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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

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 ▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC % THOMAS P LICHTENWALNER Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 801 OSTRUM STREET _____ City or town, state or province, country, and ZIP or foreign postal code BETHLEHEM, PA 18015	<b>D</b> Employer identification number 25-1550350 <b>E</b> Telephone number (484) 526-4000 <b>G</b> Gross receipts \$ 54,640,352
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer THOMAS P LICHTENWALNER 801 OSTRUM STREET BETHLEHEM, PA 18015	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.SLHN.ORG	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1987 <b>M</b> State of legal domicile PA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE IN A NON-DISCRIMINATORY MANNER		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	440
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	13
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	876,670	612,259
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,650,722	53,795,489
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-160,422	-68,548
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,053	184,399
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,543,023	54,523,599
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	15,966	53,692
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	25,556,938	26,116,074
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,822,583	26,372,740
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	50,395,487	52,542,506	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,147,536	1,981,093	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	32,458,597	33,928,907
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,546,291	3,424,450
		28,912,306	30,504,457

**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

<b>Sign Here</b>	***** Signature of officer THOMAS P LICHTENWALNER SVP FINANCE/CFO Type or print name and title	2017-05-04 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Scott J Manani	Preparer's signature Scott J Manani	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486	
	Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶		
	Firm's address ▶ 200 Jefferson Park Suite 400 Whippany, NJ 079811070			Phone no (973) 898-9494		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

THE MISSION OF THE ORGANIZATION IS TO PROVIDE COMPASSIONATE, EXCELLENT QUALITY AND COST EFFECTIVE HEALTHCARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE NETWORK HAS AN UNWAVERING COMMITMENT TO EXCELLENCE AS WE CARE FOR THE SICK AND INJURED, EDUCATE PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS, AND IMPROVE ACCESS TO CARE IN THE COMMUNITIES WE SERVE PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 8,240,842 including grants of \$ 0 ) (Revenue \$ 9,056,654 ) Inpatient general medicine 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 pleuansy 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 UNIVERSITY 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 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code ) (Expenses \$ 4,691,191 including grants of \$ 0 ) (Revenue \$ 5,376,101 ) Outpatient Rehabilitation As a member of St Luke's Hospital & Health Network, the hospital is able to provide a wide range of outpatient rehabilitation services which include physical therapy, occupational therapy and speech language pathology The specially trained staff help patients with a wide variety of conditions, including tendonitis/bursitis, strains/sprains, fractures and joint replacements Additionally, Certified occupational therapists help patients restore or increase independent functional abilities with a number of programs, including splinting and hand therapy, transfer training and assistive equipment training and Certified speech-language therapists help infants, children, adolescents, adults and older adults with a number of conditions, including dysphagia, aphasia, stuttering/cluttering and apraxia/childhood developmental apraxia PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code ) (Expenses \$ 4,633,602 including grants of \$ 0 ) (Revenue \$ 5,915,880 ) Outpatient emergency department as a member of St Luke's Hospital & Health Network, the hospital is able to provide a wide range of emergency department services PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT provide a wide range of emergency department services PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O ) (Expenses \$ 29,727,990 including grants of \$ 53,692 ) (Revenue \$ 33,446,854 )

4e Total program service expenses 47,293,625

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> 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>	Yes	
<b>b</b> 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>		No
<b>c</b> 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>		No
<b>d</b> 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>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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> (see instructions)		No
<b>18</b> 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>	Yes	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

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

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THOMAS P LICHTENWALNER 801 OSTRUM STREET BETHLEHEM, PA 18015 (484) 526-4000

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MAUREEN DONOVAN CHAIR - DIRECTOR	10 00	X		X				0	0	0
(2) MARK A KENDER MD VICE CHAIRMAN - DIRECTOR	55 00	X		X				0	223,842	30,396
(3) JOHN P KWEDER JR SECRETARY/TREASURER - DIRECTOR	10 00	X		X				0	0	0
(4) JAMES D BOHRI MD DIRECTOR	10 00	X						0	0	0
(5) BARBARA ANN CONWAY DIRECTOR	10 00	X						0	0	0
(6) JOHN HART DIRECTOR	10 00	X						0	0	0
(7) JOHN F PATTON DIRECTOR	10 00	X						0	0	0
(8) MICHAEL P SABOL DO DIRECTOR	55 00	X						0	283,238	35,576
(9) BRIAN SEITZ DIRECTOR	10 00	X						0	0	0
(10) ROBERT STEVENSON DIRECTOR	10 00	X						0	0	0
(11) MARK SVERCHEK DIRECTOR	10 00	X						0	0	0
(12) WILLIAM E MOYER PRESIDENT - CSCH	55 00			X				0	344,462	56,374
(13) THOMAS P LICHTENWALNER SVP FINANCE & CFO	55 00			X				0	2,129,487	196,603
(14) KIMBERLY B SARGENT VP PATIENT CARE	55 00				X			147,043	0	34,410



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____ 24,265					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____ 19,699					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 568,295					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 24,556					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		612,259			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	Business Code 541900	53,179,708	53,179,708		
	<b>b</b> OTHER HEALTHCARE RELATED REVENUE	541900	615,781	615,781		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		53,795,489			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-4,014		-4,014	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	<b>5</b> Royalties . . . . . ▶		0			
	<b>6a</b> Gross rents	(i) Real	207			
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	207	0		
	<b>d</b> Net rental income or (loss) . . . . . ▶		207		207	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	24,557	0		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	23,259	65,832		
		<b>c</b> Gain or (loss)	1,298	-65,832		
	<b>d</b> Net gain or (loss) . . . . . ▶		-64,534		-64,534	
	<b>8a</b> Gross income from fundraising events (not including \$ 24,265 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . . <b>b</b>	27,662	27,662		
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> CAFETERIA & VENDING REVENUE	900099	184,192			184,192	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		184,192				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		54,523,599	53,795,489		115,851	

**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)

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	48,692	48,692		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	5,000	5,000		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	181,453	163,308	18,145	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	20,512,018	18,460,816	2,051,202	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	522,809	470,528	52,281	
<b>9</b>	Other employee benefits . . . . .	3,610,267	3,249,240	361,027	
<b>10</b>	Payroll taxes . . . . .	1,289,527	1,160,574	128,953	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	18,131	16,318	1,813	
<b>c</b>	Accounting . . . . .	0			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	150,995	135,896	15,099	0
<b>12</b>	Advertising and promotion . . . . .	42,845	38,560	4,285	
<b>13</b>	Office expenses . . . . .	1,089,876	980,888	108,988	
<b>14</b>	Information technology . . . . .	25,837	23,254	2,583	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	1,350,094	1,215,085	135,009	
<b>17</b>	Travel . . . . .	67,487	60,738	6,749	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	42,029	37,826	4,203	
<b>20</b>	Interest . . . . .	381,423	343,281	38,142	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,813,410	2,532,069	281,341	
<b>23</b>	Insurance . . . . .	438,465	394,618	43,847	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b>	MEDICAL SUPPLIES	7,557,691	6,801,922	755,769	0
<b>b</b>	SLPG RELATED 501(C)(3) EXP	4,665,704	4,199,133	466,571	0
<b>c</b>	PURCHASED SERVICES	3,119,906	2,807,915	311,991	0
<b>d</b>	REPAIRS & MAINTANENCE	1,176,673	1,059,006	117,667	0
<b>e</b>	All other expenses	3,432,174	3,088,958	343,216	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	52,542,506	47,293,625	5,248,881	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	1,690	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	40,224	<b>2</b>	7,249
	<b>3</b> Pledges and grants receivable, net . . . . .	2,530,097	<b>3</b>	2,185,478
	<b>4</b> Accounts receivable, net . . . . .	6,334,978	<b>4</b>	1,877,411
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	705,805	<b>8</b>	669,466
	<b>9</b> Prepaid expenses and deferred charges . . . . .	184,952	<b>9</b>	244,830
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 60,625,083		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 36,546,364	17,315,493	<b>10c</b> 24,078,719
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	787,846	<b>13</b>	301,701
	<b>14</b> Intangible assets . . . . .	824,000	<b>14</b>	824,000
	<b>15</b> Other assets See Part IV, line 11 . . . . .	3,733,512	<b>15</b>	3,740,053
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	32,458,597	<b>16</b>	33,928,907	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,710,871	<b>17</b>	2,834,003
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,910	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	829,510	<b>25</b>	590,447
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,546,291	<b>26</b>	3,424,450
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	25,624,722	<b>27</b>	28,045,824
	<b>28</b> Temporarily restricted net assets . . . . .	3,277,579	<b>28</b>	2,448,628
	<b>29</b> Permanently restricted net assets . . . . .	10,005	<b>29</b>	10,005
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	28,912,306	<b>33</b>	30,504,457	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	32,458,597	<b>34</b>	33,928,907	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,523,599
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	52,542,506
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,981,093
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	28,912,306
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-388,942
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	30,504,457

