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**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2010**, or tax year beginning , **2010**, and ending , **20**

G Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

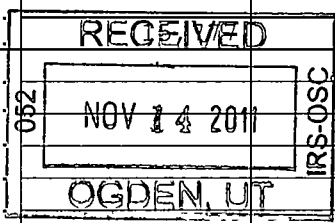
Name of foundation **SELECT MEDICAL CHARITABLE FOUNDATION** A Employer identification number **05-0597781**

Number and street (or P O box number if mail is not delivered to street address) **4716 OLD GETTYSBURG RD** Room/suite B Telephone number (see page 10 of the instructions) **717-972-1100**

City or town, state, and ZIP code **MECHANICSBURG, PA 17055** C If exemption application is pending, check here   
D 1 Foreign organizations, check here   
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation  
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 3,899** J Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_ E If private foundation status was terminated under section 507(b)(1)(A), check here   
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	15,777	SEE STATEMENT	1	
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total</b> Add lines 1 through 11				
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)				
24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23				
25	Contributions, gifts, grants paid	12,000			12,000
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	12,000			12,000
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	3,777			
b	Net investment income (if negative, enter -0-)				
c	Adjusted net income (if negative, enter -0-)				



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing . . . . .	122	3,899	3,899	
	2	Savings and temporary cash investments . . . . .				
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) . . . . .				
	c	Investments - corporate bonds (attach schedule) . . . . .				
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation ▶ (attach schedule)				
	12	Investments - mortgage loans . . . . .				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis Less accumulated depreciation ▶ (attach schedule)				
15	Other assets (describe ▶ )					
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	122	3,899	3,899		
Liabilities	17	Accounts payable and accrued expenses . . . . .				
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ▶ )				
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .					
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶</b> <input type="checkbox"/>					
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶</b> <input checked="" type="checkbox"/>					
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
29	Retained earnings, accumulated income, endowment, or other funds . . . . .	122	3,899			
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	122	3,899			
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	122	3,899			

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	122
2	Enter amount from Part I, line 27a . . . . .	3,777
3	Other increases not included in line 2 (itemize) ▶	
4	Add lines 1, 2, and 3 . . . . .	3,899
5	Decreases not included in line 2 (itemize) ▶	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	3,899

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. . . . . }		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	7,000	2,132	3.2833
2008	58,100	5,206	11.1602
2007		257	
2006	56,055	13,798	4.0625
2005	587,355	60,879	9.6479
2 Total of line 1, column (d)			28.1539
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			5.6308
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4,461
5 Multiply line 4 by line 3			25,119
6 Enter 1% of net investment income (1% of Part I, line 27b)			
7 Add lines 5 and 6			25,119
8 Enter qualifying distributions from Part XII, line 4			12,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . . Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)	1	NONE
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 . . . . .	6 a	
b	Exempt foreign organizations-tax withheld at source . . . . .	6 b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6 c	
d	Backup withholding erroneously withheld . . . . .	6 d	
7	Total credits and payments Add lines 6a through 6d . . . . .	7	
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2011 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> . . . . .	11	

**Part VII-A Statements Regarding Activities**

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

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . . 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address N/A
14 The books are in care of BRIDGET SHERICK Telephone no 717-972-8593
Located at 4716 OLD GETTYSBURG ROAD, MECHANICSBURG PA ZIP + 4 17055
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions). 2b X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010). 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  **5b**

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No **6b** X

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 2				

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000**



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	4,529
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	4,529
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,529
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	68
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,461
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	223

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	223
2a	Tax on investment income for 2010 from Part VI, line 5	2a	
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	223
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	223
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	223

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	12,000
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	12,000

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7 . . . . .				223
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only . . . . .				
b Total for prior years 20__ 20__ 20__				
3 Excess distributions carryover, if any, to 2010				
a From 2005 . . . . . 584,311				
b From 2006 . . . . . 49,810				
c From 2007 . . . . .				
d From 2008 . . . . . 57,840				
e From 2009 . . . . . 6,893				
f <b>Total</b> of lines 3a through e . . . . .	698,854			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 12,000				
a Applied to 2009, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
d Applied to 2010 distributable amount . . . . .				223
e Remaining amount distributed out of corpus . . . . .	11,777			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	710,631			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	584,311			
9 <b>Excess distributions carryover to 2011.</b> Subtract lines 7 and 8 from line 6a . . . . .	126,320			
10 Analysis of line 9				
a Excess from 2006 . . . . . 49,810				
b Excess from 2007 . . . . .				
c Excess from 2008 . . . . . 57,840				
d Excess from 2009 . . . . . 6,893				
e Excess from 2010 . . . . . 11,777				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

