, incorporating the library's summer theme Water As part of its community outreach, St Luke's offers a full range of free health screening s, immunizations, educational programs, health fairs, first aid services, tours of hospita l facilities and numerous other programs St Luke's employees also sponsor an annual chil dren's winter coat drive, purchasing new coats and other articles of clothing for more tha n 150 children in need Highlights of FY '10 community outreach provided at no cost by St Luke's Hospital (Allentown/Bethlehem) include, but are not limited to * 56 CPR/First Aid classes in Bethlehem for 1,922 people (Cost to St Luke's $82,762) * Community Health D epartment was the lead partner in holding H1N1 clinics A total of 11 H1N1 clinics were he ld in which 1,695 vaccines were given to the public * Cancer education to 1,192 medical p rofessionals and the general public (Cost to St Luke's $31,246) * Heart disease educatio n (Cost to St Luke's $18,269) * Nutrition/weight management education serving 1,423 peop le (Cost to St Luke's $5,116) * 14 health fairs serving 1,508 people (Cost to St Luke's $4,560) * In-kind donations and medical care at 21 community events (Cost to St Luke's $16,020 * 90 health screenings serving 3,095 people (Cost to St Luke's $22,408) * 2 pre sentations by St Luke's Speaker's Bureau serving 677 people (Cost to St Luke's $8,304) * 9 support groups (Cost to St Luke's $32,935) Both St Luke's Allentown and Bethlehem c ampuses provide a subsidized home ownership program, a benefit for employees who purchase a home in the immediate neighborhood surrounding the hospitals This program helps stabili ze neighborhoods adjacent to the hospital's campuses Additionally, employees at both camp uses are involved in various community outreach initiatives providing such support as food /supply collections for homeless children and families affected by domestic violence Also , a number of managers and senior level administrators serve on local community boards As part of the Partnership for a Tobacco Free Northeast Initiative funded by the PA Departme nt of Health, St Luke's Hospital is committed to addressing the number one cause of prema ture death and disability in our country The St Luke's Community Health Department offer s comprehensive smoking cessation assessment, counseling and pharmacotherapy at the Allent own Family Health Center one day per week Staff also participates in health fairs and oth er education programs to encourage those addicted to nicotine to "kick the habit " The AID S Service Center at St Luke's Hospital has taken

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

the lead in meeting Healthy People 2010 objectives related to HIV infection St Luke's provided HIV prevention education to 10,600 individuals, HIV testing and counseling to more than 400 community members and improved in all national quality indicators for HIV care S t Luke's Hospital has developed a comprehensive continuum of services for the prevention and treatment of HIV disease to improve the health of local residents The HIV initiative includes outreach, education, counseling and testing services, risk reduction counseling, and primary and HIV specialty care for HIV+ individuals HIV Prevention Education programs are provided to middle school students on a regular basis, and case management and social services are provided to HIV+ patients receiving care at St Luke's Hospital in Allentown and Bethlehem St Luke's is proud of its ability to form long-lasting, mutually respectful partnerships with a variety of organizations representing education, the community, government, business and other health care organizations Our partnerships range from Lehigh University to GE Healthcare, from Temple University School of Medicine to the Northampton County 911 Center Our partnership with GE Healthcare resulted in St Luke's being named one of a very few premier, multi-modality global product showcase sites for GE Healthcare, thus bringing the latest technology to our patients St Luke's 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 S t 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 and also serves as the Board of Trustees for St Luke's Hospital (Allentown/Bethlehem)

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 hospitals within the Network, including St Luke's Hospital The Department is led by Dr Bonnie Coyle, board-certified in preventive medicine, with 15 years experience in public and preventive health Analysis of information from the following sources is part of the Department's ongoing health needs assessment process Vital Statistics, Pennsylvania Department of Health data, hospital discharge data, the Robert Wood Johnson County Health Profiles and other county data available from various other state agencies In addition, the Department collects ongoing statistics from its comprehensive community outreach initiatives and from initiatives of the Bethlehem Partnership for a Healthy Community The Department provides the administrative leadership, staff and financial support for the Bethlehem Partnership for a Healthy Community Established in 1996 by the Board of Trustees of St Luke's Hospital & Health Network, the Partnership is a national model for collaborative efforts to improve access to health care services Currently more than 165 participating/funding agencies, representing local business, government, educational and community organizations, are actively involved in Partnership programs which serve the Greater Lehigh Valley Through community ownership and shared responsibility, the Partnership strives to enhance the physical, mental, emotional and spiritual wellness of individuals and communities, thereby improving the quality of life for all The Department's health care needs assessment process is enhanced by data obtained through the Bethlehem Partnership's various school-based programs, such as numbers of children failing dental and vision examinations and number of children not receiving medical examinations The Department also utilizes Guidelines for Adolescent Preventive Services (GAPS) in the Bethlehem Partnership's various mobile van service programs to collect data on risk factors for students and to monitor community health problems For example, data has been tracked on risk factors such as smoking, obesity, seatbelt use and drug and alcohol use GAPS is also used on an ongoing basis to build and modify programs 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), St Luke's Quakertown Hospital and the Visiting Nurse Association of St Luke's 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 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 redesigned 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 Hospital's (Allentown/Bethlehem) primary service area consists of an urban population in Lehigh and Northampton counties in Southeastern Pennsylvania with a total population of 703,781 The average household income is $75,735 and 10 percent of the population has income below the poverty level Seven hospitals serve the primary service area and 16 percent of hospital discharges are Medicaid patients and 3 percent are uninsured As of the 2008 American Community Survey conducted by the U S Census Bureau, the Lehigh Valley consisted on the following groups 87 1% of the population were Caucasian, Hispanics and Latinos of any race made up 11 3% of the population and 4 6% were Black or African American South Bethlehem, Easton and Tamaqua have been designated Medically Underserved Areas Population growth from 2000 to 2030, projected by the Lehigh Valley Planning Commission, is as follows Ages 0 to 54 years, 9 percent, 55 to 64 years, 49 percent, 65 to 74 years, 76 percent and 75+, 57 percent