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</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	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CARBON-SCHUYLKILL 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 described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> 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 section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

**15** Public support percentage for 2014 Schedule A, Part II, line 14 **15**

**16a 33 1/3% support test—2015.** 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—2014.** If the organization did not check a 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** 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 VI 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2015**

**Open to Public Inspection**

- If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
  - Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
  - Section 527 organizations Complete Part I-A only
- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC	Employer identification number 25-1550350
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

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

(a) Filing organization's totals

(b) Affiliated group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a. If zero or less, enter -0-

**i** Subtract line 1f from line 1c. If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
  - a** Volunteers?
  - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
  - c** Media advertisements?
  - d** Mailings to members, legislators, or the public?
  - e** Publications, or published or broadcast statements?
  - f** Grants to other organizations for lobbying purposes?
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
  - i** Other activities?
- j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
	Yes		
		No	
		No	
		No	
	Yes		
	Yes		
		No	
		No	

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

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

<b>1</b>	
<b>2a</b>	
<b>2b</b>	
<b>2c</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, QUESTION 1	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE NETWORK AND ALLOCATES A PERCENTAGE OF THESE EXPENDITURES TO VARIOUS AFFILIATES THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENT TO AN OUTSIDE INDEPENDENT FIRM, (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND (3) A PERCENTAGE OF TOTAL COMPENSATION OF TWO ST LUKE'S UNIVERSITY HEALTH NETWORK SENIOR MANAGEMENT PERSONNEL THE AMOUNT ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2016 IS \$6,243

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2015**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
25-1550350

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, 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 XIII
- 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" on 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 XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	3,287,584	2,523,981	2,376,716	962,751	1,121,502
<b>b</b> Contributions . . . . .	-70,085	786,971	378,357	1,469,301	-108,446
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	758,866	23,368	231,092	55,336	50,305
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,458,633	3,287,584	2,523,981	2,376,716	962,751

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 0 410 %
  - c** Temporarily restricted endowment ▶ 99 590 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
<b>1a</b> Land . . . . .		298,580		298,580
<b>b</b> Buildings . . . . .		30,329,790	13,753,971	16,575,819
<b>c</b> Leasehold improvements . . . . .		329,474	320,804	8,670
<b>d</b> Equipment . . . . .		27,849,458	22,471,589	5,377,869
<b>e</b> Other . . . . .		1,817,781		1,817,781
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ▶				24,078,719



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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE PARENT ENTITY OF THE NETWORK AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE NETWORKS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE NETWORKS ENDOWMENT FUNDS THE NETWORKS ENDOWMENT CONSISTS OF APPROXIMATELY \$35,784,231 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND \$80,659,624 BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES PLUS THE FOLLOWING WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT SPLIT INTEREST AGREEMENTS, AND OTHER NET ASSETS THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS RETURN OBJECTIVES AND RISK PARAMETERS THE NETWORK HAS ADOPTED ENDOWMENT INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS UNDER THIS POLICY, THE RETURN OBJECTIVE FOR THE ENDOWMENT ASSETS, MEASURED OVER A FULL MARKET CYCLE, SHALL BE TO MAXIMIZE THE RETURN AGAINST A BLENDED INDEX, BASED ON THE ENDOWMENTS TARGET ALLOCATION APPLIED TO THE APPROPRIATE INDIVIDUAL BENCHMARKS THE NETWORK EXPECTS ITS ENDOWMENT FUNDS OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN APPROXIMATING THE S&amp;P 500 STOCK INDEX (DOMESTIC PORTION), MSCI EAFE INDEX (INTERNATIONAL PORTION) AND LEHMAN BROTHERS INTERMEDIATE GOVERNMENT/CORPORATE INDEX (BOND PORTION) ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THE INDEX RETURN AMOUNTS STRATEGIES EMPLOYED FOR ACHIEVING INVESTMENT OBJECTIVES TO ACHIEVE ITS LONG-TERM RATE OF RETURN OBJECTIVES, THE NETWORK RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED GAINS) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE NETWORK TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS ENDOWMENT SPENDING ALLOCATION AND RELATIONSHIP OF SPENDING POLICY TO INVESTMENT OBJECTIVES THE BOARD OF TRUSTEES OF THE NETWORK DETERMINES THE METHOD TO BE USED TO APPROPRIATE ENDOWMENT FUNDS FOR EXPENDITURE CALCULATIONS ARE PERFORMED FOR INDIVIDUAL ENDOWMENT FUNDS AT A RATE OF 4 5% OF A THREE-YEAR MOVING AVERAGE MARKET VALUE WITH A MINIMUM INCREASE OF 0% AND A MAXIMUM INCREASE OF 10% PER YEAR OVER THE PREVIOUS YEARS SPENDING AMOUNT THE TOTAL IS REDUCED BY THE INCOME DISTRIBUTED FROM THE ENDOWMENT FUND IN ACCORDANCE WITH THE PREFERENCES/RESTRICTIONS MADE BY THE DONORS THE CORRESPONDING CALCULATED SPENDING ALLOCATIONS ARE DISTRIBUTED ANNUALLY BY JUNE 30 IN ESTABLISHING THIS POLICY, THE BOARD CONSIDERED THE EXPECTED LONG TERM RATE OF RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, THE NETWORK EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% PERCENT ANNUALLY, CONSISTENT WITH ITS INTENTION TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS</p>

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<b>GARDEN PARTY</b> (event type)	 (event type)	<b>0</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	51,927			51,927
	<b>2</b> Less Contributions . . . . .	24,265			24,265
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	27,662			27,662
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	17,966			17,966
	<b>7</b> Food and beverages . . . . .	5,450			5,450
	<b>8</b> Entertainment . . . . .	800			800
	<b>9</b> Other direct expenses . . . . .	3,446			3,446
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				27,662
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

## 2015

**Open to Public Inspection**

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

**Employer identification number**  
25-1550350

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			899,159	0	899,159	1 710 %
<b>b</b> Medicaid (from Worksheet 3, column a)			8,560,244	6,690,920	1,869,324	3 560 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs			9,459,403	6,690,920	2,768,483	5 270 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			535,070	250,165	284,905	0 540 %
<b>f</b> Health professions education (from Worksheet 5)			0	0	0	0 %
<b>g</b> Subsidized health services (from Worksheet 6)			2,691,138	680,855	2,010,283	3 830 %
<b>h</b> Research (from Worksheet 7)			0	0	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			58,988	0	58,988	0 110 %
<b>j</b> <b>Total</b> Other Benefits			3,285,196	931,020	2,354,176	4 480 %
<b>k</b> <b>Total.</b> Add lines 7d and 7j			12,744,599	7,621,940	5,122,659	9 750 %

**Part II Community Building Activities**

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	<b>Total</b>					

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did 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. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	3,986,685
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	3	847,171
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	15,482,152
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	14,320,694
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	1,161,458
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 Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ST LUKE'S MINERS MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 ..... If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.slhn.org</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	Yes	
<b>a</b>	If "Yes" (list url) <u>www.slhn.org</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ST LUKE'S MINERS MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SLHN ORG		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b> Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

ST LUKE'S MINERS MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

**19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .

	Yes	No
<b>19</b>		No

If "Yes," check all actions in which the hospital facility or a third party engaged

- a**  Reporting to credit agency(ies)
- b**  Selling an individual's debt to another party
- c**  Actions that require a legal or judicial process
- d**  Other similar actions (describe in Section C)

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a**  Notified individuals of the financial assistance policy on admission
- b**  Notified individuals of the financial assistance policy prior to discharge
- c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**  Other (describe in Section C)
- f**  None of these efforts were made

**Policy Relating to Emergency Medical Care**

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

<b>21</b>	Yes	
-----------	-----	--

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d**  Other (describe in Section C)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Section C)

