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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

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: CARBON SCHUYKILL COMMUNITY HOSPITAL INC. Doing Business As: ST LUKES MINERS MEMORIAL MEDICAL CENTER. Number and street: 801 Ostrum Street. City or town: Bethlehem, PA 180151000

D Employer identification number: 25-1550350. E Telephone number: (610) 954-4000. G Gross receipts \$ 42,189,959

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

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

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

J Website: www.slhnn.org

K Form of organization: Corporation. L Year of formation: 1987. M State of legal domicile: PA

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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: Thomas Lichtenwalner SR VP - Finance. Date: 2011-05-16

Paid Preparer's Use Only: Preparer's signature: Joseph Szemanek. Date: 2011-05-16. Firm's name: Joseph J Szemanek Esquire LLC. Address: 5 Granite Circle, Doylestown, PA 18901.

May the IRS discuss this return with the preparer shown above? 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 \$ 4,080,417 including grants of \$) (Revenue \$ 4,367,939)

Inpatient 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 Miners Memorial Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay Many of the Hospital's most common inpatient general medicine diagnoses reflect the region's long history as a robust coal mining region These diagnoses include pulmonary/respiratory infections, edema, chronic obstructive pulmonary disease, pneumonia and pleurisy Additional common diagnoses include gastrointestinal disorders, GI hemorrhage, inflammatory bowel disease, GI obstruction, diabetes, renal failure, kidney and urinary tract infections As a member of St Luke's Hospital & Health Network, the Hospital provides its patients with access to some of the most advanced technology and medical expertise available Diabetes is a major health concern in the region and patients can access the Network's highly trained endocrinologists through a sophisticated telemedicine service

4b (Code) (Expenses \$ 3,617,190 including grants of \$) (Revenue \$ 3,075,721)

Inpatient Orthopedics Under the guidance of its community-based Board of Trustees and the support of the physicians on its open medical staff, St Luke's Miners Memorial Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay As a member of St Luke's Hospital & Health Network, the Hospital is able to provide a wide range of leading-edge, complicated orthopedic surgical procedures rarely available in a small, rural hospital and which draw patients from an extensive geographic area The most frequent diagnosis/treatments include major joint replacement (knees and hips), fractures and medical back problems, tendonitis and bursitis

4c (Code) (Expenses \$ 5,929,431 including grants of \$) (Revenue \$ 7,988,770)

Inpatient Skilled Nursing Under the guidance of its community-based Board of Trustees and the support of the physicians on its open medical staff, St Luke's Miners Memorial Hospital, a member of the multi-hospital St Luke's Hospital & Health Network, provides medically necessary services to individuals irrespective of their ability to pay St Luke's Miners Memorial Geriatric Center, a fully accredited, 48-bed, hospital-based skilled nursing facility, is located on the fifth floor of the Hospital The Center provides patients with individualized, short-term rehabilitation and long-term care services A wide variety of goal-directed therapeutic activities are provided for the development and maintenance of fine and gross motor skills of the hand and arm muscles and to reinforce motor skills and challenge creativity

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
 (Expenses \$ 20,621,479 including grants of \$ 0) (Revenue \$ 31,977,129)

4e Total program service expenses \$ 34,248,517

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> 12A Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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 ? <i>If "Yes," complete Schedule F, Part II</i>		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 ? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 493		
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)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
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)?		No
	4a		
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		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
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?		No
	6a		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
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		
1b	Enter the number of voting members that are independent		
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?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ St Lukes Hospital of Bethlehem 801 Ostrum Street Bethlehem, PA 180151000 (610) 954-4000

1b Total	835,729	646,998	346,523
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**0