SEE STATEMENT 3

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 4

**b** The form in which applications should be submitted and information and materials they should include

SEE STATEMENT 5

**c** Any submission deadlines

THERE ARE DEADLINES

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE STATEMENT 6

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> SEE STATEMENT 7				12,000
<b>Total</b> ..... ▶ 3a				12,000
b <i>Approved for future payment</i>				
<b>Total</b> ..... ▶ 3b				





**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> SELECT MEDICAL CHARITABLE FOUNDATION	<b>Employer identification number</b> 05-0597781
---	---

**Organization type (check one)**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SELECT MEDICAL CHARITABLE FOUNDATION

05-0597781

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SELECT MEDICAL ----- 4716 OLD GETTYSBURG ROAD ----- MECHANICSBURG, PA 17055 -----	\$ ----- 15,777	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

# Application for Extension of Time To File an Exempt Organization Return



File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts; which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization SELECT MEDICAL CHARITABLE FOUNDATION	Employer identification number 05-0597781
	Number, street, and room or suite no. If a P O box, see instructions 4716 OLD GETTYSBURG RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MECHANICSBURG, PA 17055	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of  BRIDGET SHERICK

Telephone No  FAX No

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

calendar year 20 10 or

tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Mailed 5/9/11  
cut. # 7006 2760 0003 5004 9539

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization SELECT MEDICAL CHARITABLE FOUNDATION	Employer identification number 05-0597781
	Number, street, and room or suite no. If a P O box, see instructions 4716 OLD GETTYSBURG RD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MECHANICSBURG, PA 17055	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  Telephone No  FAX No

• If the organization does not have an office or place of business in the United States, check this box

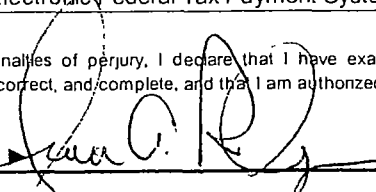
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature 

Title **VICE PRESIDENT**

Date **5-4-11**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  . . . . .

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

<b>Type or print</b>	Name of exempt organization <b>SELECT MEDICAL CHARITABLE FOUNDATION</b>	Employer identification number <b>05-0597781</b>
File by the extended due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>4716 OLD GETTYSBURG RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MECHANICSBURG, PA 17055</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  Bridget Sherick  
Telephone No  717-972-8593 FAX No  717-737-9611

• If the organization does not have an office or place of business in the United States, check this box  . . . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  . . . . . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until November 15, 2011

5 For calendar year 2010, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension Additional time is required to gather the information needed to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b> \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
8c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title  **VICE PRESIDENT**