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

<b>23</b>		No
<b>24</b>		No

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 16

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 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 financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.)
- 6 Affiliated health care system.** 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
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>THE GRANTING OF FINANCIAL ASSISTANCE SHALL BE BASED ON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED, AND SHALL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRANT STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION. IN ADDITION TO THE FEDERAL POVERTY GUIDELINES ELIGIBILITY CRITERIA NOTED, ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE CONSIDERED FOR THOSE INDIVIDUALS WHO ARE UNINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTHCARE BENEFIT PROGRAM, AND THOSE WHO ARE UNABLE TO PAY FOR THEIR CARE, BASED UPON DETERMINATION OF FINANCIAL NEED IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF ST. LUKES UNIVERSITY HEALTH NETWORK. THERE ARE INSTANCES WHEN A PATIENT APPEARS TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO LACK OF SUPPORTING DOCUMENTATION. OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT OR OBTAINED THROUGH OTHER SOURCES, WHICH COULD PROVIDE SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH FINANCIAL ASSISTANCE. IN THE EVENT THERE IS NO EVIDENCE TO SUPPORT A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, ST. LUKES UNIVERSITY HEALTH NETWORK MAY USE OUTSIDE AGENCIES IN DETERMINING ESTIMATED INCOME AMOUNTS FOR THE BASIS OF DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY AND POTENTIAL DISCOUNT AMOUNTS. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCE THAT MAY INCLUDE: - STATE-FUNDED PRESCRIPTION PROGRAMS, - HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC, - PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), - FOOD STAMP ELIGIBILITY, - SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, - ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G., MEDICAID SPEND DOWN), - LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS, - PATIENT IS DECEASED WITH NO KNOWN ESTATE, - DECLARED CHAPTER 7 BANKRUPTCY AND CARE WAS INCURRED PRIOR TO BANKRUPTCY, AND - DECLARED CHAPTER 13 BANKRUPTCY AND PATIENT WILL HAVE UNPAID BALANCE AFTER THE PAYMENT SCHEDULE IS RECEIVED. ADDITIONALLY, PRESUMPTIVE ELIGIBILITY MIGHT INCLUDE THE USE OF EXTERNAL PUBLICALLY AVAILABLE DATA SOURCES THAT PROVIDE INFORMATION ON A PATIENT'S OR A PATIENT'S GUARANTORS ABILITY TO PAY (SUCH AS CREDIT SCORING). ONCE DETERMINED, DUE TO THE INHERENT NATURE OF THE PRESUMPTIVE CIRCUMSTANCES, THE PATIENT MAY BE ELIGIBLE FOR UP TO 100% WRITE OFF OF THE ACCOUNT BALANCE. ST. LUKES UNIVERSITY HEALTH NETWORK WILL PROVIDE, WITHOUT DISCRIMINATION, CARE FOR ALL EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF THEIR FINANCIAL ASSISTANCE ELIGIBILITY OR ABILITY TO PAY. IT IS THE POLICY OF ST. LUKES UNIVERSITY HEALTH NETWORK TO COMPLY WITH THE STANDARDS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR TRANSPORT ACT OF 1986 ("EMTALA") AND THE EMTALA REGULATIONS IN PROVIDING A MEDICAL SCREENING EXAMINATION AND SUCH FURTHER TREATMENT AS MAY BE NECESSARY TO STABILIZE AN EMERGENCY MEDICAL CONDITION FOR ANY INDIVIDUAL COMING TO THE EMERGENCY DEPARTMENT SEEKING TREATMENT.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE StrataJazz Decision Support/Cost Accounting System ("stratajazz") WAS THE TOOL UTILIZED TO DETERMINE THE COST OF FINANCIAL ASSISTANCE, UNREIMBURSED MEDICAID, MEDICAID HMO AND SUBSIDIZED HEALTH SERVICES THE ENTIRE ACTIVITY WAS COSTED THROUGH THE stratajazz 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, CHARITY CARE, BAD DEBT, AND ALL OVERLAPPING CASES REPORTED ELSEWHERE WERE EXCLUDED THE RATIO OF PATIENT CARE COST TO CHARGES WAS UTILIZED TO DETERMINE THE CHARITY CARE THE DEVELOPMENT OF THE RATIO CONFORMS TO THE FORM 990 INSTRUCTIONS THE MEDICARE SHORTFALL/SURPLUS WAS DETERMINED USING THE MEDICARE COMPLEX COST REPORTING FORM UTILIZING ALLOWABLE MEDICARE COSTS