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	216,065					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	19,624					
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f	235,689					
Program Service Revenue			Business Code					
	2a	Inpatient/ Outpatient Program Service Revenue	622,000	41,755,430	41,755,430	0	0	
	b	Rental revenue from affiliated organization	622,000	37,412	0	0	37,412	
	c	Physician and other program services	622,000	3,197	3,197	0	0	
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		41,796,039				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,721	0	0	2,721	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross Rents	(i) Real	7,878				
			(ii) Personal					
			b Less rental expenses	894				
			c Rental income or (loss)	6,984				
	d	Net rental income or (loss)		6,984	0	0	6,984	
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b Less cost or other basis and sales expenses					
			c Gain or (loss)	0				
	d	Net gain or (loss)						
	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/ employer convenience	622,000	103,903	103,903	0	0		
b	Activities substantially related to exempt function	622,000	43,729	43,729	0	0		
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		147,632					
12	Total revenue. See Instructions		42,189,065	41,906,259	0	47,117		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	835,729	651,869	183,860	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,976,936	13,402,324	3,537,206	37,406
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	393,926	310,808	82,291	827
9	Other employee benefits	3,154,945	2,489,252	659,068	6,625
10	Payroll taxes	1,300,961	1,026,458	271,771	2,732
11	Fees for services (non-employees)				
a	Management	1,139,189	0	1,139,189	0
b	Legal	23,935	0	23,935	0
c	Accounting	21,789	0	21,789	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	6,246,312	4,928,340	1,304,855	13,117
12	Advertising and promotion	238,751	188,375	49,875	501
13	Office expenses	6,640,557	5,239,399	1,387,212	13,946
14	Information technology	100,523	79,313	21,210	0
15	Royalties	0	0	0	0
16	Occupancy	1,443,246	1,139,379	303,867	0
17	Travel	95,469	75,325	19,943	201
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	30,418	24,001	6,354	63
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,610,010	2,059,345	550,665	0
23	Insurance	420,129	331,482	88,647	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad debt expense	1,266,106	1,266,106	0	0
b	IM Admin Shared Services	649,122	649,122	0	0
c	Physician practice support	228,337	228,337	0	0
d	Miscellaneous Expenses	191,986	159,282	32,379	325
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	44,008,376	34,248,517	9,684,116	75,743
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,350,630	1	229,619
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	6,205,168	4	4,541,445
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	831,412	8	863,886
	9 Prepaid expenses and deferred charges	473,945	9	438,858
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	39,571,932		
	b Less accumulated depreciation	22,177,034	10c	17,394,898
	11 Investments—publicly traded securities	1,442,620	11	400,244
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	75,851	15	128,998
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,432,326	16	23,997,948	
Liabilities	17 Accounts payable and accrued expenses	3,846,817	17	3,909,390
	18 Grants payable	0	18	0
	19 Deferred revenue	28,488	19	28,756
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	37,454	23	32,972
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	12,559,398	25	11,165,707
	26 Total liabilities. Add lines 17 through 25	16,472,157	26	15,136,825
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,517,549	27	8,470,955
	28 Temporarily restricted net assets	1,441,561	28	388,738
	29 Permanently restricted net assets	1,059	29	1,430
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,960,169	33	8,861,123	
34 Total liabilities and net assets/fund balances	27,432,326	34	23,997,948	

Part XI Financial Statements and Reporting

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? . . .

b Were the organization's financial statements audited by an independent accountant?

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

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?

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 . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number
25-1550350

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part 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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

4 Number of states where property subject to conservation easement is located

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

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)?

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,442,620	726,485			
b Contributions	30,305	798,612			
c Investment earnings or losses	0	0			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	1,082,756	82,477			
f Administrative expenses	0	0			
g End of year balance	390,169	1,442,620			

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

- a** Board designated or quasi-endowment ▶ **0 %**
- b** Permanent endowment ▶ **99.63 %**
- c** Term endowment ▶ **0.37 %**

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	298,580		298,580
b Buildings	0	17,116,666	6,376,600	10,740,066
c Leasehold improvements	0	730,110	296,671	433,439
d Equipment	0	20,437,728	15,468,303	4,969,425
e Other	0	988,848	35,460	953,388
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				17,394,898

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	42,189,065
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,008,376
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,819,311
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	772,717
9	Total adjustments (net) Add lines 4 - 8	9	772,717
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,046,594

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	42,152,271
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	42,152,271
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	36,794
c	Add lines 4a and 4b	4c	36,794
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	42,189,065

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

1	Total expenses and losses per audited financial statements	1	43,971,858
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	43,971,858
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	36,518
c	Add lines 4a and 4b	4c	36,518
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	44,008,376