Date  7-29-11

Mailed 8/3/11  
Ext. # 1006 2760 00035004  
9638

# Select Medical Charitable Foundation

## STATEMENT 1

## Profit & Loss Detail

January through December 2010

Type	Date	Num	Name	Split	Amount	Balance
Ordinary Income/Expense						
Income						
4 Contributed support						
4010 - Indiv/business contribution						
Sales Receipt	5/10/2010	311	Stinson, Edward	1299 Undepo	500 00	500 00
Sales Receipt	5/12/2010	269	Mosser, Darla	1299 Undepo	25 00	525 00
Sales Receipt	5/12/2010	271	Rosillo, Dirk	1299 Undepo	100 00	625 00
Sales Receipt	5/12/2010	277	Pomeranz, Bruce	1299 Undepo	100 00	725 00
Sales Receipt	5/12/2010	278	Bishop, Julie	1299 Undepo	50 00	775 00
Sales Receipt	5/12/2010	285	Baer, Krista	1299 Undepo	30 00	805 00
Sales Receipt	5/12/2010	291	Malarick, Bonnie	1299 Undepo	25 00	830 00
Sales Receipt	5/12/2010	292	Kowalewski, Scarlett	1299 Undepo	25 00	855 00
Sales Receipt	5/12/2010	293	Blalock, Dena	1299 Undepo	20 00	875 00
Sales Receipt	5/12/2010	295	Seaman, Joanna	1299 Undepo	10 08	885 08
Sales Receipt	5/12/2010	303	Stump, Mary	1299 Undepo	20 00	905 08
Sales Receipt	5/12/2010	312	Zalta, Erin	1299 Undepo	15 00	920 08
Sales Receipt	5/12/2010	317	Smith, Robert	1299 Undepo	50 00	970 08
Sales Receipt	5/12/2010	320	Turner, Robert	1299 Undepo	200 00	1,170 08
Sales Receipt	5/12/2010	397	Dews, Susan	1299 Undepo	25 00	1,195 08
Sales Receipt	5/12/2010	408	Sutherland, Jennifer	1299 Undepo	100 00	1,295 08
Sales Receipt	5/13/2010	270	Stine, Jodi	1299 Undepo	20 00	1,315 08
Sales Receipt	5/13/2010	272	Danko, Sally	1299 Undepo	100 00	1,415 08
Sales Receipt	5/13/2010	276	Zettlemoyer, Dorothy	1299 Undepo	100 00	1,515 08
Sales Receipt	5/13/2010	282	Tambone, Roseann	1299 Undepo	25 00	1,540 08
Sales Receipt	5/13/2010	286	Romberger, Ronald	1299 Undepo	25 00	1,565 08
Sales Receipt	5/13/2010	287	Lutes, Adriane	1299 Undepo	100 00	1,665 08
Sales Receipt	5/13/2010	289	Woodside, Beverley	1299 Undepo	25 00	1,690 08
Sales Receipt	5/13/2010	294	Hansen, Adele	1299 Undepo	10 00	1,700 08
Sales Receipt	5/13/2010	301	Sligar, Sally	1299 Undepo	50 00	1,750 08
Sales Receipt	5/13/2010	302	Baxter, Andrew	1299 Undepo	20 00	1,770 08
Sales Receipt	5/13/2010	304	Lee, William Bryan	1299 Undepo	200 00	1,970 08
Sales Receipt	5/13/2010	305	Hadaller, Debra	1299 Undepo	20 00	1,990 08
Sales Receipt	5/13/2010	307	Baker, Wayne	1299 Undepo	50 00	2,040 08
Sales Receipt	5/13/2010	309	Maskell, Kathleen	1299 Undepo	25 00	2,065 08