Form and Line Reference	Explanation
SCHEDULE H, PART II	CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC 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 THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 4</p>	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE ORGANIZATION'S BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION PATIENT ACCOUNTS RECEIVABLE -----  ----- THE NETWORKS PATIENT ACCOUNTS RECEIVABLE CONSIST OF UNSECURED AMOUNTS DUE FOR PATIENT SERVICES BILLED TO PATIENTS AND OTHER THIRD-PARTY PAYORS SUCH AS MEDICARE, MEDICAL ASSISTANCE, BLUE CROSS AND VARIOUS COMMERCIAL INSURANCE COMPANIES AND MANAGED CARE COMPANIES THE PRIMARY SERVICE AREA OF THE NETWORK IS LOCATED IN LEHIGH, NORTHAMPTON, CARBON, SCHUYLKILL AND BUCKS COUNTIES, PENNSYLVANIA AND WARREN COUNTY, NEW JERSEY THE ABILITY OF THESE PATIENTS TO PAY IS SUBJECT TO CHANGES IN GENERAL ECONOMIC CONDITIONS OF THE NETWORKS SERVICE AREA THE NETWORK PERFORMS ONGOING CREDIT EVALUATIONS AND MAINTAINS RESERVES FOR POTENTIAL CREDIT LOSSES ALLOWANCE FOR DOUBTFUL ACCOUNTS ----- THE NETWORK RECORDS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM THE UNWILLINGNESS OF PATIENTS TO MAKE PAYMENTS FOR SERVICES THE ALLOWANCE IS DETERMINED BY ANALYZING HISTORICAL DATA AND TRENDS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND COLLECTION EFFORTS CEASE CHARITY CARE ----- THE NETWORK PROVIDES CARE TO ALL PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES CHARGES FOR SERVICES TO PATIENTS WHO MEET THE NETWORK'S GUIDELINES FOR CHARITY CARE ARE NOT REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE CHARGES ASSOCIATED WITH THESE SERVICES FOR CHARITY CARE PROVIDED BY THE NETWORK APPROXIMATE \$92,383,053 AND \$78,761,201 IN 2016 AND 2015, RESPECTIVELY THE COSTS INCURRED TO PROVIDE SUCH CARE IS DETERMINED USING A COST TO CHARGE RATIO AND WERE APPROXIMATELY \$12,500,000 AND \$10,900,000 FOR 2016 AND 2015, RESPECTIVELY</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1.501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE M</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>EDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 54 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID - SO CALLED ELIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>ST LUKES UNIVERSITY HEALTH NETWORK MANAGEMENT DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENTS GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ST LUKES UNIVERSITY HEALTH NETWORK AND A PATIENTS GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS THE CREDIT AND COLLECTION POLICY IS ESTABLISHED AND IS TO BE ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING THE NETWORK'S FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT ST LUKES UNIVERSITY HEALTH NETWORK WILL NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF ABILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR ST LUKE'S FINANCIAL ASSISTANCE PROGRAM ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICE THIS CREDIT AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE PATIENTS WILL BE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES WHENEVER POSSIBLE ALL PATIENT BUSINESS SERVICE DEPARTMENT REPRESENTATIVES WILL BE EDUCATED ON ALL ASPECTS OF THE CREDIT AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS PATIENT BUSINESS SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY THE CREDIT AND COLLECTION POLICY IS TO BE ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES THE SENIOR VICE PRESIDENT AND VICE PRESIDENT OF FINANCE HAVE OVERALL RESPONSIBILITY FOR THE CREDIT AND COLLECTION ACTIVITIES OF THE HOSPITAL THE BUSINESS OFFICE MANAGEMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES ST LUKES UNIVERSITY HEALTH NETWORK MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>ST LUKE'S UNIVERSITY HEALTH NETWORK'S DEPARTMENT OF COMMUNITY HEALTH AND PREVENTIVE MEDICINE OVERSEES ASSESSMENT OF THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY HOSPITALS WITHIN THE NETWORK. THE DEPARTMENT IS CHAIRED BY DR. BONNIE COYLE, BOARD CERTIFIED IN PREVENTATIVE MEDICINE, WITH OVER 16 YEARS' EXPERIENCE IN PUBLIC AND PREVENTATIVE HEALTH. ANALYSIS OF INFORMATION FROM THE FOLLOWING SOURCES IS PART OF THE DEPARTMENT'S ONGOING HEALTH NEEDS ASSESSMENT PROCESS: VITAL STATISTICS, PENNSYLVANIA DEPARTMENT OF HEALTH DATA, HOSPITAL DISCHARGE DATA, THE ROBERT WOOD JOHNSON COUNTY HEALTH PROFILES AND OTHER COUNTY DATA AVAILABLE FROM VARIOUS OTHER STATE AGENCIES. IN ADDITION, THE DEPARTMENT COLLECTS ONGOING STATISTICS FROM ITS COMPREHENSIVE COMMUNITY-BASED PROGRAMMING INITIATIVES AND FROM ESTABLISHED COLLABORATIVE PARTNERSHIPS. THE ADOPT A SCHOOL MODEL IS A COMPREHENSIVE APPROACH USING SUCCESSFUL AND OUTCOMES-DRIVEN WORK WITHIN THE PANTHER VALLEY SCHOOL DISTRICT, WHILE CREATING A MODEL OF SERVICE THAT COULD BE IMPLEMENTED IN OTHER URBAN AND RURAL SCHOOL DISTRICTS WITH MINOR ACCOMMODATIONS. THIS ALLOWED US TO BETTER ADDRESS THE NEEDS OF OUR EXPANDING SERVICE AREAS AS OUR ORGANIZATION GREW TO A 7-CAMPUS HOSPITAL NETWORK. WE NOW SPEARHEAD A NATIONAL MODEL OF COLLABORATION WITH 200+ PARTNERS NETWORK-WIDE REPRESENTING LOCAL BUSINESSES, GOVERNMENT, EDUCATIONAL, SOCIAL SERVICE AND COMMUNITY ORGANIZATIONS. A NUMBER OF OUR CHINA DETERMINED HEALTH PRIORITIES ARE ADDRESSED AMONG OUR VULNERABLE POPULATIONS USING THE ADOPT A SCHOOL MODEL. THE MISSION OF THE ADOPT A SCHOOL MODEL IS TO CREATE AN ENVIRONMENT WHERE THE PANTHER VALLEY AREA SCHOOL DISTRICT IS THE HUB TO CULTIVATE THE PHYSICAL AND MENTAL WELL-BEING OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITY THROUGH COLLABORATIVE PARTNERSHIPS, USING EVIDENCE-BASED PROGRAMS, TO CONNECT FAMILIES TO HEALTH SERVICES (MEDICAL, DENTAL, VISION, MENTAL HEALTH AND INSURANCE) WHILE PROMOTING HEALTHY LIVING INITIATIVES, LITERACY AND LEADERSHIP TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS. BASED ON THE IDENTIFIED NEEDS AND PRIORITIES, EACH HOSPITAL CAMPUS DEVELOPS PLANS AND PROGRAMS TO IMPROVE THE HEALTH OF THOSE IN THE COMMUNITIES. THROUGH OUR PARTNERSHIP EFFORTS AND INITIATIVES, WE PROVIDE MOBILE YOUTH HEALTH SERVICES (CONNECTING STUDENTS TO MEDICAL, DENTAL &amp; VISION VANS, INSURANCE, PHYSICAL, BEHAVIORAL, AND MENTAL HEALTH ASSESSMENTS AND SERVICES), HEALTHY LIVING INITIATIVES (GET YOUR TAIL ON THE TRAIL, LIVE YOUR LIFE, SCHOOL GARDENS AND NUTRITION PROGRAMS), LITERACY PROGRAMS (DR. SEUSS DAY, READING ROCKS! AND LITTLE FREE LIBRARIES), AND YOUTH DEVELOPMENT (LEADER IN ME AND ADOLESCENT CAREER MENTORING). OUR INITIATIVES ARE CONTINUALLY ASSESSED AND EVALUATED TO PROVIDE MEASURABLE AND EFFECTIVE HEALTH OUTCOMES. LOCAL SCHOOL COORDINATORS AND COMMUNITY LEADERSHIP COMMITTEES ASSESS, EVALUATE AND GUIDE THE INITIATIVES THAT FEED INTO THE ST. LUKES ADOPT A SCHOOL MODEL USING EVIDENCE-BASED PROGRAMS/SERVICES.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	<p>ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE SERVICES TO OUR COMMUNITY ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS ALL PATIENTS WILL RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT ALL OF OUR FACILITIES, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER OR SEXUAL ORIENTATION FACTORS ST LUKES UNIVERSITY HEALTH NETWORK STRIVES TO ENSURE THAT ALL PATIENTS RECEIVE ESSENTIAL EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY ST LUKES UNIVERSITY HEALTH NETWORK IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION ALL PERSONS WHO PRESENT THEMSELVES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES SHALL BE ADMITTED AND TREATED, THEY SHALL BE REGISTERED AS PATIENTS OF THE HOSPITAL AND SHALL RECEIVE THOSE NECESSARY SERVICES AS PRESCRIBED BY THE PATIENTS PHYSICIAN IN NO CASE SHALL ANY PROSPECTIVE PATIENT OF ST LUKES UNIVERSITY HEALTH NETWORK BE DENIED NECESSARY HEALTH CARE SERVICES ON THE BASIS OF THEIR ABILITY TO PAY ST LUKES UNIVERSITY HEALTH NETWORK DOES ITS BEST TO EDUCATE AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THE BENEFIT OF OUR PATIENTS THE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE ALL AVAILABLE ON-LINE ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE THE HOSPITAL FACILITY REGISTRATION AREAS WHICH INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS, AND PATIENT FINANCIAL SERVICES SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH ITS COMMUNICATION DEPARTMENT, ST LUKES UNIVERSITY HEALTH NETWORK ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE REFERRAL OF PATIENTS FINANCIAL ASSISTANCE CAN BE MADE BY A MEMBER OF THE HOSPITAL STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	<p>ST LUKE'S UNIVERSITY HEALTH NETWORKS (SLUHNS) MINERS CAMPUS IS LOCATED IN COALDALE, PENNSYLVANIA IN SCHUYLKILL COUNTY IN NORTHERN PENNSYLVANIA THIS AREA IS HISTORICALLY KNOWN FOR ITS COAL MINING SITES, IT IS SPECIFICALLY KNOWN FOR ITS LARGE QUANTITIES OF ANTHRACITE COAL THE HOSPITAL WAS FOUNDED IN 1910 AND OFFICIALLY JOINED SLUHN IN 2000 GREATER THAN 11,000 PEOPLE RECEIVE SERVICES FROM THIS HOSPITAL PER YEAR THE FOLLOWING INFORMATION REGARDING THE COMMUNITY DEMOGRAPHICS IS INCLUDED IN THE ORGANIZATIONS CHNA GEOGRAPHIC DESCRIPTION OF MEDICAL SERVICE AREA &amp; COMMUNITY SERVED</p> <p>===== WE DEFINED OUR SERVICE AREA FOR THE CHNA BY DETERMINING THE TOP PATIENT ZIP CODES OF OUR RESIDENTS WHO RECEIVE SERVICES FROM EACH CAMPUS WE DEFINED THE TOP ZIP CODES AS THOSE THAT MAKE UP 80% OF THE POPULATION SERVED BY THE HOSPITAL CAMPUS A TOTAL OF 10 ZIP CODES COMPRISED OF 63,015 PEOPLE LIVE IN THE 288 98 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (2009-13) 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS SERVICE AREA, ESTIMATED AT 218 06 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 88 23 PERSONS PER SQUARE MILE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN THE REPORT AREA GREW BY 3,157 PEOPLE, A CHANGE OF 5 43% THIS PERCENT POPULATION CHANGE IS SLIGHTLY HIGHER THAN THE POPULATION CHANGE IN PENNSYLVANIA (3 43%), BUT LOWER THAN THE POPULATION CHANGE IN THE U S (9 74%) SCHUYLKILL COUNTY ACTUALLY SAW A DECREASE IN POPULATION, REPRESENTING A NEGATIVE CHANGE OF 1 36% GENDER ===== ACCORDING TO THE AMERICAN COMMUNITY SURVEY (ACS, 2009-13) FEMALES REPRESENT 50 65% OF THE POPULATION IN THE ST LUKES MINERS SERVICE AREA AND MALES REPRESENT 49 28% OF THE POPULATION AGE === IN THE ST LUKES MINERS SERVICE AREA, 21 1% OF THE POPULATION ARE UNDER THE AGE OF 18 AND 18 34% OF THE POPULATION IS OVER THE AGE OF 65 (ACS, 2009-13) THIS MEANS THAT 60 56% OF THE POPULATION LIES IN THE AGE RANGE BETWEEN 18 AND 64 YEARS OLD THIS AGE DISTRIBUTION IS MIRRORED IN THE DISTRIBUTION OF PATIENTS SEEN AT ST LUKES MINERS IN 2014 FROM ST LUKES INTERNAL REVIEWS, WHERE A LARGE PORTION OF PATIENTS SEEN FELL IN THE 45-64 AGE RANGE THE 65 AND ABOVE AGE RANGE WAS THE SECOND POPULATION MOST SEEN, WHICH WAS LIKELY BECAUSE THE ELDERLY REPRESENT A VULNERABLE POPULATION THAT TENDS TO UTILIZE HEALTH SERVICES BECAUSE OF THE PREVALENCE OF CHRONIC DISEASE AMONG THIS POPULATION RACE ==== WHEN THE ST LUKES MINERS SERVICE AREA POPULATION IS BROKEN DOWN BY RACE, THE MAJORITY OF THE POPULATION IN THE SERVICE AREA (96 08%) IDENTIFY AS WHITE (ACS, 2009-13) THE RACE WITH THE SECOND HIGHEST PERCENTAGE WAS THOSE WHO IDENTIFY AS BLACK (1 83%), WHICH IS A MUCH SMALLER PERCENTAGE THAN THE PERCENTAGE OF WHITES IN THE ST LUKES MINERS SERVICE AREA ETHNICITY ===== ST LUKES MINERS SERVICE AREA, 96 75% OF OUR POPULATION IDENTIFIES AS NON-HISPANIC AND 3 25% OF OUR POPULATION IDENTIFIES AS HISPANIC OR LATINO (ACS, 2009-13) THIS PERCENTAGE OF HISPANIC OR LATINO POPULATION IS SMALL COMPARED TO THE PERCENT OF THE POPULATION IDENTIFYING AS HISPANIC OR LATINO AT ST LUKES BETHLEHEM AND ST LUKES ALLENTOWN POVERTY ===== ACCORDING TO THE AMERICAN COMMUNITY SURVEY (ACS, 2009-13), 35 3% OF THE POPULATION IN THE ST LUKES MINERS SERVICE AREA HAVE INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) THIS PERCENTAGE IS HIGHER THAN BOTH THE PERCENT OF THE POPULATION LIVING AT OR BELOW 200% OF THE FPL IN PENNSYLVANIA (30 51%) AND IN THE U S AS A WHOLE (34 23%) THERE ARE REGIONS OF THE ST LUKES MINERS SERVICE AREA THAT HAVE 26 1%-38% AND 38 1%-50% OF THE POPULATION LIVING AT OR BELOW 200% OF THE FPL ADDITIONALLY, THERE IS A SMALL REGION WITHIN THE ZIP CODES 18240 AND 18252, WHERE OVER HALF OF THE POPULATION HAS INCOMES AT OR BELOW THIS LEVEL</p>