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Use of Endowment Funds Temporarily restricted assets are used for a variety of reasons and in accordance with the donors intended purposes - examples include capital investment, community health and education, support of hospital operations, and staff development. The available funds from permanently restricted assets are used for medical research, capital investment, community health and education, support of hospital operations, staff development and to pay for indigent care. The organization applies a strict spending policy to preserve the principal amount of the original donation.
SchD_P10_S00_L00	Schedule D, Part X	Not applicable
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Net assets released from restrictions used for purchase of property and equipment (1,073,686), Pension adjustment (-300,693), Equity in net income from controlled entities (515), Unrestricted investment income from restricted net assets (-792), and Mathematical rounding (1)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Expense reclassification (37,412), Equity in net income from controlled entities (515), Unrestricted investment income from restricted net assets (-792), and adjustment for rental expenses (-894)
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Expense reclassification (37,412) and adjustment for rental expenses (-894)

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization

CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines... 3b Does the organization use FPG to determine eligibility... 4 Does the organization's policy provide free or discounted care... 5a Does the organization budget amounts... 5b If "Yes," did the organization's charity care expenses... 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

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			2,275	0	2,275	0.01 %
2 Economic development			4,283	0	4,283	0.01 %
3 Community support			1,884	0	1,884	0 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			1,378	0	1,378	0 %
6 Coalition building			3,153	0	3,153	0.01 %
7 Community health improvement advocacy			4,780	0	4,780	0.01 %
8 Workforce development			759	0	759	0 %
9 Other			0	0	0	0 %
10 Total	0	0	18,512	0	18,512	0.04 %

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 Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2	381,098	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
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	10,892,804
6 Enter Medicare allowable costs of care relating to payments on line 5	6	13,593,622
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-2,700,818
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a 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 VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

PA

Additional Data

Software ID:

Software Version:

EIN: 25-1550350

Name: CARBON SCHUYKILL COMMUNITY HOSPITAL INC

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 \$ 1,266,106

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

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

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

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

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

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

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

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- * To work with other members of the community to develop an environment which provides opportunities for healthy choices and provides norms and support for healthy actions and behaviors. Multidimensional initiatives, which include and impact on various community characteristics such as safety, education, transportation, social supports and economic opportunities, are considered and developed.
- * To include specific actions and commitments in the Network's and St Luke's Miners Memorial Hospital's operations and business plans related to community health efforts.
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Form 990 Schedule H, Part VI - Supplemental Information, Line 2