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

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

St Luke's Hospital (Allentown/Bethlehem) has direct involvement in numerous community bui lding activities that promote and improve the health status and general betterment of the communities served by the hospital as reported in Part II St Luke's Hospital has campuse s in both Allentown and Bethlehem, PA and is the flagship of St Luke's Hospital & Health Network Additional costs related to specific building activities may be found elsewhere i n Form 990, Section H Physical Improvements/Housing St Luke's Hospital - Allentown Campu s is the largest hospital in the City of Allentown and serves as the anchor of the City's West End neighborhoods and business district In FY '10, the Hospital made monetary donati ons to provide equipment, such as climbing towers, for the City's playgrounds to provide a n environment that encouraged children to actively play and exercise St Luke's Hospital - Bethlehem Campus is located in the Borough of Fountain Hill, PA and is the community's l argest employer In FY '10, the Hospital made monetary donations to construct volleyball c ourts and install security cameras at the community park to provide an environment that en couraged members of the community to utilize facilities that provide an opportunity for he althy exercise As the community's main consumer of sewage facilities, the Hospital made a monetary donation to update the Brighton Street Sewer Pumping Station Financial assistan ce was provided to the Borough to help cover the costs of a new fire utility vehicle Seve ral years ago, the Hospital constructed the Borough's only fire station on property owned by St Luke's The Hospital continues to provide the facility to the Borough at no annual cost Both Hospital campuses provide an Assisted Housing Program to employees who purchase eligible homes in neighborhoods near the Hospital This Program not only benefits employe es who receive financial incentives from both the Hospital and a local bank, it also helps stabilize the nearby neighborhoods Economic Development With 4,486 employees, the Hospit al is the second largest employer in the Lehigh Valley region of PA and is a major economi c anchor in the region According to the federal Bureau of Economic Analysis, the employme nt 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, T he Hospital and Healthsystem Association of Pennsylvania calculated St Luke's Hospital's total spending benefit (hospital only and ripple benefit) to the region's economy at $1,00 3,240,274 and total salary benefit (hospital only and ripple effect) at $315,102,149 The Hospital actively participants in a number of community organizations focused on economic development These include the Board of Directors of Lehigh Valley Economic Development Co rporation, Greater Lehigh Valley Chamber of Commerce and the Southside Bethlehem Keystone Innovation Zone The Hospital's national reputation for clinical excellence is a factor in attracting business and industry to the region and is featured in promotional materials u sed for this purpose Community Support In FY '10, the Hospital made cash donations to num erous non-profit organizations including Valley Youth House, Fegley Memorial Golf Tournam ent, Univest Grand Prix, India Day Parade, Lehigh Valley Coalition for Kids, Cancer Surviv or's Day, Wellness Community, Skills USA, Zoellner Arts Center, Leukemia & Lymphoma Societ y, Community Services for Children, Allentown Firemen and the Lehigh Valley Heart/Stroke W alk The school-based center at Donegan Elementary School in Bethlehem, PA, supported by S t Luke's Hospital, the United Way, and the Bethlehem Area School, school has provided muc h needed programs and services to the Donegan community for more than ten years Donegan s erves a low-income, bilingual population of approximately 400 students in grades K-5 Eigh ty percent of students qualify for free or reduced lunch Three years ago, nearly 80 perce nt of students were reading at least one grade level below their current grade level The inability to read has a potentially devastating life-long effect on children Students not reading at grade level in grade 3 are statistically more likely to live their lives, at b est, in poverty, and at worst, incarcerated Recognizing this dire circumstance, St Luke' s Hospital took the lead in creating Reading Rocks!, a formal school-based, literacy initi ative to assist 50 to 75 of the highest-risk students succeed at school In FY '10, approx imately 50 St Luke's employees volunteered their time to read to students and nearly 10,0 00 books were collected for distribution to the students Both these activities are integr al parts of the comprehensive Reading Rocks! program The Hospital pays all costs associat ed with Reading Rocks! Reading Rocks! has achieved its goal of promoting literacy at Doneg an Elementary School In FY '10, after just two fu