Sales Receipt	5/13/2010	310	Chesnutt, Mary	1299 Undepo	10 00	2,075 08
Sales Receipt	5/13/2010	313	Walker, Wanda	1299 Undepo	25 00	2,100 08
Sales Receipt	5/13/2010	314	Warren, Margaret	1299 Undepo	50 00	2,150 08
Sales Receipt	5/13/2010	315	Klees, Sarah	1299 Undepo	20 00	2,170 08
Sales Receipt	5/13/2010	316	Gandy, Carolyn	1299 Undepo	300 00	2,470 08
Sales Receipt	5/13/2010	322	Rodriguez, Alejandra	1299 Undepo	50 00	2,520 08
Sales Receipt	5/13/2010	346	Kessler, Maili	1299 Undepo	20 00	2,540 08
Sales Receipt	5/14/2010	273	Ortenzio, Rocco-Sel	1299 Undepo	750 00	3,290 08
Sales Receipt	5/14/2010	274	Doviak, Monica	1299 Undepo	20 00	3,310 08
Sales Receipt	5/14/2010	284	Beauchamp, Berna	1299 Undepo	10 00	3,320 08
Sales Receipt	5/14/2010	288	Holford, Katrina	1299 Undepo	10 00	3,330 08
Sales Receipt	5/14/2010	290	Fitzgerald, Eric	1299 Undepo	20 00	3,350 08
Sales Receipt	5/14/2010	297	Campanaro, Ann M	1299 Undepo	25 00	3,375 08
Sales Receipt	5/14/2010	298	Poulos, Sarah	1299 Undepo	25 00	3,400 08
Sales Receipt	5/14/2010	306	Pereira, Gerald	1299 Undepo	100 00	3,500 08
Sales Receipt	5/14/2010	308	Reinbold, Jo Dee	1299 Undepo	25 00	3,525 08
Sales Receipt	5/14/2010	318	Crowder, Karen	1299 Undepo	1,000 00	4,525 08
Sales Receipt	5/14/2010	319	Mull, Meredith	1299 Undepo	100 00	4,625 08
Sales Receipt	5/14/2010	331	Gardner, Gladys	1299 Undepo	50 00	4,675 08
Sales Receipt	5/14/2010	370	Houston, Stacie	1299 Undepo	25 00	4,700 08
Sales Receipt	5/14/2010	376	Weber, Allison	1299 Undepo	20 00	4,720 08
Sales Receipt	5/14/2010	396	Fjellanger, Kristie	1299 Undepo	20 00	4,740 08
Sales Receipt	5/14/2010	454	Jenkins, Gayland	1299 Undepo	25 00	4,765 08
Sales Receipt	5/15/2010	299	Horst, Victoria	1299 Undepo	100 00	4,865 08
Sales Receipt	5/15/2010	300	Kolakowski, Kevin	1299 Undepo	25 00	4,890 08
Sales Receipt	5/15/2010	328	Mateicka, Kathy	1299 Undepo	50 00	4,940 08
Sales Receipt	5/15/2010	337	Clerc, Karen	1299 Undepo	25 00	4,965 08
Sales Receipt	5/15/2010	343	Rydzewski, Juli	1299 Undepo	25 00	4,990 08
Sales Receipt	5/15/2010	348	Mellon, Louis	1299 Undepo	25 00	5,015 08
Sales Receipt	5/16/2010	279	Malatesta, Michael	1299 Undepo	75 00	5,090 08
Sales Receipt	5/16/2010	280	Moore, Kenneth	1299 Undepo	250 00	5,340 08
Sales Receipt	5/16/2010	324	Padalino, Robert	1299 Undepo	100 00	5,440 08
Sales Receipt	5/17/2010	275	Dehoff, James	1299 Undepo	500 00	5,940 08
Sales Receipt	5/17/2010	283	Everst, Barbara	1299 Undepo	20 00	5,960 08