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

Draft statement St Luke's Miners Memorial Hospital has direct involvement in numerous community building activities that promote and improve the health status and general betterment of the communities served by the hospital as reported in Part II. Costs related to specific building activities may be found elsewhere in Form 990, Section H Physical Improvements/Housing. In Schuylkill County, PA, the major service area of St Luke's Miners Memorial Hospital, 12 percent of all people and 16 percent of the population under age 18, are living in poverty. Hospital representatives are actively involved in the Alliance for Building Communities and Schuylkill Community Action, as well as its Equal Opportunity and Diversity committee. The multi-sector participation involved in Schuylkill Community Action enables the group to leverage distinct perspectives, understandings and strengths to the task of helping low-income people become more self-sufficient. Through their participation in this group, Hospital personnel serve as advocates to assist low-income residents in accessing home repair, home ownership, emergency and transitional housing, utility assistance and neighborhood revitalization. Members of the Hospital's management team participate in the Northeastern Pennsylvania Alliance, an organization that serves as the federally and state designated Local Development District agency for a seven-county area in Northeastern PA. The Alliance is also the local non-profit agency interface for the Federal Appalachian Regional Commission and is the regional transportation planning organization. The Hospital is also an active participant in neighborhood improvement groups in Shenandoah, PA and Lansford, PA. Economic Development. With 360 employees, the Hospital is a major economic anchor in the region. According to the federal Bureau of Economic Analysis, the employment multiplier for Pennsylvania hospitals is 2.19, suggesting that for every hospital job, 1.2 additional jobs are supported within the state. In a report issued in February 2010, The Hospital and Healthsystem Association of Pennsylvania calculated St Luke's Miners Memorial's total spending benefit (hospital only and ripple benefit) to the region's economy at \$87,512,582, and total salary benefit (hospital only and ripple effect) at \$28,337,409. Additionally, Hospital managers are engaged in the following community/government organizations which focus on economic development: Boards of Directors of Carbon County Chamber of Commerce and Tamaqua Chamber of Commerce, Carbon County Economic Development and Hospital personnel participate in the Community Financial Outlook Program, a community forum for discussion about the local economic climate, local and regional economic trends and the future direction of the community. Community Support Hospital personnel were actively engaged in the Boy Scouts, providing speaks on multiple occasions. Environmental Improvements St Luke's Hospital & Health Network has an extensive commitment to continually seek methodologies to enhance its participation in meaningful participation in environmentally friendly practices. As part of that Network, St Luke's Miners Memorial Hospital recycled more than 12 million tons of materials in FY '10. These materials included cardboard, plastics, aluminum cans, paper, shredded confidential papers, batteries, newspapers and metals. St Luke's Miners Memorial Hospital completed installation of energy efficient windows. The \$788,000 cost of this project was funded, in part, with a \$525,000 grant from U.S. Department of Energy. Annual ongoing energy-cost saving resulting from this project is estimated at \$15,000. Leadership Development/Training for Community Members The Hospital provides speakers and other resources to support community leadership training initiatives such as Leadership Carbon Coalition Building. St Luke's Hospital & Health Network has a proven record of forming effective partnerships built on a spirit of mutual respect and shared missions of community service. As an integral part of the Network, St Luke's Miners Memorial Hospital engaged in the following coalition efforts in FY '10: membership in the Salvation Army Advisory Committee, met with staff of St. Catherine Medical Center to discuss rural health and behavioral health issues in the community, active member of the state-wide advisory committee for the Blueprint Communities Program, and participation in the Local Initiative Support Corporation, which focuses on healthy living/health care in community redevelopment efforts, health clinics and addressing the disparities and health access issues in the region's medically underserved area. In support of the greater community, hospital personnel participated in the all-volunteer, non-profit Operation Touch of Home. This group collects items to send to local troops serving overseas. Hospital employees collected and shipped 13,698 pounds of essential items to 86 local members of

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

the Armed Forces serving overseas. They also paid the \$8,728 shipping costs. A variety of community organizations utilize meeting space in St. Luke's Miners Memorial Hospital at no expense. Community Health Improvement Advocacy, St. Luke's Hospital & Health Network's Department of Community Health (Department) oversees advocacy and related assessment of the health care needs of the communities served by St. Luke's Miners Memorial Hospital in Coaldale, Schuylkill, Pennsylvania. Dr. Bonnie Coyle, board-certified in preventive medicine, is the Senior Manager of the Community Health Department. She has 15 years experience in public and preventive health. Analysis of information from the following sources is part of the Department's 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 state agencies. The Tamaqua Area Community Partnership contracted with the Department to design and conduct a health needs assessment in April 2010. The following Schuylkill County municipalities were assessed: Borough of Tamaqua, Rush Township, West Penn Township, Walker Township and Schuylkill Township. The assessment included a community agency survey, involving 37 representatives from local agencies, four focus groups comprised of residents who provided qualitative data pertaining to quality of life, and a community needs survey administered to 381 community members. The survey collected data pertaining to individual health status, access to medical care and social and health needs. The assessment identified the following health status challenges: 42 percent of residents are likely to have physical, mental or emotional limitations as compared to 19 percent in Pennsylvania and the United States. The following are the five most prevalent conditions reported by survey participants: hypertension (43%), diabetes (23%), migraines (23%), asthma (21%) and mental health problems (17%). In general, findings supported the Robert Wood Johnson County Health Rankings 2010 which placed Schuylkill County 60th out of 67 counties in Pennsylvania for its health status as determined by multiple health indicators. As a result of the assessment, St. Luke's Miners Memorial Hospital and other community outreach organizations, such as Partners in Health, work collaboratively to jointly focus on the following: chronic disease management, wellness and chronic disease prevention, obesity prevention, substance abuse (tobacco, illegal drugs and alcohol), strong health education programs to disseminate targeted health messages, services for the growing elderly population and community and economic development to address high rates of poverty and unemployment. Additionally, St. Luke's Miners Memorial Hospital is an active participant on the Schuylkill Alliance for Healthcare Access, a non-profit organization that helps provide access to health care services and financial resources for the provision of health care. The Hospital participated in a number of events and services offered through Schuylkill County's VISION, including the Diabetes Task Force, Interfaith Health Network, Mental Health Committee, Health Alliance and Community Health Day. Additionally, hospital personnel participated in youth mentoring programs sponsored by the Tamaqua Lions Club. Also, the Hospital hosted a meeting of the Tamaqua Area Community Partnership, participated in a Health Care Forum at the Penn State Schuylkill Haven Campus and the kick-off event of the James and Mary Edith Rhoades Foundation. A United Way Day was held at the Hospital to encourage employees to support the United Way's annual pledge drive. Throughout the year, the Hospital utilizes numerous media outlets to educate the community about health issues that may impact them.