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

ll years of Reading Rocks! implementation, the percent of children reading below grade lev el decreased from nearly 80% to 44% In both years of the Program, more than 50 percent of program participants increased their reading scores by at least one level Hospital emplo yees take a leadership role in the planning of the annual Women's 5K Classic, which raises about $200,000 in funding for programs benefiting female cancer research and education in the Lehigh Valley The Hospital also makes a monetary donation to support the event With about 5,500 participants, this is the 4th largest all-female walk/run event in the United States In FY'10, about 100 St Luke's employees and their families participated in the e vent The Hospital was awarded $25,000 of the proceeds to support its Cancer Social Work F und and a $25,000 pledge to be paid in FY '11 to support the hospital's Breast Transition Pilot Program The Hospital also provides community support through the following * Healt hy Habits Class at Donegan Elementary School, helping participants understand healthy food choices, portion control and exercise to decrease obesity and promote a healthy life styl e, * The Family Center Advisory Board, working in collaboration with Professional Communit y Members to identify resources and provide services to support members of the community * Leadership roles in Community Services for Children, Greater Lehigh Valley Oral Health P artnership, Hispanic Dental Association, ASPIRE/21st Century Community Learning Centers Pa rtners In other areas of community support, Hospital personnel are active members/particip ants of the following community groups/activities numerous Rotary Clubs in the region, nu merous non-profit, fund-raising walks to raise funds and awareness of various health condi tions such as heart, stroke, premature birth and cancer, Northampton Community College (NC C) Radiology Advisory Committee, NCC Sonography Advisory Committee Hospital employees hol d multiple annual food drives to support the Second Harvest Food Bank, provide new, warm c lothing and coats to about 100 at-risk children, conducted bake sales to support homeless children in the Allentown School District, collected thousands of new toothbrushes and oth er dental products for elementary school children utilizing the services of the Hospitals mobile Dental Van

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

St Luke's furthers its exempt purpose by promoting the health of the community through va rious substantive programs and services St Luke's offers a toll-free health information telephone number for members of the community In FY '10, 34,267 callers were assisted wit h a range of services including registration for free community health programs, screenin gs and other health services, referrals to physicians meeting the expressed needs of the c allers, 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 treatme nt and technology and related topics St Luke's Hospital operates a wide range of medical and specialty clinics for adults, infants and children at locations in Allentown and Beth lehem The annual budget for this service in FY '10 was $7,778,678, to provide 99,032 pati ent visits at the Bethlehem Campus and 24,777 patient visits at the Allentown Campus St Luke's Health Center at Union Station in Bethlehem provides primary care for patients 18 y ears and older and selected specialty services for patients 13 years and older Care is pr ovided to qualified patients without health insurance and patients with Medicare, Medicaid and Medicaid HMO Specialty services include cardiology, colon/rectal, dermatology, ear, nose and throat, endocrinology, gastroenterology, HIV/AIDS, neurology, orthopedics, physi cal medicine/rehabilitation, podiatry, pulmonary, rheumatology, general surgery, travel/im munizations, urology and vascular St Luke's Hospital provides KidsCare Centers in Allent own, Bethlehem and Easton The Centers offer comprehensive sick and well care for children from birth to 18 years of age Appointments are available days, evenings and Saturdays W alk-in service is also provided at certain times, which helps reduce costly inappropriate use of St Luke's Emergency Departments for non-emergency pediatric health concerns Payme nt options include medical assistance St Luke's Hospital received the 2010 Inez and Edwa rd Donnelly Award for Children's Advocacy, an honor bestowed by Community Services for Chi ldren, an Allentown-based agency that provides Head Start and other programs The award wa s presented in recognition of St Luke's KidsCare Centers (pediatric clinics) and school-b ased programs provided by the Bethlehem Partnership The honor recognized St Luke's "for its care and compassion for children from low-income families " St Luke's Dental Clinics are located in Union Station in South Bethlehem and in Easton and serve both pediatric and adult patients Services include comprehensive exams/cleanings, crowns and porcelain ven eers, emergency treatment, fillings, full and partial dentures, implants, night guards/gri nding therapy, periodontal treatment, root canal treatment, sealants and fluoride treatmen ts, simple extractions, sleep apnea / snoring therapy and tooth whitening/bleaching Payme nt options include medical assistance and state-funded insurance plans The mission of St Luke's Community Health Department is to improve the health status of the community, espe cially for individuals with limited resources The Department's FY '10 budget was $521,186 Through its Community Health Department, St Luke's provides the administrative leadersh ip, staff and financial support for the Bethlehem Partnership for a Healthy Community Est ablished in 1996 by the Board of Trustees of St Luke's Hospital & Health Network, the Par tnership is a national model for collaborative efforts to improve access to health care se rvices Currently more than 165 participating/funding agencies, representing local busines s, government, educational and community organizations, are actively involved in Partnersh ip programs Through community ownership and shared responsibility, the Partnership strive s to enhance the physical, mental, emotional and spiritual wellness of individuals and com munities, thereby improving the quality of life for all Under St Luke's leadership, Beth lehem Partnership achievements for FY '10 included General * Successful campaign complete d in partnership with Lehigh Valley Coalition for Kids to raise $1 5 million to support pu rchase of two mobile medical and two mobile dental vans Fowler Family Center at Donegan E lementary School * The Center is entering its 13th year of operation serving nearly 500 st udents and their families Staffed by family development specialists, a family-to-family a dvocate and a part-time secretary, the Center provides services to promote five main outco mes 1) prenatal and children's health, 2) healthy childhood development, 3) school readin ess and success, 4) family stability and 5) safe communities * The Center completed its s econd full year of implementation of its Youth Succeeding in School Initiative to promote academic success for at-risk students One hundred