Form and Line Reference	Explanation
5 SCHEDULE H, PART VI, QUESTION 5	THE ENTIRE ST LUKE'S UNIVERSITY HEALTH NETWORK PROMOTES THE HEALTH OF THE COMMUNITY ON A DAILY BASIS THROUGHOUT THE YEAR THE NETWORK COORDINATES AND OFFERS NUMEROUS COMMUNITY BENEFIT PROGRAMS, ACTIVITIES AND SUPPORT GROUPS TO THE COMMUNITY, WITH A SPECIAL EMPHASIS ON OUR VULNERABLE POPULATIONS PLEASE REFER TO SCHEDULE O FOR A DETAILED COMMUNITY BENEFIT STATEMENT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>             OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE ST LUKE'S UNIVERSITY HEALTH NETWORK NOT FOR-PROFIT ST LUKE'S UNIVERSITY HEALTH NETWORK ENTITIES =====              ===== ST LUKE'S HEALTH NETWORK, INC ----- ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT OF THE ST LUK E'S UNIVERSITY HEALTH NETWORK ("ST LUKE'S") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM C ONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THIS ORGANIZATION IS THE SOLE M EMBER OR STOCKHOLDER OF EACH AFFILIATED ENTITY ST LUKE'S IS AN INTEGRATED NETWORK OF HEA LTHCARE PROVIDERS THROUGHOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY ST LUKE'S HEALTH NETWORK, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IN TERNAL REVENUE CODE 509(A)(3) AS THE PARENT ORGANIZATION, ST LUKE'S HEALTH NETWORK, INC STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROV IDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HE ALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA AND NEW JERSEY AND SURROUNDING COMMUNIT IES ST LUKE'S HEALTH NETWORK, INC ENSURES THAT ITS NETWORK PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL OR IGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SER VICES ST LUKE'S ACTIVE HOSPITALS INCLUDE ST LUKE'S HOSPITAL OF BETHLEHEM, PA, ST LUKE' S QUAKERTOWN HOSPITAL, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC , ST LUKE'S HOSPITAL AND ERSON CAMPUS AND ST LUKE'S WARREN HOSPITAL EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 EACH PROVIDES MEDIC ALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUD ING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 EACH OPERATES AN ACTIVE EME RGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEA R, 3 EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS, 4 CONTROL OF EACH RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS O F ST LUKE'S HEALTH NETWORK, INC BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT C IVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED T O IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES ST LUKE'S CARE, LLC ----- A LIMITED LIABILIT Y COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HEALTH NETWORK, INC THIS ENTITY IS LOCATED IN ALLENTOWN PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INAC TIVE BUT WILL BE A CLINICALLY INTEGRATED NETWORK GOING FORWARD ST LUKE'S SHARED SAVINGS PLAN, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HEALTH NETWORK, INC THIS ENTITY IS LOCATE D IN ALLENTOWN PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INACTIVE ST LUKE'S HOSPITAL O F BETHLEHEM, PENNSYLVANIA ----- ST LUKE'S HOSPIT AL OF BETHLEHEM, PENNSYLVANIA IS COMPRISED OF TWO NON-PROFIT HOSPITAL CAMPUSES A 480-BED CAMPUS IN BETHLEHEM, PENNSYLVANIA AND A 158 BED CAMPUS IN ALLENTOWN, PENNSYLVANIA ST LUK E'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A N INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURP OSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST L UKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 CANCER IMMUNOTHERAPIES, LLC ----- A L LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S H OSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S AIRMED, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S HOMESTAR SERVICES, LLC ----- A LIMITED L IABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SERVICES IN BETHLEHEM, PENNSYLVANIA ST LUKE'S WINDGAP PROPERTY, LLC ----- A LIMITED LIABILIT Y COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BET HLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE POCONO MRI IMAGING AND DIAGNOSTIC CENTER, LLC -----           </p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY PROVIDES OUTPATIENT SERVICES IN BETHLEHEM, PENNSYLVANIA EVANTAGE HEALTH, LLC ----- A LIMITED LIABILITY COMPANY DISREGARDED FOR FEDERAL INCOME TAX PURPOSES OWNED BY ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA THIS ENTITY IS CURRENTLY INACTIVE ST LUKE'S HOSPITAL ANDERSON CAMPUS ----- ST LUKE'S HOSPITAL ANDERSON CAMPUS IS A 108-BED NON-PROFIT HOSPITAL LOCATED IN EASTON, PENNSYLVANIA ST LUKE'S HOSPITAL ANDERSON CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSPITAL ANDERSON CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S QUAKERTOWN HOSPITAL ----- ST LUKE'S QUAKERTOWN HOSPITAL IS A 62-BED NON-PROFIT HOSPITAL LOCATED IN QUAKERTOWN, PENNSYLVANIA ST LUKE'S QUAKERTOWN HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S QUAKERTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC ----- CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC IS A 45-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN COALDALE, PENNSYLVANIA CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S HOSPITAL MONROE CAMPUS ----- ST LUKE'S HOSPITAL MONROE CAMPUS OPENED ON OCTOBER 1, 2016 AND IS A 108-BED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN BARTONSVILLE, PENNSYLVANIA, MONROE COUNTY ST LUKE'S HOSPITAL MONROE CAMPUS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S HOSPITAL MONROE CAMPUS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 THIS ORGANIZATION WAS INACTIVE DURING THE CURRENT FISCAL YEAR ST LUKE'S WARREN HOSPITAL, INC ----- ST LUKE'S WARREN HOSPITAL, INC IS A 198-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN PHILLIPSBURG, NEW JERSEY ST LUKE'S WARREN HOSPITAL, INC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, ST LUKE'S WARREN HOSPITAL, INC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ST LUKE'S WARREN HOSPITAL FOUNDATION, INC ----- ST LUKE'S WARREN HOSPITAL FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)</p>

Form and Line Reference	Explanation
7 SCHEDULE H, PART VI, QUESTION	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA AND NEW JERSEY NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY

**Schedule H (Form 990) 2015**

## Additional Data

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

### Form 990 Schedule H, Part V Section A. Hospital Facilities

#### Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CARBON-SCHUYLKILL COMMUNITY HOSPITAL 360 WEST RUDDLE STREET COALDALE, PA 18218 WWW.SLHN.ORG 036801	X	X					X			