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

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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mr Thomas Lichtenwalner	(i)	0	0	0	0	0	0	0
	(ii)	335,109	0	107,106	156,277	13,448	611,940	
William Crossin	(i)	0	0	0	0	0	0	0
	(ii)	192,423	0	12,360	30,466	12,933	248,182	
Ralph D Richards	(i)	175,937	0	327	8,561	14,571	199,396	
	(ii)	0	0	0	0	0	0	0
Karen J Smith	(i)	177,964	0	546	24,723	13,044	216,277	
	(ii)	0	0	0	0	0	0	0
Bernard R Klemchak	(i)	131,953	0	332	16,266	12,219	160,770	
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	See Form 990, Part VI, Section B, Line 15(b)
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Nonqualified Retirement Plan Thomas Lichtenwalner participated in a 457 Supplemental Nonqualified Retirement Plan and accrued benefits of \$16,500

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (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)

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No)

Additional Data

Software ID:
Software Version:
EIN: 25-1550350
Name: CARBON SCHUYKILL COMMUNITY HOSPITAL INC

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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 CARBON SCHUYKILL COMMUNITY HOSPITAL INC	

Employer identification number
25-1550350

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

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

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

Identifier	Return Reference	Explanation
F990_P06_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 Miners Memorial Medical Center during the April meeting

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	BOARD OF TRUSTEES POLICY MANUAL, CONFLICT OF INTEREST POLICY Section 2 Duty to Disclose Financial and Conflicting Interests Every Person Covered by this Policy shall submit in writing to the President/CEO at least each calendar year a Conflict of Interest Disclosure Statement listing all Financial and Conflicting Interests which shall be shared with the Chairman of the Board. Each statement must be resubmitted with any necessary changes each year or as any additional Conflicting of Financial Interests arise. The Chairman of the Board shall become familiar with all such Disclosure Statements to guide his/her conduct should a conflict arise. The Vice Chairman of the Board and the President/CEO of SLHN shall also become familiar with the Disclosure Statement filed by the Chairman of the Board. The Chairman of the Board shall share with each Chairperson of a Board Committee the Statements submitted by members of such Board Committee. Section 3 Procedures to be followed at Meetings Whenever the Board of a Board Committee is considering a transaction or arrangement with any organization with any organization, entity or individual in which a Person Covered by this Policy has a Financial or Conflicting Interest, the following shall occur (a) If the Interested Person is present, the Interested Person must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee. If the Interested Person is not present, the Chairman of the Board or the Chairperson of the affected Board Committee must disclose the Financial or Conflicting Interest to the Board and/or the affected Board Committee. (b) If the Interest Person is present, the Chairman of the Board or the Chairperson of the Board Committee may ask the Interested Person to excuse himself from the meeting during discussion of the matter that gives rise to the potential conflict. If asked, the Interested Person shall excuse himself from the meeting, although he or she may make a statement or answer any question on the matter before leaving. (c) The Interested Person will not vote on the matter that gives rise to the potential conflict. (d) The Board or the Board Committee must approve the matter referenced in Section 3(c) by a majority vote of the persons present at the meeting that has a quorum. The Interested Person's attendance shall count for the purposes of determining whether a quorum exists. In addition, if an Interested Person is a member of the Board and has a Financial Interest in a transaction or arrangement, the following 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 through a multi-faceted approach including use an independent consultant engaged on an ongoing basis by the Board of Trustees and who works directly with the Executive Compensation Committee of the board. Also, included is the review of 990s and compensation surveys of other comparable health care organizations. Nontaxable Benefits Health and welfare benefits Compensation Reported on prior 990 Total compensation reported on prior 990's represented recognition of deferred compensation benefits that had accumulated over years of service and was reported and distributed in accordance with vesting requirements and Internal Revenue Service rules and regulations. The amount was reported in Schedule J, column 3-other compensation