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

eighty-seven students and their families were enrolled in the Initiative and 105 complete d the program * The three-year Primary Challenge Grant to Donegan Elementary School in Be thlehem was completed These funds were used to 1) transition to a family-practice model , 2) improve rates of EPSDT completion (well care expectation for children/teens) 3) stren gthen dental outreach, referral and onsite service provision (serving more than 100 indivi duals/year onsite via mobile dental unit) * The family clinic, staffed by Center and St Luke's Hospital employees, provided primary and preventive care through 2,343 visits to lo w-income children and families, 10 percent of whom were uninsured A Women's Health Clinic provided care during 185 visits for 83 low-income women, most of whom were either uninsur ed or received Medical Assistance Vision Initiative * Re-established portable vision prog ram utilizing the new medical van, which enabled the Partnership to provide onsite vision exams and glasses to children/adults in need on the new mobile medical van * In FY '10, 2 ,848 students were referred to the Vision Initiative by school nurses after they conducted an initial vision screening, 807 of these students had their vision referral completed A dolescent Career Mentoring * Received funding for, and successfully completed, a new nine- month program, Next Step, for high school graduates This program provides additional trai ning for at-risk young adults The goal of the program is to 1) provide additional trainin g to improve at-risk young adults' job marketability and 2) enable at risk young adults to secure unsubsidized employment at conclusion of program Twelve at-risk young adults were enrolled, five were successfully hired by St Luke's Hospital & Health Network * The Sch ool-to-Work marked its 13th year This program is designed to encourage English-acquisitio n high school students to complete high school and consider a health career through exposu re to an interactive, hospital-based curriculum The program enrolled 18 students with a 9 4 percent maintaining enrollment for the entire school year In FY '10, the program achiev ed an 86 percent graduation rate of eligible senior grade students Asthma Initiative * Th e Asthma Initiative has been serving the Bethlehem area for 13 years The program offers s chool-age children and their families educational support, nursing interventions and asthm a assessments * 273 families who utilized the St Luke's Hospital emergency department fo r asthma care received education and case management services to improve asthma management and access to care Over 60 home visits were completed to assist families in reducing env ironmental factors that may exacerbate asthma symptoms Adolescent Mobile Health Van Progr ams * Preventive, well and sick care services are provided through a Mobile Youth Health C enter (MYHC) which visits various schools and is designed to provide clinical services to the students while limiting the amount of missed school time The MYHC experienced a 13 pe rcent increase in services in FY '10, providing services for 1,292 patient visits In addi tion, youth from Valley Youth House Shelter are served bi-weekly for general physicals and vision-related referrals * With the addition of new mobile vehicles, discussions with th e Allentown School District began to expand current services at Raub Middle School to two additional schools Dieruff High School and Trexler Middle School, all in Allentown Denta l * The new dental van made its debut in April 2010 - this three-chair van allows the dent ist to work more efficiently, providing restorative care to more children * The Dental Va n Program served 31 sites, including schools in the Bethlehem Area School District and oth er schools and community agencies across the Lehigh Valley and beyond Care was provided t o almost 1,100 children - cleanings, X-rays and basic restorative care

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

St Luke's 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, which also serves as the Board of Trustees of St Luke's Hospital, 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 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 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
School of nursing scholarships ranging in amounts from $50 to $10,568 Fourteen scholarship recipients received assistance of more than $5000 while the thirtytwo of the recipients received more than $1000 of assistance	66	111,309	0	Cash and cah equivilent	Not applicable
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The individuals benefitting from the assistance were all recipients of Scholarships from the St Luke's School of Nursing in FY 2010 The scholarships/tuition awards were given based on financial need All of the recipients were students at the St Luke's School of Nursing in FY 2010 The qualifications of the individual receipients as well as the use of the assistance are reviewed and monitored St Luke's School of Nursing