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> Physical Therapy at St Luke's 219 Claremont Ave Tamaqua, PA 18252	Outpatient Services - Physical Therapy
<b>1</b> Physical Therapy at St Luke's 693 Route 903 Jim Thorpe, PA 18229	Outpatient Services - Physical Therapy & Blood Draw Lab
<b>2</b> Physical Therapy at St Luke's 801 East Broad St Tamaqua, PA 18252	Outpatient Services - Physical Therapy
<b>3</b> Lehighon Medical Associates 1001 Mahoning St Lehighon, PA 18235	Outpatient Services - Blood Draw Lab
<b>4</b> St Luke's Sports & Rehab Route 940 and Maple Rd Blakeslee, PA 18610	Outpatient Services - Physical Therapy
<b>5</b> Physical Therapy at St Luke's 212 West Centre Street Mahanoy City, PA 17981	Outpatient Services - Physical Therapy
<b>6</b> St Luke's Miner's Hlth Ctr-Nesquehoning 108 West Catawissa St Nesquehoning, PA 18240	Outpatient Services - Family Medicine Clinic
<b>7</b> Physical Therapy at St Luke's 1730 East Broad St Hazleton, PA 18201	Outpatient Services - Physical Therapy
<b>8</b> Tamaqua Medical Center 120 Pine Street Tamaqua, PA 18252	Outpatient Services - Various
<b>9</b> St Luke's Miner's Health Center-McAdoo 14 North Kennedy Drive McAdoo, PA 18237	Outpatient Services - Family Medicine Clinic
<b>10</b> St Luke's Miner's Health Ctr - Hometown 253 Claremont Avenue Tamaqua, PA 18252	Outpatient Services - Family Medicine Clinic
<b>11</b> St Luke's Miners Wound Care Center 1299 East Broad Street Tamaqua, PA 18252	Outpatient Services - Wound Care
<b>12</b> Albrightsville Family Practice 2599 Street Route 903 Albrightsville, PA 18210	Outpatient Services - Blood Draw Lab
<b>13</b> St Luke's Sports & Rehab 7 Village Center Mall Andreas, PA 18211	Outpatient Services - Physical Therapy
<b>14</b> St Luke's Miner's Blood Draw Lab 2854 Route 309 Kidder Township, PA 18210	Outpatient Services - Blood Draw Lab

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

---

Name and address

Type of Facility (describe)

**16** St Luke's Primary Care Blood Draw Lab  
1114 East Catawissa St  
Nesquehoning, PA 18240

Outpatient Services - Blood Draw Lab

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number 25-1550350

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE NETWORK'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOROUGH OF COALDALE PO BOX 96 COALDALE, PA 18218	23-6004889		34,000				PROGRAM SUPPORT
MARIAN CATHOLIC HIGH SCHOOL 166 Marian Ave Tamaqua, PA 18252	23-1445630		13,035				PROGRAM SUPPORT

**Schedule J**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC	Employer identification number 25-1550350
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 indemnification 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)		
<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 indemnification 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>b</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 of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input 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				
<input checked="" type="checkbox"/> Compensation committee	<input 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									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> 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.	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	Yes								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	Yes								
<b>7</b> For persons listed on 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.	<b>7</b>	Yes								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK A KENDER MD VICE CHAIRMAN - DIRECTOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	223,605	0	237	5,871	24,525	254,238	0
2 MICHAEL P SABOL DO DIRECTOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	238,294	21,970	22,974	6,625	28,951	318,814	0
3 WILLIAM E MOYER PRESIDENT - CSCH	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	242,192	101,820	450	44,904	11,470	400,836	0
4 THOMAS P LICHTENWALNER SVP FINANCE & CFO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	455,713	241,335	1,432,439	186,420	10,183	2,326,090	496,619
5 KIMBERLY B SARGENT VP PATIENT CARE	(i)	122,403 -----	24,395 -----	245 -----	10,631 -----	23,779 -----	181,453 -----	0 -----
	(ii)	0	0	0	0	0	0	0
6 KIMBERLY A OTTO NURSE PRACTITIONER	(i)	150,755 -----	0 -----	192 -----	6,211 -----	21,094 -----	178,252 -----	0 -----
	(ii)	0	0	0	0	0	0	0
7 MELISSA A HARTMAN PHARMACY MANAGER	(i)	132,032 -----	10,770 -----	277 -----	6,055 -----	27,386 -----	176,520 -----	0 -----
	(ii)	0	0	0	0	0	0	0
8 JOHN P EVANS PT DPT PT DIRECTOR - CSCH CAMPUS	(i)	119,974 -----	8,678 -----	322 -----	3,281 -----	21,165 -----	153,420 -----	0 -----
	(ii)	0	0	0	0	0	0	0
9 KENNETH D SHERRY PHYSICIAN ASSISTANT	(i)	126,391 -----	0 -----	497 -----	3,255 -----	21,174 -----	151,317 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2015 FORMS W-2
SCHEDULE J, PART I, QUESTION 3	COMPENSATION REVIEW ----- EXECUTIVE COMPENSATION FOR THE HEALTH NETWORK CONSISTS OF FIXED SALARY, AT-RISK COMPENSATION AND OTHER DEFERRED COMPENSATION ARRANGEMENTS TOTAL COMPENSATION FOR NETWORK EXECUTIVES IS APPROVED ANNUALLY BY THE NETWORK'S BOARD OF DIRECTORS THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF DIRECTORS AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS BONUS/INCENTIVE ----- THE AT-RISK COMPENSATION IS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD AND IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS, INCLUDING JOINT COMMISSION, PENNSYLVANIA DEPARTMENT OF HEALTH AND PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION ACCREDITATIONS, EVIDENCE-BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES, SUCH AS PATIENT SATISFACTION, MORTALITY RATE, AND LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST-PER-ADJUSTED DISCHARGE AND NET INCOME OTHER REPORTABLE COMPENSATION ----- OTHER BENEFITS INCLUDE DEFERRED COMPENSATION BENEFITS THAT HAD ACCUMULATED OVER YEARS OF SERVICE AND WAS REPORTED AND DISTRIBUTED IN ACCORDANCE WITH VESTING REQUIREMENTS AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS DEFERRED COMPENSATION ----- DEFERRED COMPENSATION REPRESENTS RETIREMENT BENEFITS EARNED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2015 FORM W-2 NONTAXABLE BENEFITS ----- NONTAXABLE BENEFITS REPRESENTS HEALTH AND WELFARE BENEFITS RECEIVED DURING THE REPORTING PERIOD, NOT RECOGNIZED AS COMPENSATION ON THE EMPLOYEE'S 2015 FORM W-2 COMPENSATION REPORTED ON PRIOR 990 ----- TOTAL COMPENSATION REPORTED ON PRIOR FORMS 990 REPRESENTS 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 THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, COLUMN B(III) - OTHER COMPENSATION
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES AMOUNTS RELATING TO PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE INDIVIDUAL HAS SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS P LICHTENWALNER, \$1,413,651 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WILLIAM E MOYER, \$26,354 AND THOMAS P LICHTENWALNER, \$167,870
SCHEDULE J, PART I, QUESTIONS 6A AND 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR THE HEALTH NETWORK CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS THE COMPONENTS OF THE AT-RISK COMPENSATION PLAN INCLUDES JCAHO, DEPARTMENT OF HEALTH AND TRAUMA CENTER ACCREDITATIONS, EVIDENCE BASED HOSPITAL PROCESS OF CARE MEASURES, OUTCOME MEASURES SUCH AS PATIENT SATISFACTION, MORTALITY RATE, LENGTH OF STAY, EFFICIENCY MEASURES AS DEMONSTRATED BY COST PER ADJUSTED DISCHARGE AND FINALLY NET INCOME
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AT-RISK COMPENSATION DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDED VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE, THUS A TAXABLE EVENT OCCURRED FOR TAX REPORTING PURPOSES THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS P LICHTENWALNER, \$496,619 THIS AMOUNT HAS BEEN REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE DEFERRED COMPENSATION