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CARBON SCHUYKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
EIGHTH & EATON PROFESSIONAL BUILDING LP 801 Ostrum Street Bethlehem, PA180151000 26-3017143	Real estate investment	PA	ST LUKE'S HEALTH NETWORK	Excluded				No			No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	4,672,269
(2) ST LUKE'S QUAKERTOWN HOSPITAL	h	-92,975
(3) ST LUKE'S PHYSICIAN GROUP INC	h	-3,589,523
(4) LIFESTAR	h	1,539
(5) VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC	h	-131,494
(6) LIFESTAR	i	37,412

Software ID: 09000073
Software Version: v1.00
EIN: 25-1550350
Name: CARBON SCHUYKILL COMMUNITY HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST LUKE'S HEALTH NETWORK 801 Ostrum Street Bethlehem, PA 180151000 23-2384282	Parent Corporation	PA	501(c)(3)	11	N/A
ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA 801 Ostrum Street Bethlehem, PA 180151000 23-1352213	Acute care services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
ST LUKE'S QUAKERTOWN HOSPITAL 801 Ostrum Street Bethlehem, PA 180151000 23-1352203	Acute care services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
ST LUKE'S PHYSICIAN GROUP INC 801 Ostrum Street Bethlehem, PA 180151000 23-2380812	Physician services	PA	501(c)(3)	11	ST LUKE'S HEALTH NETWORK
LIFESTAR 801 Ostrum Street Bethlehem, PA 180151000 23-2179542	Patient transport	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
QUAKERTOWN REHABILITATION CENTER 801 Ostrum Street Bethlehem, PA 180151000 23-2543924	Rehabilitation services	PA	501(c)(3)	3	ST LUKE'S HEALTH NETWORK
VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC 801 Ostrum Street Bethlehem, PA 180151000 24-0795497	Home health services	PA	501(c)(3)	8	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA
HOMESTAR MEDICAL EQUIPMENT AND INFUSION SERVICES 801 Ostrum Street Bethlehem, PA 180151000 23-2418254	Medical equipment and infusion services	PA	501(c)(3)	9	ST LUKE'S HEALTH NETWORK
ST LUKE'S HOSPITAL AND HEALTH NETWORK AUXILIARY 801 Ostrum Street Bethlehem, PA 180151000 23-2134479	Fundraising	PA	501(c)(3)	3	ST LUKES HOSPITAL OF BETHLEHEM PENNSYLVANIA

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST LUKE'S HOSPITAL OF BETHLEHEM PENNSYLVANIA	h	4,672,269
(2)	ST LUKE'S QUAKERTOWN HOSPITAL	h	-92,975
(3)	ST LUKE'S PHYSICIAN GROUP INC	h	-3,589,523
(4)	LIFESTAR	h	1,539
(5)	VNA OF ST LUKES - HOSPICE AND HOME HEALTH INC	h	-131,494
(6)	LIFESTAR	i	37,412

Additional Data

Software ID:
Software Version:
EIN: 25-1550350
Name: CARBON SCHUYKILL COMMUNITY HOSPITAL INC

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

4d. Other program services

(Code) (Expenses \$ 20,621,479 including grants of \$) (Revenue \$ 31,977,129)