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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				
Samual R Giamber MD	(i)	0	0	0	0	0	0	0
	(ii)	403,791	0	3,810	41,079	14,075	462,755	
Mr Richard Anderson	(i)	707,950	0	651,715	367,475	15,595	1,742,735	488,330
	(ii)	0	0	0	0	0	0	0
Mr Joel Fagerstrom	(i)	385,821	0	450	15,356	15,177	416,804	
	(ii)	0	0	0	0	0	0	0
Mr Thomas Lichtenwalner	(i)	335,109	0	107,106	156,277	13,448	611,940	0
	(ii)	0	0	0	0	0	0	0
Mr Robert Zimmel	(i)	252,896	0	84,881	106,163	12,967	456,907	39,689
	(ii)	0	0	0	0	0	0	0
Mr Robert E Martin	(i)	265,826	0	79,626	31,886	16,328	393,666	42,209
	(ii)	0	0	0	0	0	0	0
Jeffrey Jahre MD	(i)	369,892	131,464	9,013	49,900	14,575	574,844	0
	(ii)	0	0	0	0	0	0	0
Seymour Traub Esq	(i)	277,467	0	39,226	35,395	15,338	367,426	0
	(ii)	0	0	0	0	0	0	0
Carol A Kuplen RN MSN	(i)	241,329	0	71,192	72,646	14,087	399,254	37,052
	(ii)	0	0	0	0	0	0	0
Mr Frank Ford	(i)	204,460	0	61,841	32,069	12,864	311,234	32,184
	(ii)	0	0	0	0	0	0	0
Joseph C Merola MD	(i)	454,087	0	45,904	165,912	13,575	679,478	42,094
	(ii)	0	0	0	0	0	0	0
Marc A Granson	(i)	456,810	0	1,290	30,431	13,829	502,360	0
	(ii)	0	0	0	0	0	0	0
James N Anasti MD	(i)	382,661	0	7,850	30,884	17,277	438,672	0
	(ii)	0	0	0	0	0	0	0
David W Anderson MD	(i)	339,038	24,557	1,980	35,856	16,574	418,005	0
	(ii)	0	0	0	0	0	0	0
Joel C Rosenfeld	(i)	345,513	0	8,428	49,191	13,575	416,707	0
	(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_L01a	Schedule J, Part I, Line 1a	St Luke's Hospital of Bethlehem, PA provided the Chief Executive Officer with membership to a local country club to conduct corporation business as necessary
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 though 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	The following individuals voluntarily participated in and made self-contributions to a 457 Supplemental Nonqualified Retirement Plan Richard A Anderson ($16,500), Samual R Giamber MD ($10,400), Joel Fagerstrom ($16,500), Thomas Lichtenwalner ($16,500), Robert Zimmel ($2,600), Robert E Martin ($16,500), Jeffrey Jahre MD ($16,500), Seymour Traub Esq ($15,125), Frank Ford ($16,500), Joseph Merola MD ($16,500), David W Anderson MD ($16,500), James N Anasti MD ($16,500), and Joel C Rosenfeld ($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 The at-risk compensation reported on the 2009 Form 990, Schedule J is related to fiscal year 2009 (July 2008-June 2009) performance and reported on the 2009 W-2 There was no at-risk compensation paid or accrued for fiscal year 2009 (July 2009-June 2010) performance