**Select Medical Charitable Foundation**  
**Profit & Loss Detail**  
 January through December 2010

Type	Date	Num	Name	Split	Amount	Balance
Sales Receipt	5/17/2010	296	Gresser, Jacklyn	1299 Undepo	100 00	6,060 08
Sales Receipt	5/17/2010	321	Schiell, Michelle	1299 Undepo	15 00	6,075 08
Sales Receipt	5/17/2010	329	Justice, Holly	1299 Undepo	25 00	6,100 08
Sales Receipt	5/17/2010	330	Leger, John	1299 Undepo	150 00	6,250 08
Sales Receipt	5/17/2010	332	Speicher, Karen	1299 Undepo	25 00	6,275 08
Sales Receipt	5/17/2010	347	Meo, Kathryn	1299 Undepo	50 00	6,325 08
Sales Receipt	5/17/2010	349	Lee, Sharon	1299 Undepo	100 00	6,425 08
Sales Receipt	5/17/2010	350	Cole, Pamela	1299 Undepo	10 00	6,435 08
Sales Receipt	5/17/2010	351	Ford, W Raymond C	1299 Undepo	100 00	6,535 08
Sales Receipt	5/18/2010	281	Ryan, Sharon	1299 Undepo	50 00	6,585 08
Sales Receipt	5/18/2010	326	Kirkpatrick, Jayne	1299 Undepo	50 00	6,635 08
Sales Receipt	5/18/2010	356	Bounanoff, Tuppen	1299 Undepo	15 00	6,650 08
Sales Receipt	5/18/2010	435	Weisse, Elaine	1299 Undepo	20 00	6,670 08
Sales Receipt	5/18/2010	452	Choinski, Stacey	1299 Undepo	15 00	6,685 08
Sales Receipt	5/19/2010	333	Strickland, Connie	1299 Undepo	300 00	6,985 08
Sales Receipt	5/19/2010	336	O'Connor, Joseph	1299 Undepo	25 00	7,010 08
Sales Receipt	5/19/2010	352	Clay, Melissa	1299 Undepo	100 00	7,110 08
Sales Receipt	5/19/2010	353	Simpson, Pamela	1299 Undepo	50 00	7,160 08
Sales Receipt	5/20/2010	325	Ortenzio, Robert-Se	1299 Undepo	750 00	7,910 08
Sales Receipt	5/20/2010	335	Moynihn, Jeanne	1299 Undepo	20 00	7,930 08
Sales Receipt	5/20/2010	345	Rhodes, James	1299 Undepo	20 00	7,950 08
Sales Receipt	5/20/2010	354	Bunch, Elma	1299 Undepo	100 00	8,050 08
Sales Receipt	5/20/2010	355	Rifkin, Lisa	1299 Undepo	25 00	8,075 08
Sales Receipt	5/20/2010	357	Marino, Martine	1299 Undepo	10 00	8,085 08
Sales Receipt	5/21/2010	327	Ressler, Rebecca	1299 Undepo	20 00	8,105 08
Sales Receipt	5/21/2010	334	Sarfaty, Beth	1299 Undepo	25 00	8,130 08
Sales Receipt	5/21/2010	340	Shannon, Tyra	1299 Undepo	100 00	8,230 08
Sales Receipt	5/21/2010	391	Jacobs, Carol Gene	1299 Undepo	10 00	8,240 08
Sales Receipt	5/21/2010	409	Dunkelberger, Mich	1299 Undepo	10 00	8,250 08
Sales Receipt	5/21/2010	424	Kaufman, Kristopher	1299 Undepo	35 00	8,285 08
Sales Receipt	5/22/2010	440	Steinhagen, Michelle	1299 Undepo	50 00	8,335 08
Sales Receipt	5/23/2010	323	Brehm, Robert	1299 Undepo	250 00	8,585 08
Sales Receipt	5/23/2010	341	Whitehead, Angela	1299 Undepo	25 00	8,610 08