St Luke's Miners Memorial Hospital (SLMMH) is a fully accredited, not-for-profit, 45-bed acute care hospital located in Coaldale, Pennsylvania in Schuylkill County near the Carbon County border. Services also include a home health agency and a 48-bed skilled nursing facility. The hospital serves more than 1,900 annual total patients (admissions and observations), as well as 77,386 outpatient visits, primarily residents of Schuylkill, Carbon and Lower Luzerne counties in Pennsylvania. SLMMH considers its most valuable assets to be the 170 medical staff members, 375+ employees and 18 volunteers who serve the Hospital. Founded in 1910, the Hospital became a member of the nationally recognized St Luke's Hospital & Health Network in 2000. A regional, integrated network of hospitals, physicians, outpatient facilities and other related health care services, St Luke's Network provides care at 150+ locations primarily in Lehigh, Northampton, Carbon, Schuylkill, Bucks, Montgomery, Berks and Monroe counties in Pennsylvania and Warren County in New Jersey. SLMMH celebrated its 100th anniversary of service in 2010. Since joining the Network, the SLMMH has undergone \$21 million in technical/facility improvements. A new, \$3,300,000 state-of-the-art Emergency Department was added in 2002. Additional improvements include new MRI, new Sleep Disorder Center, new Cardiovascular Conditioning Center, new access road from Rt 209 directly to the hospital and expansion of home care services. Capital investments in FY '10 supported a Health Center in McAadoo (serving a rural area), a new Cardio-Pulmonary Rehabilitation Center, updated fire sprinkler capabilities, installation of energy-efficient windows and a significant number of aesthetic upgrades throughout the Hospital campus. The Hospital also began construction on a state-of-the-art six-bed Critical Care Unit in FY '10. (The project was completed in FY '11.) The Hospital mirrors the Network's vision to "perform in the top decile for each diagnosis in national pay-for-performance programs." The Network participates in the Premier/CMS Hospital Quality Improvement Demonstration (250 hospitals nationally) and in the QUEST pay-for-performance initiative (150 hospitals nationally). SLMMH is a top performer in QUEST measures for - mortality and evidenced-based care. SLMMH has received accreditation as a Chest Pain Center by the prestigious Society of Chest Pain Centers, an international professional organizations focused on improving care for patients with acute coronary syndromes and other related conditions. The Network's vision also includes a commitment to "make it easy for patients, physicians and staff to use the Hospital's services." For example, to improve patient access, SLMMH introduced "tele-health" in Spring 2009. Patients no longer have to travel 60 miles to see an endocrinologist. Using "tele-health" technology available through St Luke's Network, patients at SLMMH are connected through a video screen for their consultations to Dr. Bankim Bhatt of St Luke's Center for Diabetes and Endocrinology in Center Valley, PA. A nurse practitioner at the Hospital acts as Dr. Bhatt's eyes and hands with the patient, while Dr. Bhatt is in his office some 60 miles away. The program provides seamless, specialized care for patients. Clinical Services St Luke's Miners Memorial Hospital provides 18 medical specialties on site and patients also have access to the 82 medical specialties available through the St Luke's Network. In FY '10, the Hospital enhanced its clinical services through the addition of fellowship-trained colon and rectal surgeons and fellowship-trained surgical oncologists. Emergency Services More than 14,000 patients are treated annually in the Emergency Department (ED). The ED staff are certified and specially trained to care for adults and children suffering from medical emergencies and traumatic injuries. The ED features nine treatment rooms, as well as a hazardous material/contamination area. There are separate walk-in and ambulance entrances. St Luke's Emergency & Transport Services (ETS) has an ambulance crew stationed at the Hospital to provide non-emergency or emergency inter-facility transports. If needed, emergency patients can be transported by ambulance or aeromedical helicopter to the accredited St Luke's Adult Level 1 Regional Trauma Center in Bethlehem, PA. The Trauma Center is designed to treat the most seriously injured patients. A specially trained and qualified team of doctors, nurses and technicians are on-call and prepared to respond at a moment's notice. The trauma center is approved and accredited by the Pennsylvania Trauma Systems Foundation (PTSF). PennSTAR is the network's regional aero-medical transport helicopter and can fly patients needing trauma care from SLMMH in Coaldale to St Luke's Adult Level I Regional Trauma