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2007 issued by Lehigh County General Purpose	23-1352213	5248055C8	02-21-2007	110,420,000	Construct and equip expansion of Allentown facility		X		X
B	Hospital Revenue Bonds Series 2007 issued by Lehigh County General Purpose	23-1352213	5248055D6	02-21-2007	155,890,000	Construct and equip expansion of Allentown facility		X		X
C	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAA2	06-11-2008	4,260,000	Acquire, construct and equip new Riverside Campus		X		X
D	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAB0	06-11-2008	4,480,000	Acquire, construct and equip new Riverside Campu		X		X
E	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAC8	06-11-2008	4,715,000	Acquire, construct and equip new Riverside CCampus		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	110,420,000	155,890,000	4,260,000	4,480,000	4,715,000
2	Gross proceeds in reserve funds	4,102,417	5,791,756	398,699	419,289	441,283
3	Proceeds in refunding or defeasance escrows	56,781,696	80,163,907	0	0	0
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	1,104,217	1,558,923	49,991	52,572	55,330
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	50,011,294	70,605,513	3,558,329	3,742,092	3,938,385
8	Year of substantial completion	2010	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X			X
11	Has the final allocation of proceeds been made?	X		X		X		X			X
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X		X		X
b	Name of provider	Bank of America		Bank of America							
c	Term of hedge	80		98							
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAD6	06-11-2008	4,965,000	Acquire, construct and equip new Riverside Campus		X		X
B	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAE4	06-11-2008	5,235,000	Acuire, construct and equip new Riverside Campus		X		X
C	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAF1	06-11-2008	5,520,000	Acquire, construct and equip new Riverside Campus		X		X
D	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAG9	06-11-2008	25,270,000	Acquire, construct and equip new Riverside Campus		X		X
E	Hospital Revenue Bonds Series 2008A issued by Northampton County General Pu	23-1352213	66353RAH7	06-11-2008	59,960,000	Acquire, construct and equip new Riverside Campus		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	4,965,000	5,235,000	5,520,000	25,270,000	59,960,000
2	Gross proceeds in reserve funds	464,681	489,950	516,624	2,365,051	5,611,731
3	Proceeds in refunding or defeasance escrows	0	0	0	0	0
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	58,264	61,432	64,777	296,541	703,625
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	4,147,207	4,372,735	4,610,792	21,107,737	50,083,891
8	Year of substantial completion	2011	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2008A issued by Northampton County General	23-1352213	66353RAJ3	06-11-2008	60,595,000	Acquire, construct and equip new Riverside Campus		X		X
B	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAK0	05-13-2010	3,180,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
C	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAL8	05-13-2010	3,020,000	Refinance 1992 and 1993 Hospital revenue Bonds		X		X
D	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAM6	05-13-2010	2,855,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
E	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAN4	05-13-2011	1,570,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	60,595,000	3,180,000	3,020,000	2,855,000	1,570,000
2	Gross proceeds in reserve funds	5,671,162	298,342	283,331	267,851	147,295
3	Proceeds in refunding or defeasance escrows	0	2,738,613	2,600,821	2,458,723	1,352,083
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	711,077	59,345	56,359	56,280	29,299
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	50,614,300	411,359	390,662	369,318	203,092
8	Year of substantial completion	2011	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAP9	05-13-2010	1,235,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
B	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAQ7	05-13-2010	515,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
C	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAR5	05-13-2010	115,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
D	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAS3	05-13-2010	50,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
E	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAT1	05-13-2010	65,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	1,235,000	515,000	115,000	50,000	65,000
2	Gross proceeds in reserve funds	115,865	48,316	10,789	4,691	6,098
3	Proceeds in refunding or defeasance escrows	1,063,581	443,518	99,038	43,060	55,978
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	23,048	9,611	2,146	933	1,213
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	159,757	66,619	14,876	6,468	8,408
8	Year of substantial completion	2011	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAU8	05-13-2010	275,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
B	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAV6	05-13-2010	1,690,000	Refinance 1992 and 1993 Hospital Revenue bonds		X		X
C	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAW4	05-13-2010	1,780,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
D	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAX2	05-13-2010	1,875,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
E	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAY0	05-13-2010	780,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	275,000	1,690,000	1,780,000	1,875,000	780,000
2	Gross proceeds in reserve funds	25,800	158,553	166,996	175,909	73,178
3	Proceeds in refunding or defeasance escrows	236,830	1,455,426	1,532,934	1,614,748	671,735
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	5,132	31,539	33,218	34,991	14,556
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	35,574	218,615	230,258	242,547	100,899
8	Year of substantial completion	2011	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAZ7	05-11-2010	1,245,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
B	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RAA1	05-13-2010	1,385,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
C	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RBB9	05-13-2010	1,450,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
D	Hospital Revenue Bonds Series 2010A issued by Northampton County General P	23-1352213	66353RBC7	05-13-2010	1,330,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
E	Hospital Revenue Bonds Series 2010B issued by Northampton County General P	23-1352213	66353RBD5	05-13-2010	1,985,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	1,245,000	1,385,000	1,450,000	1,330,000	1,985,000
2	Gross proceeds in reserve funds	116,804	129,938	136,036	124,778	186,229
3	Proceeds in refunding or defeasance escrows	1,072,193	1,192,761	1,248,739	1,145,395	1,709,480
4	Other unspent proceeds	0	0	0	0	0
5	Issuance costs from proceeds	23,234	25,847	27,060	24,821	37,044
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	161,051	179,161	172,046	172,046	256,776
8	Year of substantial completion	2011	2011	2011	2011	2011

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X	
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Revenue Bonds Series 2010B issued by Northampton County General P	23-1352213	66353RBE3	05-13-2010	8,405,000	Refinance 1992 and 1993 Hospital Revenue Bonds		X		X
B	Hospital Revenue Bonds Series 2010C issued by Northampton County General P	23-1352213	66353RBF0	05-13-2010	34,925,000	Refinance 1992 and 1993 Hospital revenue Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	8,405,000	34,925,000			
2	Gross proceeds in reserve funds	788,542	3,276,600			
3	Proceeds in refunding or defeasance escrows	7,238,378	3,077,377			
4	Other unspent proceeds	0	0			
5	Issuance costs from proceeds	156,854	651,772			
6	Working capital expenditures from proceeds	0	0			
7	Capital expenditures from proceeds	1,087,256	4,517,835			
8	Year of substantial completion	2011	2011			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?	X		X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X							
b	Name of provider	Bank of America		Bank of America							
c	Term of hedge	5		5							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X							
6	Did the bond issue qualify for an exception to rebate?		X		X						