Sales Receipt	5/23/2010	344	Hart, Megan	1299 Undepo	100 00	8,710 08
Sales Receipt	5/23/2010	387	Vinaja, Patricia	1299 Undepo	50 00	8,760 08
Sales Receipt	5/23/2010	418	Bragg, Rochelle	1299 Undepo	50 00	8,810 08
Sales Receipt	5/23/2010	426	Cross, Karen	1299 Undepo	25 00	8,835 08
Sales Receipt	5/23/2010	430	McLane, Kerry	1299 Undepo	150 00	8,985 08
Sales Receipt	5/24/2010	342	Hykes, Gloria	1299 Undepo	50 00	9,035 08
Sales Receipt	5/24/2010	378	Brewer, Douglas	1299 Undepo	100 00	9,135 08
Sales Receipt	5/24/2010	385	Hollander, Marcia	1299 Undepo	20 00	9,155 08
Sales Receipt	5/24/2010	386	Williams, Brian	1299 Undepo	100 00	9,255 08
Sales Receipt	5/24/2010	393	Davis, Tracy	1299 Undepo	100 00	9,355 08
Sales Receipt	5/24/2010	417	Scott, Vanda	1299 Undepo	100 00	9,455 08
Sales Receipt	5/24/2010	423	Greison, Nichole	1299 Undepo	10 00	9,465 08
Sales Receipt	5/24/2010	425	Pine, Rhonda	1299 Undepo	25 00	9,490 08
Sales Receipt	5/24/2010	428	Feighner, Barbara	1299 Undepo	25 00	9,515 08
Sales Receipt	5/25/2010	339	Palmer, Teri	1299 Undepo	25 00	9,540 08
Sales Receipt	5/25/2010	359	Bucklew, Erica	1299 Undepo	100 00	9,640 08
Sales Receipt	5/25/2010	362	Anastassatos, Vass	1299 Undepo	50 00	9,690 08
Sales Receipt	5/25/2010	389	Streif, Melinda	1299 Undepo	100 00	9,790 08
Sales Receipt	5/25/2010	394	Eillard, Tammy	1299 Undepo	50 00	9,840 08
Sales Receipt	5/25/2010	410	Kayser-Robinson, J	1299 Undepo	10 00	9,850 08
Sales Receipt	5/25/2010	411	Statema, Tiletta	1299 Undepo	50 00	9,900 08
Sales Receipt	5/25/2010	422	Krut, Margaret	1299 Undepo	25 00	9,925 08
Sales Receipt	5/25/2010	449	Melby, Larry	1299 Undepo	100 00	10,025 08
Sales Receipt	5/26/2010	338	Young, Cindy	1299 Undepo	50 00	10,075 08
Sales Receipt	5/26/2010	358	Bekelja, Victoria	1299 Undepo	20 00	10,095 08
Sales Receipt	5/26/2010	364	Bloebaum, Darren	1299 Undepo	100 00	10,195 08
Sales Receipt	5/26/2010	371	Sandage, Kim	1299 Undepo	20 00	10,215 08
Sales Receipt	5/26/2010	372	Kintz, Pat	1299 Undepo	10 00	10,225 08
Sales Receipt	5/26/2010	374	McAlister, Michael	1299 Undepo	100 00	10,325 08
Sales Receipt	5/26/2010	375	Hayward, Brandi	1299 Undepo	25 00	10,350 08
Sales Receipt	5/26/2010	377	Rehm, Sharon	1299 Undepo	25 00	10,375 08
Sales Receipt	5/26/2010	379	Batten, Pam	1299 Undepo	100 00	10,475 08
Sales Receipt	5/26/2010	395	Rogitz, Kristin	1299 Undepo	100 00	10,575 08
Sales Receipt	5/26/2010	401	Nichols, Carol	1299 Undepo	25 00	10,600 08
Sales Receipt	5/26/2010	402	Jankovich-Ludwig,	1299 Undepo	10 00	10,610 08