Center in Bethlehem in 10 to 12 minutes. Oncology Services The family-centered Cancer Center at SLMMH provides a wide range of services in a comfortable, home-like setting where family and friends are welcome to join patients. The large, open treatment area includes reclining chemotherapy chairs and fosters an environment where patients may interact and gain insights and support from one another. For those who prefer more privacy, semi-private and private treatment areas are available. There are also private rooms for physical assessments and lab draws. Sharon Oravec, manager of Oncology Services, was named the 2009 American Cancer Society volunteer of the year. Health Centers The St Luke's Health Centers, located in Nesquehoning in Carbon County and Hometown and McAadoo in Schuylkill County, offer expanded access to primary health care for more than 8,000 residents in the federally designated Medically Underserved Area (MUA). The MUA includes Lansford, Nesquehoning and Summit Hill (Carbon County), Delano, Kline Rush and Schuylkill townships, as well as Coaldale, McAadoo and Tamaqua boroughs in Schuylkill County. The Centers are staffed by a physician, board-certified family nurse practitioners and physician assistants. Services include wellness check ups, immunizations, sick visits, health screenings and lab work. No patient is denied care at the Centers, which are specifically designed to provide access to primary care and accept a wide range of medical insurances, including Medicaid, as well as uninsured patients. Sleeps Disorders Center The Center evaluates, tests and treats problems with sleeping which can lead to serious health and quality of life issues. The Center is staffed by board-certified sleep physicians and registered polysomnographers (sleep technicians). Wound Management Center The Wound Management Center offers special treatments for non-healing wounds and ulcers. Patients heal faster, feel less pain and have fewer long-term conditions. Sports and Rehabilitation Services St Luke's Sports & Rehabilitation offers seven convenient locations for physical therapy, sports medicine and wellness in Carbon, Schuylkill and Monroe counties. St Luke's Miners Memorial Home Care St Luke's Miners Memorial Home Care helps patients recover from an injury or illness in the privacy and comfort of their own homes with the support of loved ones. The dedicated staff provides care in Schuylkill, Carbon and lower Luzerne counties and has direct access to all of the resources of SLMMH, as well as those provided by St Luke's Hospital & Health Network. Staff includes nurses, dietitians, physical, occupation and speech therapists, medical social workers and home health aides. Staff works with the patient's physician to develop a plan of care that best meets the needs of individual patients. Services are available 24-hours a day, seven-days a week, including weekends and holidays. St Luke's Miners Memorial Home Care was named to the 2008 Home Care Elite (announced in May 2009), a compilation of the most successful Medicare-certified home health care providers in the United States. This annual review identifies the top 25 percent of agencies, ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance. St Luke's Miners Memorial Home Care is Pennsylvania-licensed, Medicare and Medicaid certified and accredited by The Joint Commission. St Luke's Miners Memorial Geriatric Center St Luke's Miners Memorial Geriatric Center, a fully accredited, 48-bed, hospital-based skilled nursing facility, offers patients a home away from home. Located on the fifth floor of the Hospital, the Center provides patients with individualized, short-term rehabilitation and long-term care services. Families are encouraged to play an active part in the resident's life. To reinforce the home-like atmosphere, guests are always welcome.

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			
Stanley Costello Jr Chairman	1	X						0	0	0
Craig Zurn 1st Vice Chairman	1	X						0	0	0
Robert Ames Treasurer	1	X						0	0	0
Nancy Lesisko Secretary	1	X						0	0	0
James D Bohri MD VP of Medical Staff	1	X						0	0	0
Kalman Feinberg MD Director	1	X						0	0	0
John Kovatch III Director	1	X						0	0	0
Joseph Mussoline DO Chief of Medical Staff	1	X						0	0	0
Joseph D Perilli Esq Director	1	X						0	0	0
John Tracy Director	1	X						0	0	0
William Crossin President	1	X		X				0	204,783	43,399
Mr Thomas Lichtenwalner Ex Officio SLHN Liason and SLHN SVP Finance	1				X			0	442,215	169,725
Ralph D Richards Director - Rehabilitation	40				X			176,264	0	23,133
Karen J Smith VP Patient Services	40				X			178,511	0	37,767
Thomas D Grett Pharmacist	40					X		116,142	0	13,674
Bernard R Klemchak Dir-Hospital Support	40					X		132,285	0	28,485
Shirley A French Pharmacist	40					X		117,311	0	14,061
Melissa A Hartman Pharmacy Manager	40					X		115,216	0	16,279