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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
Rev Dr Douglas Caldwell	Moravian College - Director	337,937	Contracted services		No
Rev Dr Christopher Thomforde	Moravian College - President	337,937	Contracted services		No
Mr Andrew F S Warner	Park Avenue Quakertown LLP - Partner	552,779	Property lease		No
Donald E Wieand Jr	Stevens & Lee PC - Shareholder	150,273	Legal services		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LUKES HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	39,387	Market quote date contributed
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKES HOSPITAL OF BETHLEHEM PA

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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 Luke's Hospital of Bethlehem, Pennsylvania is a not-for-profit organization with members who, in accordance with the governing documents, elect and/ or appoint the members of the governing body of the organization and have the right to participate in the significant decisions of the governing body

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

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

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 "Return of Organization Exempt From Income Tax" was presented to and discussed with the Finance Committee of the Board of St Luke's Health Network during the April meeting The Form 990 was subsequently reviewed by the full Board of Directors of St Luke's Hospital of Bethlehem, Pennsylvania during the April meeting

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	BOARD OF TRUSTEES POLICY MANUAL, CONFLICT OF INTEREST POLICY Section 2 Duty to Disclose Financial and Conflicting Interests Every Person Covered by this Policy shall submit in writing to the President/CEO at least each calendar year a Conflict of Interest Disclosure Statement listing all Financial and Conflicting Interests which shall be shared with the Chairman of the Board Each statement must be resubmitted with any necessary changes each year or as any additional Conflicting of Financial Interests arise The Chairman of the Board shall become familiar with all such Disclosure Statements to guide his/her conduct should a conflict arise The Vice Chairman of the Board and the President/CEO of SLHN shall also become familiar with the Disclosure Statement filed by the Chairman of the Board The Chairman of the Board shall share with each Chairperson of a Board Committee the Statements submitted by members of such Board Committee Section 3 Procedures to be followed at Meetings Whenever the Board of a Board Committee is considering a transaction or arrangement with any organization with any organization, entity or individual in which a Person Covered by this Policy has a Financial of Conflicting Interest, the following shall occur (a) If the Interested Person is present, the Interested Person must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee If the Interested Person is not present, the Chairman of the Board or the Chairperson of the affected Board Committee must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee (b) If the Interest Person is present, the Chairman of the Board or the Chairperson of the Board Committee may ask the Interested Person to excuse himself from the meeting during discussion of the matter that gives rise to the potential conflict If asked, the Interested Person shall excuse himself from the meeting, although he or she may make a statement or answer any question on the matter before leaving (c) The Interested Person will not vote on the matter that gives rise to the potential conflict (d) The Board or the Board Committee must approve the matter referenced in Section 3(c) by a majority vote of the persons present at the meeting that has a quorum The Interested Person's attendance shall count for the purposes of determining whether a quorum exists In addition, if an Interested Person is a member of the Board and has a Financial Interest in a transaction or arrangement, the follow should be observed in addition to the provisions described above (e) If appropriate, the Chairman of the Board may appoint a person other than an Interested Person or a committee to investigate alternatives to the proposed transaction or arrangement (f) In order to approve the proposed arrangement, the Board of Trustees must first find, by a majority vote of the Trustees present at the meeting, without the vote of the Interested Person, that the proposed arrangement is in SLHN's best interest and is of benefit, that the proposed arrangement is fair and reasonable to SLHN, and that, after reasonable investigation, SLHN cannot obtain a more advantageous arrangement through reasonable efforts under the circumstances

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation Review Executive compensation for the health network consists of fixed salary, at-risk compensation and other deferred compensation arrangements Total compensation for network executives is approved annually by the network's Board of Trustees The recommended compensation is established though a multi-faceted approach including use 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

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Pursuant to IRS Regulations, St Luke's Hospital of Bethlehem, Pennsylvania, upon request, makes the following documents available for public inspection original and amended, if any, annual information returns, application for tax exemption including its governing instruments, supporting documents, and all IRS correspondence pertaining thereto, and audited financial statements

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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 HOSPITAL OF BETHLEHEM PA

Employer identification number
23-1352213

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
ST LUKES HOMESTAR SERVICES LLC 801 Ostrum Street Bethlehem, PA 180151000 26-0369246	Medical equipment and infusion services	PA	11,349,596	5,673,038	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
EIGHTH & EATON PROFESSIONAL BUILDING LP 801 Ostrum Street Bethlehem, PA180151000 26-3017143	Real estate management	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	Investment				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 groupo	VT	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			88 %
ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA AMBULATORY SURGERY LTD 801 Ostrum Street Bethlehem, PA18015 23-3018850	Orthopedic services	PA	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA	C			1 00 %
CANCER IMMUNOTHERAPIES LLC 801 Ostrum Street Bethlehem, PA180151000 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information 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)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 23-1352213
Name: ST LUKES HOSPITAL OF BETHLEHEM PA