**Select Medical Charitable Foundation**  
**Profit & Loss Detail**  
 January through December 2010

Type	Date	Num	Name	Split	Amount	Balance	
Sales Receipt	5/26/2010	404	McBride, Francis	1299 Undepo	200 00	10,810 08	
Sales Receipt	5/26/2010	405	Schwarberg, Ryan	1299 Undepo	10 00	10,820 08	
Sales Receipt	5/26/2010	407	Tomandl, Catherine	1299 Undepo	50 00	10,870 08	
Sales Receipt	5/26/2010	414	Robinson, Danny	1299 Undepo	100 00	10,970 08	
Sales Receipt	5/26/2010	416	Morgan, Tina	1299 Undepo	25 00	10,995 08	
Sales Receipt	5/26/2010	421	Miller, Ann	1299 Undepo	25 00	11,020 08	
Sales Receipt	5/26/2010	427	Shadowen, Mary Ja	1299 Undepo	25 00	11,045 08	
Sales Receipt	5/26/2010	429	Kumar, Sulekha	1299 Undepo	25 00	11,070 08	
Sales Receipt	5/26/2010	441	Gagadam, Naveen	1299 Undepo	10 00	11,080 08	
Sales Receipt	5/26/2010	451	Lancaster, Laurie	1299 Undepo	25 00	11,105 08	
Sales Receipt	5/26/2010	453	Wisniewski, Sheri	1299 Undepo	20 00	11,125 08	
Sales Receipt	5/27/2010	360	Pierich, Marsha	1299 Undepo	25 00	11,150 08	
Sales Receipt	5/27/2010	363	Berkeland, Donn	1299 Undepo	50 00	11,200 08	
Sales Receipt	5/27/2010	366	Long, Larry	1299 Undepo	50 00	11,250 08	
Sales Receipt	5/27/2010	369	Supplee, Linda	1299 Undepo	50 00	11,300 08	
Sales Receipt	5/27/2010	381	Toliver, Ellen	1299 Undepo	100 00	11,400 08	
Sales Receipt	5/27/2010	388	Bradley, Daniel	1299 Undepo	250 00	11 650 08	
Sales Receipt	5/27/2010	390	Kupferman, Conrad	1299 Undepo	200 00	11,850 08	
Sales Receipt	5/27/2010	392	Lester, David	1299 Undepo	50 00	11,900 08	
Sales Receipt	5/27/2010	403	McHale, Kathleen	1299 Undepo	25 00	11,925 08	
Sales Receipt	5/27/2010	406	Billheimer, Ryan	1299 Undepo	60 00	11,985 08	
Sales Receipt	5/27/2010	412	Ulmer, Carol	1299 Undepo	100 00	12,085 08	
Sales Receipt	5/27/2010	419	Bollinger, Sylvia	1299 Undepo	25 00	12,110 08	
Sales Receipt	5/27/2010	436	Comer, Lisa	1299 Undepo	25 00	12,135 08	
Sales Receipt	5/27/2010	437	Hays, Kathryn	1299 Undepo	100 00	12,235 08	
Sales Receipt	5/27/2010	442	Grigonis, Antony	1299 Undepo	50 00	12,285 08	
Sales Receipt	5/27/2010	443	Scott, Nancy	1299 Undepo	20 00	12,305 08	
Sales Receipt	5/27/2010	444	Nicholson, Jennifer	1299 Undepo	10 00	12,315 08	
Sales Receipt	5/27/2010	447	Sloop, Bonnie	1299 Undepo	25 00	12,340 08	
Sales Receipt	5/27/2010	450	Serban, John	1299 Undepo	28 00	12,368 08	
Sales Receipt	5/27/2010	455	Miscellaneous Don	1299 Undepo	25 00	12,393 08	
Sales Receipt	5/27/2010	456	Kurmakov, Melissa	1299 Undepo	25 00	12,418 08	
Sales Receipt	5/27/2010	457	Lutz, Lolita	1299 Undepo	20 00	12,438 08	
Sales Receipt	5/28/2010	361	Driscoll, Philip	1299 Undepo	100 00	12,538 08	
Sales Receipt	5/28/2010	365	Davis, Kathy	1299 Undepo	100 00	12,638 08	
Sales Receipt	5/28/2010	367	Shultes, Nancy	1299 Undepo	50 00	12,688 08	
Sales Receipt	5/28/2010	368	Hennessey, Michelle	1299 Undepo	50 00	12,738 08	
Sales Receipt	5/28/2010	380	Dattilo, Annette	1299 Undepo	250 00	12,988 08	
Sales Receipt	5/28/2010	382	Wilkerson, Janice	1299 Undepo	50 00	13,038 08	
Sales Receipt	5/28/2010	383	Penick, Anita	1299 Undepo	20 00	13,058 08	
Sales Receipt	5/28/2010	384	Hall, Sari	1299 Undepo	50 00	13,108 08	
Sales Receipt	5/28/2010	400	Robertson, Rannye	1299 Undepo	25 00	13,133 08	
Sales Receipt	5/28/2010	433	Plattenburg, Jennifer	1299 Undepo	25 00	13,158 08	
Sales Receipt	5/28/2010	438	Hue, Margaret	1299 Undepo	100 00	13,258 08	
Sales Receipt	5/28/2010	445	Yost, Marjorie	1299 Undepo	50 00	13,308 08	
Sales Receipt	5/28/2010	446	Dakan, Amanda	1299 Undepo	25 00	13,333 08	
Sales Receipt	5/29/2010	373	Zytkowicz, Shirley	1299 Undepo	20 00	13,353 08	
Sales Receipt	5/29/2010	399	Caldera, Kenneth	1299 Undepo	35 00	13,388 08	
Sales Receipt	5/30/2010	415	Brooks, H M	1299 Undepo	50 00	13,438 08	
Sales Receipt	5/30/2010	420	Hadley, Jane	1299 Undepo	20 00	13,458 08	
Sales Receipt	5/31/2010	413	Erker, Gerard	1299 Undepo	50 00	13,508 08	
Sales Receipt	5/31/2010	434	Bein, Robert	1299 Undepo	25 00	13,533 08	
Sales Receipt	5/31/2010	439	Pater, Ralph	1299 Undepo	50 00	13,583 08	
Sales Receipt	5/31/2010	458	Dopp, Lisa	1299 Undepo	20 00	13,603 08	
Sales Receipt	6/1/2010	398	Davis, Teresa	1299 Undepo	50 00	13,653 08	
Sales Receipt	6/1/2010	432	Newell, Connie	1299 Undepo	20 00	13,673 08	
Sales Receipt	6/1/2010	448	Krepps, Darla	1299 Undepo	300 00	13,973 08	
Sales Receipt	6/2/2010	431	Fritsch, Frank	1299 Undepo	250 00	14,223 08	
Sales Receipt	8/11/2010	459	smith, john	1299 Undepo	0 00	14,223 08	
Sales Receipt	11/24/2010	460	Miscellaneous Don	1299 Undepo	1,553 50	15,776 58	
Total 4010 Indiv/business contribution						15,776 58	15,776 58
Total 4 Contributed support						15,776 58	15,776 58
Total Income						15,776 58	15,776 58