**SCHEDULE O  
(Form 990 or  
990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

**2015**  
Open to Public  
Inspection

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Carbon-Schuylkill Community Hospital, Inc ("St Luke's Miners Memorial Hospital" a k a "SL-Miners") is a Joint Commission-accredited, not-for-profit, 44-licensed bed acute care hospital and 48-bed skilled nursing facility located in Coaldale, Pennsylvania, in Schuylkill County near the Carbon County border providing care primarily to residents of Schuylkill, Carbon and Lower Luzerne counties in Northeastern Pennsylvania. In fiscal year 2016, SL-Miners patient care included more than 2,900 observations and admissions, more than 86,000 outpatient visits and 15,000 ED visits and is recognized by the IRS as an Internal Revenue code section 501(C)(3) tax-exempt organization. Pursuant to its charitable purposes, SL-Miners provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin, religion or ability to pay. Moreover, SL-Miners operates consistently with the following criteria outlined in the IRS Revenue Ruling 69-545: 1) SL-Miners provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2) SL-Miners operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3) SL-Miners maintains an open medical staff, with privileges available to all qualified physicians, 4) Control of SL-Miners rests with its Board of Directors and the Board of Directors of St Luke's Health Network, Inc, d b a St Luke's University Health Network. Both boards are comprised of a majority of independent civic leaders and other prominent members of the community, as well as physicians on the Hospital/Network medical staff, and 5) Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities. The operations of SL-Miners, as shown through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of SL-Miners is for the benefit of the public and that no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally. Founded in 1910, SL-Miners was acquired by nationally recognized St Luke's University Health Network ("Network") in 2000 and celebrated its 100th year of community service in October 2010. Since joining the Network, SL-Miners admissions have increased by nearly 19 percent. The Hospital provides patients with access to 190 physicians across 25 medical specialties. The Hospital is accredited as a Primary Stroke Center by the Joint Commission and a Chest Pain Center by the Society of Cardiovascular Patient Care. In FY2016, the Hospital received the HAP Achievement Award Vision of the Future for connecting students to vision shuttle care through community partnerships in a rural setting. The Hospital was also named 2016 Rural Health Program of the Year by PA Office of Rural Health for using innovative approaches, ensuring access, providing community resources and demonstrating a significant benefit to the rural population. In 2014, the Hospital ranked first in Pennsylvania and eighth in the U.S., out of 2,728 hospitals, for the highest Value Based Purchasing scores, based on the Hospital's clinical quality outcomes and patient satisfaction scores. SL-Miners was named a 2014 Premier QUEST winner for achieving top decile performance in all measurements (mortality, cost of care, patient satisfaction evidence-based care, safety, and readmission), and earned a 2014 Achievement Award from the Hospital and Healthsystem Association of Pennsylvania. SL-Miners was named a 2015 Premier Quest Award winner for High-Value Healthcare as a recipient of the Citation of Merit, which recognizes hospitals that achieve top performance in five out of seven measures. The Hospital was granted Level IV Trauma Center accreditation status by the Pennsylvania Trauma Systems Foundations, effective November 1, 2013, which status was recently renewed for an additional three-year period. This is the first time that a new trauma program received a three-year resurvey term, which is attributed to the Pennsylvania Trauma System Foundations confidence in the SLM program. The Hospital's specialty services include - Cardiology - Certified Diabetes Educator - Emergency Services - Endocrinology - Gastroenterology - Geriatric Medicine - Infectious Disease - Long-term Care Services - Nephrology - Neurology - Oncology/Hematology - Orthopedics, joint and muscle disorders - Otolaryngology/ENT - Pain Management - Psychiatry - Pulmonology - Radiology (advanced) - Short-term Rehabilitation - Sleep Disorders - Sports Medicine, Physical, Speech and Occupational Therapy - Surgery (general and laparoscopic) - Urology - Vascular - Women's Health - Wound Management. The Network has invested approximately \$32.1 million in technical and facility improvements at SL-Miners since 2000, including outpatient centers which offer advanced technology and physician services, further enhancing patients' ability to easily access state-of-the-art healthcare. Capital projects include a new, state-of-the-art emergency department in 2002, new MRI, sleep disorder center, cardiovascular conditioning center, new access road from Rt 209 directly to the Hospital. Additionally, SL-Miners opened a newly renovated \$1.6 million six-bed ICU in 2010. In 2012, an extensive \$2.6 million renovation of the Hospital's ground floor, including the lobby, registration and laboratory was completed, and a new St Luke's Heart &amp; Vascular Center was added. In 2013, a new \$1.6 million outpatient facility was established in Tamaqua on Route 309. Services include orthopedics, sports medicine, women's health, neurology, imaging, and laboratory. Additional facility improvements in 2013 included elevator replacement, updated telemetry equipment and roof replacement. In 2014, the Hospital opened a new blood draw site in Albrightsville, PA, completed structural upgrades to the main Hospital building, purchased operating room equipment, including an arthroscopy table for use in a muscle sparing hip replacement procedure which enables patients to recover more quickly, and a laser for use in non-invasive urology procedures. In 2015, SL-Miners opened a new Medical Office Building adjacent to the hospital to provide additional physician specialty services and improve ease of access to our patients. In August 2014 SL-Miners purchased three physical therapy clinics to improve availability of services in the Miners coverage area. In 2016 the Hospital implemented the EPIC, Electronic Medical Record system and opened a new 28-bed universal care unit that features private rooms, private bathrooms and a state-of-the-art call bell and electronic whiteboard system. SL-Miners is located in Coaldale, a medically underserved area. The Hospital has significantly expanded medical expertise through the addition of the following services: 1) Direct access to orthopedic surgeons providing the most advanced diagnosis, treatment and rehabilitation for patients with musculoskeletal disorders and injuries, 2) Direct access to highly trained cardiac team which includes experienced and skilled cardiologists, cardiac and vascular surgeons, interventional radiologists and electrophysiologists, 3) Direct access to oncologists and a wide range of oncology specialists, and 4) Direct access to hospitalists. SL-Miners operated three federally designated rural health clinics in Hometown, McAdoo, and Nesquehoning, serving 13,265 patient visits in FY '16. The centers treat patients of all ages, offering exceptional quality care close to home. In FY'14, mental health assessment and therapeutic services were added at the centers. No patient is denied care, regardless of their ability to pay for their care. All insurances, including Medicaid, are accepted. In FY'15, SL-Miners began providing 24/7 TelePsychiatry and TeleNeurology services which delivers immediate benefit to both patients and clinical staff by providing quick access for psychiatric and neurological consultations for patients. The Hospital also established a clinical rotation in collaboration with four schools to provide physician assistant students the opportunity to do their clinical study in a rural community setting.</p>

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>St Luke's Miners Rehabilitation and Nursing Center is a fully accredited, 48-bed hospital-based, skilled nursing facility located on the fifth floor of the Hospital Individualized short-time rehabilitation and long-term care services are provided In 2016, The Miners campus expanded access to health care services by building the West Penn Medical Office Services at this location include a St Lukes Care Now , Diagnostic Imaging, Lab and Physical Therapy Mission ===== The mission of SL-Miners is to provide compassionate, excellent quality and cost-effective healthcare to residents of the communities served regardless of race, color, creed, sex, national origin or ability to pay SL-Miners has an unwavering commitment to excellence as we care for the sick and injured, educate physicians, nurses and other healthcare providers, and improve access to care in the communities we serve, regardless of a patient's ability to pay for their care Community Outreach ===== In keeping with its commitment to the communities it serves SL-Miners annually reaches more than 3,200 people through its community outreach endeavors The Hospital offers a variety of free screenings/services for community-run events throughout the year Community outreach includes, but is not limited to, the following 1) utilized numerous media outlets to educate the community about health issues that may impact them, 2) Provided Life Your Life Health and Wellness Programs and Tobacco Education to over 300 community residents 3) Provided "Get Your Tail on the Trail" physical activity program for children and adults - more than 270 participants, 4) Distributed over 400 books in local schools to promote literacy and read to 1,194 local students at various schools through Read Across America Dr Seuss Day events 5) Sponsored MS/Parkinson's and nutrition and weight management and diabetes support groups, and Matter of Balance Program Hospital activities pursue expanded relationships and health improvement with the communities it serves through various coalition-building activities including, but not limited to, the following 1) Participated in Schuylkill Alliance for Healthcare Access programs, including Diabetes Task Force, Interfaith Health Network, Mental Health Committee, Health Alliance and Community Health Day, 2) Sponsored 5K event to promote health and wellness and raise funds for Community Health Programs such as "Live Your Life" tobacco cessation, Reach Out and Read literacy programs and more, 3) Participated in "Carbon County Safety Day", an annual event attended by more than 1,200 members of the community along with health and nutritional information, 4) Participated in local service clubs including Lions Clubs and Rotary Clubs, Carbon Leadership Program, Tamaqua Chamber of Commerce, United Way, Tamaqua YMCA, and the Panther Valley, Tamaqua, and Jim Thorpe Area School Districts, Other Community Outreach ===== Carbon County Drug and Alcohol Expo - Rural Health Centers provided drug and alcohol addiction information and counseling St Lukes University Health Network partners with local schools and communities to improve the health of students through our Adopt a School Program The St Luke's Adopt a School program supports the Community Health Needs Assessment priority areas that are identified at each campus by collecting and analyzing data and community input Based on the identified needs and priorities, each campus develops partners, plans and programs to improve the health of those in the communities In 2013-14, St Lukes Miners Campus adopted the Panther Valley School District and developed a Community Health Team to oversee the various programs and initiatives and to build effective partnerships to improve the health outcomes Our initiatives are continually assessed and evaluated in order to provide measurable and effective health outcomes St Lukes evidence-based Adopt a School programs/services include - Mobile Youth Health Services (Connecting Students to Medical, Dental &amp; Vision Vans, Insurance, Physical &amp; Behavioral Health Assessments and Services), - Healthy Living Initiatives (Tail on the Trail, Live Your Life, School Gardens, Nutrition and Health Education Programs), - Literacy Programs (Dr Seuss Day and Little Free Libraries), and - Youth Development Adopt a School Program at economically challenged Panther Valley School District that straddles Carbon and Schuylkill counties Services include vision exams, glasses, health van clinic visits, Affordable Care Act certified counseling, health education, healthy activities, and access to mental health services such as - Provided vision van and shuttle services to 97 students and mobile health van services to 77 students, - Conducted Healthy Living Initiative in partnership with the Kellyn Foundation - healthy living, nutrition, and garden programs for 525 third through fifth-grade students, - Provided grant funded fresh produce at summer lunch program in conjunction with two local churches, serving children and adults, and - Provided asthma screenings for 55 students</p>