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 LUKES HEALTH NETWORK 801 Ostrum Street Bethlehem, PA180151000 23-2384282	Parent Corporation	PA	501(c)(3)	11	N/A
ST LUKES QUAKERTOWN HOSPITAL 801 Ostrum Street Bethlehem, PA180151000 23-1352203	Acute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
CARBON SCHUYLKILL COMMUNITY HOSPITAL INC 801 Ostrum Street Bethlehem, PA180151000 25-1550350	Acute care services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
ST LUKES PHYSICIAN GROUP INC 801 Ostrum Street Bethlehem, PA180151000 23-2389812	Physician services	PA	501(c)(3)	11	ST LUKES HEALTH NETWORK INC
LIFESTAR 801 Ostrum Street Bethlehem, PA180151000 23-2179542	Patient transport	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK INC
QUAKERTOWN REHABILITATION CENTER 801 Ostrum Street Bethlehem, PA180151000 23-2543924	Rehabilitation services	PA	501(c)(3)	3	ST LUKES HEALTH NETWORK
VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC 801 Ostrum Street Bethlehem, PA180151000 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, PA180151000 23-2318254	Medical equipment and infusion services	PA	501(c)(3)	9	ST LUKES HEALTH NETWORK INC
ST LUKES HOSPITAL AND HEALTH NETWORK AUXILIARY 801 Ostrum Street Bethlehem, PA180151000 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 LUKES HEALTH NETWORK	h	21,529,896
(2)	ST LUKES QUAKERTOWN HOSPITAL	h	-7,393,294
(3)	CARBON SCHUYLKILL COMMUNITY HOSPITAL INC	h	4,636,735
(4)	ST LUKES PHYSICIAN GROUP INC	h	28,409,656
(5)	LIFESTAR	h	-13,940,527
(6)	QUAKERTOWN REHABILITATION CENTER	h	3,322,664
(7)	VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC	h	270,926

Additional Data

Software ID:
Software Version:
EIN: 23-1352213
Name: ST LUKES HOSPITAL OF BETHLEHEM PA

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

4d. Other program services

(Code) (Expenses $ 351,921,811 including grants of $) (Revenue $ 467,550,468)
OTHER PROGRAM SERVICES

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			
Mr David M Lobach Jr Chairman	1	X						0	0	0
Mr Andrew F S Warner Vice Chairman	1	X						0	0	0
Rev Dr Douglas Caldwell Director	1	X						0	0	0
Ms Christina Connar Director	1	X						0	0	0
Alice P Gast MD Director	1	X						0	0	0
Samual R Glamber MD Director	1	X						0	407,601	55,153
Ms Jan S Heller Director	1	X						0	0	0
Kostas Kalogeropoulos Director	1	X						0	0	0
John J Lukaszczyk MD Director	1	X						0	0	0
Mrs George A Hurd Life Trustee	1	X						0	0	0
Mr Douglas A Michels Director	1	X						0	0	0
Robert A Oster Director	1	X						0	0	0
Charles Saunders MD Director	1	X						0	0	0
Mr Arthur Scott Director	1	X						0	0	0
Mr Kenneth R Smith Director	1	X						0	0	0
Rev Dr Christopher Thomforde Director	1	X						0	0	0
Donald E Wieand Jr Director	1	X						0	0	0
Mr Richard Anderson President & CEO	40	X		X				1,359,666	0	383,069
Mr Joel Fagerstrom Executive VP & COO	40			X				386,271	0	30,533
Mr Thomas Lichtenwalner Sr Vice President Finance	40			X				442,215	0	169,725
Mr Robert Zimmel Sr Vice President Human Resources	40			X				337,777	0	119,130
Mr Robert E Martin Sr Vice President Strategic Planning	40			X				345,452	0	48,214
Jeffrey Jahre MD Sr Vice President Medical & Academic Affairs	40			X				510,369	0	64,475
Seymour Traub Esq Sr Vice President & General Counsel	40			X				316,693	0	50,733
Carol A Kuplen RN MSN Sr Vice President & Chief Nursing Officer	40			X				312,521	0	86,733

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			
Mr Frank Ford President Allentown Campus	40			X				266,301	0	44,933
Joseph C Merola MD Chief of OB/GYN	40					X		499,991	0	179,487
Marc A Granson Chief of Surgery	40					X		458,100	0	44,260
James N Anasti MD Director Resident Education	40					X		390,511	0	48,161
David W Anderson MD Chief of Pathology	40					X		365,575	0	52,430
Joel C Rosenfeld Director of Medical Education	40					X		353,941	0	62,766

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Inpatient and outpatient program services	622,000	650,057,061	647,088,536	2,968,525	0
School of Nursing	622,000	2,653,325	2,653,325	0	0
General practice revenue	622,000	1,957,911	1,957,911	0	0
Clinical trials	622,000	1,515,204	1,515,204	0	0
Vascular services revenue	622,000	409,355	409,355	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt	39,318,208	39,318,208	0	0
Helicopter expense	2,543,445	2,543,445	0	0
Dues, memberships, licenses and fees	1,520,047	1,022,992	493,863	3,192
Physician practice support	23,987,960	23,987,960	0	0
Miscellaneous expenses	959,604	822,919	135,856	829