SELECT MEDICAL CHARITABLE FOUNDATION  
 FEIN: 05-0597781  
 STATEMENT 2

FORM 990PF, PART VIII, LINE 1 - LIST OF OFFICERS, DIRECTORS AND TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ROBERT A. ORTENZIO	DIRECTOR, PRESIDENT	NONE	NONE	NONE
S FRANK FRITSCH	DIRECTOR, VICE PRESIDENT	NONE	NONE	NONE
MICHAEL E. TARVIN	DIRECTOR, VICE PRESIDENT, SECRETARY	NONE	NONE	NONE
PATRICIA A. RICE	VICE PRESIDENT	NONE	NONE	NONE
SCOTT A ROMBERGER	TREASURER	NONE	NONE	NONE
		<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

**SELECT MEDICAL CHARITABLE FOUNDATION**  
**FEIN: 05-0597781**  
**STATEMENT 3**

FORM 990PF, PART XV, LINE 1a - INFORMATION REGARDING FOUNDATION MANAGERS

ROBERT A ORTENZIO  
C/O SELECT MEDICAL  
4716 OLD GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

**SELECT MEDICAL CHARITABLE FOUNDATION**  
**FEIN: 05-0597781**  
**STATEMENT 4**

FORM 990PF, PART XV, LINE 2a - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SELECT MEDICAL CHARITABLE FOUNDATION  
ATTENTION. HR DEPARTMENT, ALEX KURMAKOV  
4716 OLD GETTYSBURG ROAD  
MECHANICSBURG, PA 17055  
717-972-1100

**SELECT MEDICAL CHARITABLE FOUNDATION  
FEIN: 05-0597781  
STATEMENT 5**

FORM 990PF, PART XV, LINE 2b - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

THERE WAS A SPECIAL FORM TO BE USED TO REQUEST THE FUNDS. THE FORM INCLUDED A NARRATIVE, NAME, DATE, SOCIAL SECURITY # OR EMPLOYER ID, WORK LOCATION, HOUSEHOLD INCOME, ESTIMATE OF LOSS NOT COVERED BY INSURANCE OF FEDERAL, STATE, AND LOCAL ASSISTANCE AND ANY OTHER INFORMATION THE APPLICANT FELT NECESSARY.

**SELECT MEDICAL CHARITABLE FOUNDATION**  
**FEIN: 05-0597781**  
**STATEMENT 6**

FORM 990PF, PART XV, LINE 2d - RESTRICTIONS OR LIMITATIONS ON AWARDS

THERE ARE GEOGRAPHICAL RESTRICTIONS - ONLY PRESIDENTIALLY DECLARED  
DISASTER AREAS. THERE WERE PARAMETERS ON AWARDS - BASED ON RENTAL OF  
HOME OR OWNERSHIP OF HOME AND NEEDS. AWARDS WERE LIMITED TO \$10,000

**SELECT MEDICAL CHARITABLE FOUNDATION**  
**FEIN: 05-0597781**  
**STATEMENT 7**

FORM 990PF, PART XV, LINE 3a - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR</u>	<u>FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
KIMBERLY CLIBURN C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	2,500.00
SANDRA GARDNER C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	1,500.00
REBECCA PEDEN C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	1,500.00
EMMANUEL IHEMESON C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	1,500.00
TARA DAVIS C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	3,000.00
ANGELA SCHAUB C/O SELECT MEDICAL 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	NONE	N/A	VICTIMS OF PRESIDENTIALLY DECLARED DISASTERS	2,000.00
<b>TOTAL CONTRIBUTIONS PAID</b>				<u><u>12,000.00</u></u>