Return Reference	Explanation
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT NO FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS") ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION IN CONJUNCTION WITH THIS SERVICE, ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS ST LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	ST LUKE'S HEALTH NETWORK, INC IS THE SOLE MEMBER OF THIS ORGANIZATION ST LUKE'S HEALTH NETWORK, INC HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Return Reference	Explanation
<p>CORE FORM, PART VI, SECTION B, QUESTION 11b</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE ST LUKE'S UNIVERSITY HEALTH NETWORK FINANCE COMMITTEE WAS UPDATED AS TO THIS ORGANIZATION'S CURRENT YEAR FORM 990 PRIOR TO FILING ST LUKE'S HEALTH NETWORK, INC BOARD OF DIRECTORS HAS DELEGATED TO THE FINANCE COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE NETWORK AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE NETWORK'S FINANCE PERSONNEL, INCLUDING ITS SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT OF FINANCE, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER NETWORK INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE NETWORK'S INTERNAL WORKING GROUP FOR THEIR REVIEW THE NETWORK'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE NETWORK'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE ST LUKE'S HEALTH NETWORK, INC FINANCE COMMITTEE THEREAFTER, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS</p>

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK THE NETWORK HAS A WRITTEN CONFLICT OF INTEREST POLICY AND REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THAT POLICY THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, DIRECTORS, BOARD COMMITTEE MEMBERS AND SENIOR MANAGERS ANNUALLY THE NETWORK'S COMPLIANCE DEPARTMENT, INCLUDING ITS CORPORATE COMPLIANCE OFFICER AND SENIOR VICE PRESIDENT/GENERAL COUNSEL, ASSUME RESPONSIBILITY FOR THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRES AND ENFORCEMENT WITH THE POLICY IF A DIRECTOR DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE DIRECTOR'S POTENTIAL CONFLICT MAY BE DISCLOSED TO THE ORGANIZATION'S GOVERNING BODY, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE DIRECTOR'S PARTICIPATION ON THE BOARD AFTER CONSULTATION AND DISCUSSION THE BOARD OF DIRECTORS MAY TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE NETWORK'S CONFLICT OF INTEREST POLICY

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK COMPENSATION REVIEW EXECUTIVE COMPENSATION FOR THE 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 DIRECTORS THE RECOMMENDED COMPENSATION IS ESTABLISHED THROUGH A MULTI-FACETED APPROACH INCLUDING USE OF AN INDEPENDENT CONSULTANT ENGAGED ON AN ONGOING BASIS BY THE BOARD OF DIRECTORS AND WHO WORKS DIRECTLY WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ALSO INCLUDED IS THE REVIEW OF FORMS 990 AND COMPENSATION SURVEYS OF OTHER COMPARABLE HEALTHCARE ORGANIZATIONS PLEASE REFER TO THE SCHEDULE J, PART III RESPONSE TO SCHEDULE J, PART I, QUESTION 3 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK THE NETWORK INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE NETWORK THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY , REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS WITHIN THE NETWORK, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY , PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASES OF PROPERTY AND EQUIPMENT, \$734,241, - PLEDGES RECEIVED - TEMPORARILY RESTRICTED, (\$374,675), - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - TEMPORARILY RESTRICTED, (\$732,237), - NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS - TEMPORARILY RESTRICTED, (\$26,629), and - ALLOWANCE FOR PLEDGES WRITTEN OFF AND ACTUAL WRITE-OFFS - TEMPORARILY RESTRICTED, \$10,358

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NETWORK AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE NETWORK'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE NETWORK'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN ST. LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. THE NETWORK'S FINANCE COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A NETWORK-WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC

Employer identification number

25-1550350

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) 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.

Table with 7 columns: (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; (g) Section 512(b)(13) controlled entity? (Yes/No).

**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?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> DIALYSIS LIMITED  801 OSTRUM ST BETHLEHEM, PA 18015 36-4448704	INACTIVE	PA	N/A									

**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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> ST LUKE'S HEALTH NETWORK INSURANCE COMP  801 OSTRUM STREET BETHLEHEM, PA 18015 75-2993150	FINANCIAL VEHICLE	VT		C CORP					
ST LUKE'S PHYSICIAN <b>(2)</b> HOSPITAL ORG INC  801 OSTRUM STREET BETHLEHEM, PA 18015 23-2786818	HEALTHCARE SVCS	PA		C CORP					No
HILLCREST EMERGENCY <b>(3)</b> SERVICES PC  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 20-4429976	HEALTHCARE SVCS	NJ		C CORP					No
<b>(4)</b> TWO RIVERS ENTERPRISES INC  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 52-1552606	REAL ESTATE	NJ		C CORP					No
ST LUKE'S WARREN <b>(5)</b> PHYSICIAN GROUP PC  185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-3837316	HEALTHCARE SVCS	NJ		C CORP					No
<b>(6)</b> ST LUKE'S EIGHTH & EATON HOLDINGS INC  801 OSTRUM STREET BETHLEHEM, PA 18015 23-7192801	INACTIVE	PA		C CORP					No

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN ST LUKE'S UNIVERSITY HEALTH NETWORK ("NETWORK"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ST LUKE'S HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE NETWORK IN THE ORDINARY COURSE OF BUSINESS ST LUKE'S HOSPITAL OF BETHLEHEM PA, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE NETWORK, INCLUDING THIS ORGANIZATION THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 25-1550350  
**Name:** CARBON-SCHUYLKILL 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ST LUKE'S HEALTH NETWORK INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2384282	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	NA		No
ST LUKE'S HOSPITAL OF BETHLEHEM PA 801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352213	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN INC		No
ST LUKE'S QUAKERTOWN HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18015 23-1352203	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	SLHN INC		No
QUAKERTOWN REHABILITATION CENTER 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2543924	HEALTH SVCS	PA	501(c)(3)	170B1AIII	SLHN INC		No
ST LUKE'S EMERGENCY & TRANSPORT SVCS 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2179542	HEALTH SVCS	PA	501(c)(3)	170B1AIII	SLHN INC		No
ST LUKE'S PHYSICIAN GROUP INC 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2380812	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	SLHN INC		No
VNA OF ST LUKE'S - HOME HEALTHHOSPICE 801 OSTRUM STREET BETHLEHEM, PA 18015 24-0795497	HEALTH SVCS	PA	501(c)(3)	509(A)(1)	BETHLEHEM		No
HOMESTAR MEDICAL EQUIP & INFUSION SVCS 801 OSTRUM STREET BETHLEHEM, PA 18015 23-2418254	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	VNA		No
ST LUKE'S WARREN HOSPITAL INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-1494454	HEALTH SVCS	NJ	501(c)(3)	HOSPITAL	SLHN INC		No
ST LUKE'S WARREN HOSPITAL FDN INC 185 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 22-2522476	SUPPORT SLWH	NJ	501(c)(3)	509(A)(1)	SLWH INC		No
ST LUKE'S HOSPITAL ANDERSON CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015 45-4394739	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	SLHN INC		No
ST LUKE'S HOSPITAL MONROE CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015 46-5143606	INACTIVE	PA	501(C)(3)	HOSPITAL	SLHN INC		No